

# 2024 Cigna Healthcare Comprehensive Drug List (Formulary)

**Please read:**

**This document contains information about  
all of the drugs we cover in this plan.**

**Plans covered:**

Cigna Preferred AL Medicare (HMO) – Alabama  
Cigna Preferred Medicare (HMO) – Alabama, North Carolina  
Cigna Preferred Plus Medicare (HMO) – Alabama, North Carolina  
Cigna Preferred Savings Medicare (HMO) – North Carolina  
Cigna Preferred Select Medicare (HMO) – North Carolina



HPMS Approved Formulary File Submission 00024189, Version Number 14.

This formulary was updated on 5/1/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service, at 1-800-668-3813 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit [CignaMedicare.com](https://www.CignaMedicare.com).

The Formulary and pharmacy network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.



**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 Healthcare. When it refers to “plan” or “our plan,” it means Cigna Preferred AL Medicare (HMO) – Alabama, Cigna Preferred Medicare (HMO) – Alabama, North Carolina, Cigna Preferred Plus Medicare (HMO) – Alabama, North Carolina, Cigna Preferred Savings Medicare (HMO) – North Carolina, and Cigna Preferred Select Medicare (HMO) – North Carolina.**

**This document includes a list of the drugs (formulary) for our plans, which is current as of May 2024. 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, 2025, and from time to time during the year.**

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

A drug list is a list of covered drugs selected by Cigna Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 drug

list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed drug list is current as of May 2024. To get updated information about the drugs covered by Cigna Healthcare, 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 7. 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 7. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 61. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

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

Cigna Healthcare 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 Healthcare requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill these prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare 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 Healthcare 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 Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare 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 7. 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 Healthcare 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 Healthcare 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 Healthcare coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) for your plan's specific cost-sharing amounts.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna Healthcare 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 Healthcare 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 Healthcare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Cigna Healthcare.
- You can ask Cigna Healthcare 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 Healthcare Drug List?

You can ask Cigna Healthcare 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 Healthcare 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 Healthcare 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 Healthcare will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### Cigna Healthcare's Drug List

The comprehensive drug list that begins on page 7 provides coverage information about all of the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 61.

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

The information in the Requirements/Limits column tells you if Cigna Healthcare 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 7 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).

### Gap Coverage

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

Plan Name	Tier
Cigna Preferred AL Medicare (HMO) H4513-046-001	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred AL Medicare (HMO) H4513-046-002	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Plus Medicare (HMO) H4513-047-000	Tier 1: Partial coverage for Excluded Drugs

### For more information

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

If you have questions about Cigna Healthcare, 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>.

Cigna Preferred Plus Medicare (HMO) H4513-048-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H4513-076-001	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H4513-076-002	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H4513-077-001	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H4513-077-002	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H4513-077-003	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Plus Medicare (HMO) H9725-006-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H9725-009-001	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H9725-009-002	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H9725-009-003	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Medicare (HMO) H9725-009-004	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Savings Medicare (HMO) H9725-012-000	Tier 1: Partial coverage for Excluded Drugs
Cigna Preferred Select Medicare (HMO) H9725-014-000	Tier 1: Partial coverage for Excluded Drugs

### What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit [Cigna.com/member-resources](https://www.cigna.com/member-resources) for the most current Pharmacy Directory.

For insulins that are covered by our plans, you will pay only \$35 for each 30-day script and \$0 for each covered adult vaccine.

### Drug Tier and Cost-Sharing

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

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

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

**Tier 3 - Preferred Brand Drugs:** This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name “Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

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

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

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

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

**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.

## Drug List Table of Contents:

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

	Page
<b>ANTI - INFECTIVES</b> .....	7
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b> .....	13
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b> .....	21
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b> .....	32
<b>DERMATOLOGICALS/TOPICAL THERAPY</b> .....	36
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b> .....	39
<b>EAR, NOSE / THROAT MEDICATIONS</b> .....	40
<b>ENDOCRINE/DIABETES</b> .....	41
<b>GASTROENTEROLOGY</b> .....	45
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b> .....	47
<b>MISCELLANEOUS SUPPLIES</b> .....	49
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b> .....	49
<b>OBSTETRICS / GYNECOLOGY</b> .....	51
<b>OPHTHALMOLOGY</b> .....	54
<b>RESPIRATORY AND ALLERGY</b> .....	56
<b>UROLOGICALS</b> .....	58
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b> .....	58

## Drug List Key:

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

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

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

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1

– March 31, 8 a.m. – 8 p.m. local time, 7 days a week.  
From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit [CignaMedicare.com/resources](https://www.CignaMedicare.com/resources).

**NDS** – Non-extended day supply medication. This drug is only available for a one month supply.

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

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

**V** – This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

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



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin intravenous recon soln 50 mg</i>	5	PA; NDS
<i>caspofungin intravenous recon soln 70 mg</i>	4	PA
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	5	NDS
<i>ketoconazole oral</i>	2	
<i>miconazole</i>	5	NDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir</i>	4	
<i>amantadine hcl</i>	3	
APRETUDE	5	NDS
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	3	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)
BARACLUDGE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
COMPLERA	5	QL (30/30); NDS
<i>darunavir oral tablet 600 mg</i>	5	QL (60/30); NDS
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
<i>efavirenz oral capsule 200 mg</i>	4	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	3	QL (180/30)
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivuv-tenofovir disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivuv-tenofovir disop oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	4	QL (680/28)
<i>entecavir</i>	4	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<i>etravirine</i>	4	QL (60/30)
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	4	QL (60/30)
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	QL (180/30)
JULUCA	5	NDS
LAGEVRIO (EUA)	3	QL (40/180)
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LEXIVA ORAL SUSPENSION	4	QL (1575/28)
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	3	
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG*	3	QL (20/180)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG*	3	QL (30/180)
PIFELTRO	5	NDS
PREVYMIS ORAL	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)
RETROVIR INTRAVENOUS	4	

\*\$0 cost share for Paxlovid

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	2	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	5	QL (180/30); NDS
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	5	QL (300/30); NDS
TRIZIVIR	5	QL (60/30); NDS
TROGARZO	5	NDS
TYBOST	3	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>zidovudine oral tablet</i>	3	QL (60/30)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 300 g, 500 mg</i>	4	
<i>cefazolin intravenous recon soln 1 gram, 3 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
CEFEPIME IN DEXTROSE 5%	4	
CEFEPIME IN DEXTROSE, ISO-OSM	4	
<i>cefepime injection</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefepime intravenous</i>	4	PA
<i>cefixime</i>	4	
<i>cefoxitin</i>	4	PA
CEFOXITIN IN DEXTROSE, ISO-OSM	4	PA
<i>cefepodoxime</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	PA
<i>ceftriaxone</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA
AZITHROMYCIN ORAL PACKET	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dapsone oral</i>	3	
<i>daptomycin</i>	5	NDS
DAPTOMYCIN IN 0.9% SODIUM CHLORIDE	5	NDS
<i>emverm</i>	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
FIRVANQ	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	2	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	PA
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	4	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ORBACTIV	5	PA; QL (3/30); NDS
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
<i>primaquine</i>	3	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	5	NDS
<i>rifampin oral</i>	2	
SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
SIRTURO ORAL TABLET 20 MG	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	4	
<i>vancomycin injection</i>	4	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
<i>vancomycin oral recon soln 25 mg/ml</i>	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
NAFCILLIN IN DEXTROSE ISO-OSM	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nafcillin injection</i>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin injection</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	2	
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin 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
<b>SULFAS / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	2	
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline oral capsule</i>	2	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomicin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
ABRAXANE	5	PA; NDS
ADCETRIS	5	PA; NDS
<i>adstiladrin</i>	5	PA; QL (4/90); NDS
AKEEGA	5	PA; QL (60/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (60/365); NDS
<i>anastrozole</i>	1	
<i>arsenic trioxide</i>	5	B/D PA; NDS
AUGTYRO	5	PA; QL (240/30); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	5	B/D PA; NDS
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	5	B/D PA; NDS
<i>bendamustine</i>	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BLENREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION	5	PA; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30/30); 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	5	PA; LA; QL (180/30); NDS
BRUKINSA	5	PA; LA; NDS
BUSULFAN	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; QL (30/21); NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COSMEGEN	5	B/D PA; NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	5	B/D PA; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA
<i>cyclophosphamide oral tablet 25 mg</i>	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
<i>doxorubicin intravenous solution</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
DROXIA	3	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMCYT	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	4	PA
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARBUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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) oral tablet 0.25 mg</i>	4	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS
exemestane	2	
EXKIVITY	5	PA; LA; QL (120/30); NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	5	PA; LA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gefitinib</i>	5	PA; 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	4	B/D PA
<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
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 (324/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<i>irinotecan</i>	4	B/D PA
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
KADCYLA	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	5	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KLISYRI	4	ST; QL (5/30)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KRAZATI	5	PA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
<i>lenalidomide</i>	5	PA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide (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
LOQTORZI	5	PA; 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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); 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 ORAL TABLET 4 MG	5	PA; LA; QL (90/30); NDS
LYTGOBI ORAL TABLET 4 MG (4X 4 MG TB)	5	PA; LA; QL (120/30); NDS
LYTGOBI ORAL TABLET 4 MG (5X 4 MG TB)	5	PA; LA; QL (150/30); NDS
MARGENZA	5	PA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	3	PA
<i>megestrol oral tablet</i>	3	PA
MEKINIST ORAL 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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan</i>	4	B/D PA
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	5	B/D PA; NDS
NERLYNX	5	PA; LA; NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	PA; NDS
<i>octreotide acetate injection syringe</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PACLITAXEL PROTEIN-BOUND	5	PA; NDS
PADCEV	5	PA; NDS
<i>pazopanib</i>	5	PA; QL (120/30); NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln</i>	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	4	
QINLOCK	5	PA; LA; QL (90/30); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120/30); NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	5	PA; NDS
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	5	B/D PA; NDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; NDS
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sirolimus oral solution</i>	5	B/D PA; NDS
<i>sirolimus oral tablet</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	2	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECVAYLI	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>temsirolimus</i>	5	B/D PA; NDS
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	5	PA; NDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO 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
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS
XALKORI ORAL PELLETT 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	PA
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS
ZYNYZ	5	PA; NDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	5	QL (180/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
APTIOM ORAL TABLET 400 MG	5	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60/30); NDS
BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
<i>dilantin</i>	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
EPRONTIA	4	PA
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS
<i>lacosamide oral solution</i>	3	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2	

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</i>	2	
<i>methsuximide</i>	3	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	ST; QL (120/30)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	5	ST; QL (60/30); NDS
NAYZILAM	5	PA; QL (10/30); NDS
<i>oxcarbazepine</i>	2	
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>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	
<i>rufinamide oral suspension</i>	5	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral capsule, extended release 24hr</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
<i>vigpoder</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)	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (56/365)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; QL (1080/30); NDS

### ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
DHIVY	4	ST
<i>entacapone</i>	4	
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>trihexyphenidyl</i>	2	PA

### MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>migergot</i>	5	NDS
<i>naratriptan</i>	2	QL (18/28)
NURTEC ODT	3	PA; QL (16/30)
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	3	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
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
BRIUMVI	5	PA; QL (24/168); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; QL (14/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/365); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i> fingolimod</i>	5	PA; QL (30/30); NDS
FIRDAPSE	5	PA; LA; NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PACK	5	PA; LA; QL (56/365); NDS
KESIMPTA PEN	5	PA; QL (1.2/28); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	3	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	2	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	2	PA; QL (98/365)
NAMZARIC	3	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUEDEXTA	5	PA; NDS
OCREVUS	5	PA; NDS
RADICAVA	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS
ZEPOSIA	5	PA; QL (30/30); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (56/365); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (14/365); NDS

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	5	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	

### NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine</i>	4	QL (4/28); NDS
<i>buprenorphine hcl injection</i>	5	NDS
<i>buprenorphine hcl sublingual</i>	3	PA
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML	4	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS
MORPHINE INJECTION SOLUTION	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML	4	NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	4	QL (90/30); NDS
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	QL (300/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	PA; QL (224/28)
<i>diflunisal</i>	2	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS
ABILIFY MAINTENA	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	5	QL (60/30); NDS
ARISTADA INITIO	5	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY	5	ST; QL (60/30); NDS
BELSOMRA	3	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	QL (60/30)
<i>bupropion</i>	2	
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral</i>	2	
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	NDS
<i>desipramine</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral solution</i>	5	QL (1800/30); NDS
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution</i>	2	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
<i>doxepin oral tablet</i>	3	QL (30/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)
EMSAM	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (pmd)</i>	3	QL (120/30)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<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	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral syringe</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	2	
<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)
MARPLAN	4	QL (180/30)
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	3	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60/30)
<i>molindone oral tablet 10 mg, 25 mg</i>	2	
<i>molindone oral tablet 5 mg</i>	4	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
<i>oxazepam</i>	2	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/28); NDS
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
<i>quetiapine oral tablet 150 mg, 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG	4	PA; QL (60/30)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG	4	PA; QL (30/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	5	QL (30/30); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	4	QL (2/28)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2/28); NDS
<i>risperidone oral solution</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone oral syringe</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	3	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21/28); NDS
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone</i>	4	QL (30/30)
VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	QL (14/365)
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	5	PA; NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	5	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS

### CARDIOVASCULAR, HYPERTENSION / LIPIDS

#### ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	3	
<i>flecainide</i>	3	
LIDOCAINE (PF) INTRAVENOUS SOLUTION	4	
<i>lidocaine (pf) intravenous syringe</i>	4	
<i>mexiletine</i>	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl intravenous</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diltiazem hcl oral capsule,ext. rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	3	
EDARBYCLOR	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<i>isradipine</i>	3	
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	3	
<i>propranolol oral capsule, extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral</i>	5	NDS
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dabigatran etexilate</i>	4	
<i>dipyridamole oral</i>	3	
DOPTELET (10 TAB PACK)	5	PA; LA; NDS
DOPTELET (15 TAB PACK)	5	PA; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
HEPARIN (PORCINE) IN 5% DEX	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN(PORCINE) IN 0.45% NAACL 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	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
<i>niacor</i>	2	
<i>omega-3 acid ethyl esters</i>	3	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	
REPATHA PUSHTRONEX	3	PA; QL (7/28)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	3	

CAPITALIZED = BRAND NAME DRUG

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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO	3	QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
CALCITRIOL TOPICAL	4	
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine topical adhesive patch, medicated 5%</i>	3	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox topical solution</i>	2	
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)
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical gel 0.3%</i>	4	QL (45/30)
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	2	QL (69/30)
<i>clindacin p</i>	2	QL (69/30)
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	3	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin microspheres</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01%</i>	3	PA
<i>tretinoin topical gel 0.025%, 0.05%</i>	4	PA
<i>zenatane</i>	4	
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	3	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	QL (6.6/28)
<i>ciclopirox topical suspension</i>	3	QL (60/28)
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>econazole</i>	3	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>klayesta</i>	3	QL (180/30)
<i>naftifine topical cream</i>	3	QL (60/28)
<i>naftifine topical gel 2%</i>	3	QL (60/30)
NAFTIN TOPICAL GEL 2%	3	QL (60/28)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	QL (30/30)
<i>penciclovir</i>	4	QL (5/30)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1%</i>	1	
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	3	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	2	QL (120/28)
<i>clobetasol topical ointment</i>	2	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol-emollient topical cream</i>	2	QL (120/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clobetasol-emollient topical foam</i>	4	QL (100/28)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	4	QL (236/28)
<i>desonide topical cream</i>	3	
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05%</i>	2	QL (120/30)
<i>fluocinonide topical cream 0.1%</i>	4	QL (120/30)
<i>fluocinonide topical gel</i>	2	QL (120/30)
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<i>hydrocortisone butyrate topical solution</i>	3	QL (120/30)
<i>hydrocortisone topical cream 1%, 2.5%</i>	1	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone topical lotion 2.5%</i>	2	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	3	
<i>mometasone topical</i>	2	
<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide topical cream 0.1%</i>	1	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream 0.1%</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
LACTATED RINGERS IRRIGATION	4	
<i>neomycin-polymyxin b gu</i>	4	
RINGER'S IRRIGATION	4	
TIS-U-SOL PENTALYTE	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	2	
<i>anagrelide</i>	2	
<i>carglumic acid</i>	5	PA; NDS
<i>cevimeline</i>	4	
CHEMET	5	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; QL (300/30); NDS
D10%-0.45% SODIUM CHLORIDE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferiprone</i>	5	PA; NDS
DEXTROSE 10% AND 0.2% NACL	4	
<i>dextrose 10% in water (d10w)</i>	4	
DEXTROSE 25% IN WATER (D25W)	4	
<i>dextrose 5% in water (d5w) intravenous parenteral solution</i>	4	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK	4	
DEXTROSE 5%-LACTATED RINGERS	4	
<i>dextrose 5%-0.2% sod chloride</i>	4	
<i>dextrose 5%-0.3% sod.chloride</i>	4	
DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50% in water (d50w) intravenous syringe</i>	4	
DEXTROSE 70% IN WATER (D70W)	4	
<i>disulfiram</i>	2	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
ENDARI	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FERRIPROX ORAL SOLUTION	5	PA; NDS
GLASSIA	5	PA; LA; NDS
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
LEVOCARNITINE ORAL TABLET	3	
LOKELMA	3	
<i>midodrine</i>	3	
<i>nitisinone</i>	5	NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NDS
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	2	QL (30/30)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	QL (510/30)
SODIUM CHLORIDE 0.9% INTRAVENOUS	4	
SODIUM CHLORIDE IRRIGATION	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; LA; QL (14/720); NDS
VELPHORO	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VELTASSA	3	
WATER FOR IRRIGATION, STERILE	4	
XIAFLEX	5	PA; NDS
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	QL (60/30)
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline</i>	4	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol, spray</i>	2	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>kourzeq</i>	3	
<i>oralone</i>	3	
<i>periogard</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	
<i>triamcinolone acetate dental</i>	3	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	
<i>flac otic oil</i>	4	
<i>fluocinolone acetate oil</i>	4	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin-polymyxin-hc otic (ear)</i>	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone</i>	4	
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylpred dp</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prednisone oral tablets,dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	2	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	2	QL (180/30)
BAQSIMI	3	
BYDUREON BCISE	3	PA; QL (4/28)
CEQUR SIMPLICITY	3	QL (10/30)
CEQUR SIMPLICITY INSERTER	3	QL (1/365)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	5	NDS
DROPLET MICRON PEN NEEDLE	2	QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL (200/30)
DROPSAFE ALCOHOL PREP PADS	2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	QL (200/30)
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
<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)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
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 SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 INSULIN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100) INSULIN	3	
HUMALOG U-100 INSULIN	3	

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

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral solution</i>	3	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)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>migliol oral tablet 100 mg</i>	4	QL (90/30)
<i>migliol oral tablet 25 mg</i>	4	QL (360/30)
<i>migliol oral tablet 50 mg</i>	4	QL (180/30)
MOUNJARO	3	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1/365)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (20/30)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (10/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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	PA; QL (3/28)
PENTIPS	2	QL (200/30)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	PA; QL (30/30)
SOLIQUA 100/33	3	QL (15/25)
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
SYNJARDY	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)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRUEPLUS INSULIN	2	QL (200/30)
TRUEPLUS PEN NEEDLE	2	QL (200/30)
TRULICITY	3	PA; QL (2/28)
UNIFINE PENTIPS MAXFLOW	2	QL (200/30)
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	QL (200/30)
UNIFINE PENTIPS PLUS	2	QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	2	QL (200/30)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)
XULTOPHY 100/3.6	3	QL (15/30)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) injection</i>	5	NDS
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>calcitriol oral capsule</i>	3	
<i>calcitriol oral solution</i>	4	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<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>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
<i>miglustat</i>	5	LA; NDS
NAGLAZYME	5	PA; 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	5	NDS
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	3	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; QL (300/30)
TOLVAPTAN ORAL TABLET 15 MG	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
<b>THYROID HORMONES</b>		
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
UNITHROID	3	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	4	
<i>atropine intravenous solution 0.4 mg/ml</i>	4	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	3	
<i>glycopyrrolate (pf)</i>	4	
<i>glycopyrrolate (pf) in water injection</i>	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alose tron</i>	5	PA; NDS
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extend. release</i>	4	
<i>budesonide oral tablet, delayed and ext. release</i>	5	NDS
CLENPIQ	4	
<i>compro</i>	2	
<i>constulose</i>	2	
CORTIFOAM	5	NDS
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	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	1	
INFLECTRA	5	PA; QL (20/30); NDS
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
<i>nitroglycerin rectal</i>	4	
OICALIVA	5	PA; LA; QL (30/30); NDS
<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	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	4	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	
SODIUM, POTASSIUM, MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM 2 PACK (480ML)	3	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine oral tablet</i>	2	
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
SUTAB	4	
TRULANCE	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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, 60,000-189,600- 252,600 UNIT	3	

### ULCER THERAPY

<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	3	QL (60/30)
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)

### IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

#### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
AVONEX	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
NIVESTYM	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
PLERIXAFOR	5	B/D PA; NDS
PROCRIPT	4	PA
REBIF (WITH ALBUMIN)	5	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6/28); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (8.4/365); NDS
REBIF TITRATION PACK	5	PA; QL (8.4/365); NDS
RETACRIT	4	PA
ZARXIO	5	PA; NDS
ZIEXTENZO	5	PA; NDS

### VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO	3	PA; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	V
AREXVY (PF)	3	PA; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	V
BEXSERO	3	V
BOOSTRIX TDAP	3	V
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAKED	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	5	B/D PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10%	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10%), 10 GRAM/100 ML (10%), 20 GRAM/200 ML (10%), 40 GRAM/400 ML (10%), 5 GRAM/50 ML (10%)	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10%)	4	B/D PA
GARDASIL 9 (PF)	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	3	B/D PA; V
HIBERIX (PF)	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20%)	4	B/D PA
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20%), 2 GRAM/10 ML (20%), 4 GRAM/20 ML (20%)	5	B/D PA; NDS
HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20%)	5	B/D PA; NDS
IMOVAX RABIES VACCINE (PF)	3	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	V
IXCHIQ	3	V

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
IXIARO (PF)	3	V
JYNNEOS (PF)	3	V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	V
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W-135-DIP (PF)	3	V
M-M-R II (PF)	3	V
OCTAGAM	5	B/D PA; NDS
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA; V
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	V
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	V; QL (2/999)
STAMARIL (PF)	3	V
TDVAX	3	V
TENIVAC (PF)	3	V
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	4	B/D PA
TICOVAC	3	
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VARIZIG	4	
YF-VAX (PF)	3	V

### MISCELLANEOUS SUPPLIES

### MISCELLANEOUS SUPPLIES

ALCOHOL PADS	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	2	QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	2	QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	2	QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	QL (200/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	QL (200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 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 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	QL (200/30)

### MUSCULOSKELETAL / RHEUMATOLOGY

#### GOUT THERAPY

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

#### OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	2	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	2	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	2	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TYMLOS	5	PA; QL (1.56/30); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
ADALIMUMAB-ADAZ	5	PA; QL (1.6/28); NDS
ADALIMUMAB-ADBMSUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4/28); NDS
ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2/28); NDS
ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (12/365); NDS
ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (8/365); NDS
BENLYSTA	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 (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA PEN CROHNS-UC-HS START (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (12/365); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (8/365); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (4.8/365); NDS
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (2.4/365); NDS
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (1.6/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (0.2/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (0.4/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	5	PA; QL (1.6/28); NDS
<i>leflunomide</i>	2	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
OTEZLA	5	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
<i>penicillamine</i>	5	NDS
RIDAURA	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84/180); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>depo-estradiol</i>	4	
DEPO-SUBQ PROVERA 104	4	
<i>dotti</i>	2	QL (8/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUAVEE	4	PA
<i>errin</i>	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8/28)
<i>estradiol transdermal patch weekly</i>	2	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate</i>	5	NDS
<i>incassia</i>	3	
JENCYCLA	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	4	
<i>medroxyprogesterone oral</i>	2	
NORA-BE	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
<i>progesterone micronized</i>	3	
<i>sharobel</i>	3	
<i>yuvaferm</i>	4	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>terconazole vaginal cream 0.4%</i>	2	
TERCONAZOLE VAGINAL CREAM 0.8%	2	
<i>terconazole vaginal suppository</i>	3	
<i>tranexamic acid oral</i>	3	
VANDAZOLE	3	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	2	
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethia</i>	2	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	
<i>aranelle (28)</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30 (28)</i>	2	
<i>aurovela fe 1-20 (28)</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	
<i>balziva (28)</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>blisovi fe 1/20 (28)</i>	2	
<i>briellyn</i>	2	
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cyred eq</i>	2	
<i>dasetta 1/35 (28)</i>	2	
<i>dasetta 7/7/7 (28)</i>	2	
<i>daysee</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
DROSPIRENONE-E. ESTRADIOL-LM.FA	2	
<i>drosiprenone-ethinyl estradiol</i>	2	
<i>elimest</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	
<i>finzala</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30 (28)</i>	2	
<i>hailey fe 1/20 (28)</i>	2	
<i>iclevia</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel (28)</i>	2	
JOLESSA	2	
<i>joyeaux</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30 (21)</i>	2	
<i>junel 1/20 (21)</i>	2	
<i>junel fe 1.5/30 (28)</i>	2	
<i>junel fe 1/20 (28)</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	
<i>kelnor 1-50 (28)</i>	2	
<i>kurvelo (28)</i>	2	
<i>l norgest/e.estradiol-e.estrad</i>	2	
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30 (28)</i>	2	
<i>larin fe 1/20 (28)</i>	2	
LAYOLIS FE	2	
LEENA 28	2	
<i>lessina</i>	2	
<i>levonest (28)</i>	2	
<i>levonorgest-eth.estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estrad</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	
<i>lojaimiess</i>	2	
<i>loryna (28)</i>	2	
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	2	
<i>marlissa (28)</i>	2	
<i>merzee</i>	2	
<i>microgestin 1.5/30 (21)</i>	2	
<i>microgestin 1/20 (21)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2	
<i>microgestin fe 1/20 (28)</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki (28)</i>	2	
<i>noreth-ethinyl estradiol-iron</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet</i>	2	
NORETHINDRONE-E. ESTRADIOL-IRON ORAL TABLET, CHEWABLE	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	2	
<i>nylia 1/35 (28)</i>	2	
<i>nylia 7/7/7 (28)</i>	2	
<i>nymyo</i>	2	
OCELLA	2	
<i>philith</i>	2	
<i>pimtrea (28)</i>	2	
<i>portia 28</i>	2	
<i>reclipsen (28)</i>	2	
RIVELSA	2	
<i>setlakin</i>	2	
<i>simliya (28)</i>	2	
<i>simpesse</i>	2	
<i>sprintec (28)</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lynyah</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec (28)</i>	2	
<i>trivora (28)</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz (28)</i>	2	
TYBLUME	2	
<i>tydemy</i>	2	
<i>velivet triphasic regimen (28)</i>	2	
<i>vestura (28)</i>	2	
<i>vienva</i>	2	
<i>viorele (28)</i>	2	
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	
<i>vylibra</i>	2	
<i>wera (28)</i>	2	
<i>wymzya fe</i>	2	
<i>zovia 1-35 (28)</i>	2	
<i>zumandimine (28)</i>	2	

### OPHTHALMOLOGY

#### ANTIBIOTICS

AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	
ZIRGAN	4	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1%</i>	3	
<i>azelastine ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	
EYLEA	5	PA; QL (0.1/28); NDS
LACRISERT	4	
MIEBO	3	QL (3/30)
<i>olopatadine ophthalmic (eye) drops 0.1%</i>	2	
OXERVATE	5	PA; QL (112/56); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XDEMVI	5	PA; QL (10/42); NDS
XIIDRA	3	QL (60/30)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	2	
<i>ketorolac ophthalmic (eye) drops 0.5%</i>	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
<i>travoprost</i>	3	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	3	
ZYLET	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
EYSUVIS	3	QL (16.6/30)
FLUOROMETHOLONE	3	
INVELTYS	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
PREDNISOLONE ACETATE	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.1%, 0.15%</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	1	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	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>	5	PA; QL (60/30); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	2	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
<i>bosentan</i>	5	PA; LA; NDS
BREO ELLIPTA	3	QL (60/30)
<i>breyna</i>	4	QL (10.3/30)
BROVANA	4	B/D PA
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	4	B/D PA
FASENRA	5	PA; QL (1/28); NDS
FASENRA PEN	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
<i>fluticasone propionate nasal</i>	2	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	2	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO	5	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	4	QL (30/30)
<i>mometasone nasal</i>	2	QL (34/30)
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
OPSUMIT	5	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	5	B/D PA; QL (120/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90/30); NDS
PULMICORT	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulm. hypertension)</i>	5	PA; QL (60/30); NDS
TADLIQ	5	PA; QL (300/30); NDS
<i>terbutaline</i>	4	
<i>theo-24</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>theophylline oral tablet extended release 24 hr</i>	3	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
TYVASO	5	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; NDS
TYVASO REFILL KIT	5	B/D PA; NDS
TYVASO STARTER KIT	5	B/D PA; NDS
VENTAVIS	5	PA; NDS
VENTOLIN HFA	3	QL (36/30)
<i>wixela inhub</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
YUPELRI	5	B/D PA; QL (90/30); NDS
<i>zafirlukast</i>	4	QL (60/30)
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	4	
<i>fesoterodine</i>	3	QL (30/30)
GEMTESA	3	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<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 m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POTASSIUM CHLORID-D5-0.45%NACL	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	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45% nacl</i>	4	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
POTASSIUM CHLORIDE-D5-0.9%NACL	4	
RINGER'S INTRAVENOUS	4	
<i>sodium bicarbonate intravenous syringe</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium chloride 0.45% intravenous</i>	4	
<i>sodium chloride 3% hypertonic</i>	4	
SODIUM CHLORIDE 5% HYPERTONIC	4	
<i>sodium chloride intravenous</i>	4	
TPN ELECTROLYTES	4	B/D PA
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
<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>	5	B/D PA; NDS
PROSOL 20%	4	B/D PA
TRAVASOL 10%	4	B/D PA
TROPHAMINE 10%	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
BAL-CARE DHA	3	
C-NATE DHA	3	
COMPLETE NATAL DHA	3	
ELITE-OB	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS	3	
PNV-DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
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	
WESCAP-PN DHA	3	
WESNATE DHA	3	
<i>westab plus</i>	3	
WESTGEL DHA	2	

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# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<b>A</b>		ADALIMUMAB-ADB M SUBCUTANEOUS PEN INJECTOR KIT	50
<i>abacavir-lamivudine</i>	7	ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	50
<i>abacavir oral solution</i>	7	ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	50
<i>abacavir oral tablet</i>	7	<i>adapalene topical gel 0.3%</i>	37
ABELCET	7	ADCETRIS	13
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	27	<i>adefovir</i>	7
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	27	ADEMPAS	56
ABILIFY MAINTENA	27	ADLARITY	24
<i>abiraterone oral tablet 250 mg</i>	13	<i>adstiladrin</i>	13
<i>abiraterone oral tablet 500 mg</i>	13	ADVAIR HFA	56
ABRAXANE	13	<i>afirmelle</i>	52
ABRYSSO	47	AIMOVIG AUTOINJECTOR	23
<i>acamprosate</i>	39	AJOVY AUTOINJECTOR	23
<i>acarbose oral tablet 25 mg</i>	41	AJOVY SYRINGE	23
<i>acarbose oral tablet 50 mg</i>	41	AKEEGA	13
<i>acarbose oral tablet 100 mg</i>	41	<i>ala-cort topical cream 1%</i>	38
<i>acebutolol</i>	32	<i>albendazole</i>	10
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	25	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	56
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	25	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	56
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	25	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	56
<i>acetazolamide</i>	55	<i>albuterol sulfate inhalation solution for nebulization</i>	56
<i>acetazolamide sodium</i>	55	<i>albuterol sulfate oral syrup</i>	56
<i>acetic acid otic (ear)</i>	40	<i>albuterol sulfate oral tablet</i>	56
<i>acetylcysteine</i>	56	<i>alclometasone</i>	38
<i>acitretin</i>	36	ALCOHOL PADS	49
ACTHIB (PF)	47	ALDURAZYME	44
ACTIMMUNE	47	ALECENSA	13
<i>acyclovir oral capsule</i>	7	<i>alendronate oral tablet 10 mg</i>	49
<i>acyclovir oral suspension 200 mg/5 ml</i>	7	<i>alendronate oral tablet 35 mg, 70 mg</i>	49
<i>acyclovir oral tablet</i>	7	<i>alfuzosin</i>	58
<i>acyclovir sodium intravenous solution</i>	7	ALIQOPA	13
<i>acyclovir topical ointment</i>	38	<i>aliskiren</i>	32
ADACEL(TDAP ADOLESN/ADULT)(PF)	47	<i>allopurinol oral tablet 100 mg, 300 mg</i>	49
ADALIMUMAB-ADAZ	50	<i>alose tron</i>	45
ADALIMUMAB-ADB M(CF) PEN CROHNS	50	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	56
ADALIMUMAB-ADB M(CF) PEN PS-UV	50		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> .....	27	<i>amoxicillin-pot clavulanate oral tablet, chewable</i> .....	12
<i>alprazolam oral tablet 2 mg</i> .....	27	<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> .....	12
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i> .....	27	<i>amphotericin b</i> .....	7
<i>alprazolam oral tablet, disintegrating 2 mg</i> .....	27	<i>amphotericin b liposome</i> .....	7
<i>altavera (28)</i> .....	52	<i>ampicillin oral capsule 500 mg</i> .....	12
ALUNBRIG ORAL TABLET 30 MG.....	13	<i>ampicillin sodium</i> .....	12
ALUNBRIG ORAL TABLET 180 MG, 90 MG.....	13	<i>ampicillin-sulbactam</i> .....	12
ALUNBRIG ORAL TABLETS, DOSE PACK.....	13	<i>anagrelide</i> .....	39
<i>alyacen 1/35 (28)</i> .....	52	<i>anastrozole</i> .....	13
<i>alyacen 7/7/7 (28)</i> .....	52	ANORO ELLIPTA.....	57
<i>alyq</i> .....	56	<i>apraclonidine</i> .....	56
<i>amantadine hcl</i> .....	7	<i>aprepitant oral capsule 40 mg, 80 mg</i> .....	45
<i>ambrisentan</i> .....	57	<i>aprepitant oral capsule 125 mg</i> .....	45
<i>amethia</i> .....	52	<i>aprepitant oral capsule, dose pack</i> .....	45
<i>amethyst (28)</i> .....	52	APRETUDE.....	7
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> .....	10	<i>apri</i> .....	52
<i>amiloride</i> .....	32	APTIOM ORAL TABLET 200 MG.....	21
<i>amiloride-hydrochlorothiazide</i> .....	32	APTIOM ORAL TABLET 400 MG.....	21
<i>aminocaproic acid oral</i> .....	34	APTIOM ORAL TABLET 600 MG, 800 MG.....	21
<i>amiodarone intravenous solution</i> .....	32	APTIVUS.....	7
<i>amiodarone oral tablet 100 mg, 400 mg</i> .....	32	<i>aranelle (28)</i> .....	52
<i>amiodarone oral tablet 200 mg</i> .....	32	ARCALYST.....	47
<i>amitriptyline</i> .....	27	AREXVY (PF).....	47
<i>amlodipine</i> .....	32	<i>arformoterol</i> .....	57
<i>amlodipine-atorvastatin</i> .....	35	ARIKAYCE.....	10
<i>amlodipine-benazepril</i> .....	32	<i>aripiprazole oral solution</i> .....	27
<i>amlodipine-olmesartan</i> .....	32	<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i> .....	27
<i>amlodipine-valsartan</i> .....	32	<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	27
<i>amlodipine-valsartan-hcthiazid</i> .....	32	<i>aripiprazole oral tablet, disintegrating</i> .....	27
<i>ammonium lactate</i> .....	36	ARISTADA INITIO.....	27
<i>amnesteem</i> .....	37	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML.....	27
<i>amoxapine</i> .....	27	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML.....	27
<i>amoxicillin oral capsule</i> .....	12	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML.....	27
<i>amoxicillin oral suspension for reconstitution</i> .....	12	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML.....	27
<i>amoxicillin oral tablet</i> .....	12	<i>armodafinil</i> .....	27
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> .....	12	ARNUITY ELLIPTA.....	57
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> .....	12		
<i>amoxicillin-pot clavulanate oral tablet</i> .....	12		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>arsenic trioxide</i> .....	13	AUSTEDO XR TITRATION KT(WK1-4).....	24
<i>asenapine maleate sublingual tablet 5 mg</i> .....	27	AUVELITY.....	27
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i> .....	27	<i>aviane</i> .....	52
<i>ashlyna</i> .....	52	AVONEX.....	47
<i>aspirin-dipyridamole</i> .....	34	<i>ayuna</i> .....	52
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2".....	49	AYVAKIT.....	13
<i>atazanavir oral capsule 150 mg, 300 mg</i> .....	7	<i>azacitidine</i> .....	13
<i>atazanavir oral capsule 200 mg</i> .....	7	AZASITE.....	54
<i>atenolol</i> .....	32	<i>azathioprine oral tablet 50 mg</i> .....	13
<i>atenolol-chlorthalidone</i> .....	32	<i>azathioprine oral tablet 100 mg, 75 mg</i> .....	13
ATGAM.....	47	<i>azathioprine sodium</i> .....	13
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> .....	27	<i>azelaic acid</i> .....	37
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> .....	27	<i>azelastine nasal aerosol, spray</i> .....	40
<i>atorvastatin</i> .....	35	<i>azelastine ophthalmic (eye)</i> .....	55
<i>atovaquone</i> .....	10	<i>azithromycin intravenous</i> .....	10
<i>atovaquone-proguanil</i> .....	10	AZITHROMYCIN ORAL PACKET.....	10
<i>atropine injection solution 0.4 mg/ml</i> .....	45	<i>azithromycin oral suspension for reconstitution</i> .....	10
<i>atropine injection syringe 0.1 mg/ml</i> .....	45	<i>azithromycin oral tablet</i> .....	10
<i>atropine intravenous solution 0.4 mg/ml</i> .....	45	<i>aztreonam injection recon soln 1 gram</i> .....	10
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML).....	45	<i>aztreonam injection recon soln 2 gram</i> .....	10
<i>atropine ophthalmic (eye) drops 1%</i> .....	55	<i>azurette (28)</i> .....	52
ATROVENT HFA.....	57		
<i>aubra eq</i> .....	52	<b>B</b>	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML.....	12	<i>bacitracin intramuscular</i> .....	10
AUGTYRO.....	13	<i>bacitracin ophthalmic (eye)</i> .....	54
<i>aurovela 1.5/30 (21)</i> .....	52	<i>bacitracin-polymyxin b</i> .....	54
<i>aurovela 1/20 (21)</i> .....	52	<i>baclofen oral tablet</i> .....	25
<i>aurovela 24 fe</i> .....	52	BAL-CARE DHA.....	59
<i>aurovela fe 1.5/30 (28)</i> .....	52	<i>balsalazide</i> .....	45
<i>aurovela fe 1-20 (28)</i> .....	52	BALVERSA.....	13
AUSTEDO ORAL TABLET 6 MG.....	24	<i>balziva (28)</i> .....	52
AUSTEDO ORAL TABLET 12 MG, 9 MG.....	24	BAQSIMI.....	41
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG.....	24	BARACLUDE ORAL SOLUTION.....	7
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG.....	24	BAVENCIO.....	13
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG.....	24	BCG VACCINE, LIVE (PF).....	47
		BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64".....	49
		BD ULTRA-FINE NANO PEN NEEDLE.....	49
		BD ULTRA-FINE SHORT PEN NEEDLE.....	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
BELEODAQ.....	13	BOSULIF ORAL CAPSULE 50 MG.....	14
BELSOMRA.....	27	BOSULIF ORAL CAPSULE 100 MG.....	14
<i>benazepril</i> .....	32	BOSULIF ORAL TABLET 100 MG.....	14
<i>benazepril-hydrochlorothiazide</i> .....	32	BOSULIF ORAL TABLET 400 MG, 500 MG.....	14
<i>bendamustine</i> .....	13	BOTOX.....	47
BENDEKA.....	13	BRAFTOVI.....	14
BENLYSTA.....	50	BREO ELLIPTA.....	57
<i>benztropine injection</i> .....	23	<i>breyna</i> .....	57
<i>benztropine oral</i> .....	23	<i>briellyn</i> .....	52
BESIVANCE.....	54	BRILINTA.....	34
BESPONSA.....	13	<i>brimonidine ophthalmic (eye) drops 0.1%, 0.15%</i> .....	56
BESREMI.....	47	<i>brimonidine ophthalmic (eye) drops 0.2%</i> .....	56
<i>betaine</i> .....	45	<i>brimonidine-timolol</i> .....	55
<i>betamethasone, augmented</i> .....	38	<i>brinzolamide</i> .....	55
<i>betamethasone dipropionate</i> .....	38	BRIUMVI.....	24
<i>betamethasone valerate topical cream</i> .....	38	BRIVIACT INTRAVENOUS.....	21
<i>betamethasone valerate topical foam</i> .....	38	BRIVIACT ORAL SOLUTION.....	21
<i>betamethasone valerate topical lotion</i> .....	38	BRIVIACT ORAL TABLET.....	21
<i>betamethasone valerate topical ointment</i> .....	38	<i>bromfenac</i> .....	55
BETASERON SUBCUTANEOUS KIT.....	47	<i>bromocriptine</i> .....	23
<i>betaxolol oral</i> .....	32	BROVANA.....	57
<i>bethanechol chloride</i> .....	58	BRUKINSA.....	14
<i>bexarotene</i> .....	13	<i>budesonide inhalation</i> .....	57
BEXSERO.....	47	<i>budesonide oral capsule, delayed, extend. release</i> .....	45
<i>bicalutamide</i> .....	13	<i>budesonide oral tablet, delayed and ext. release</i> .....	45
BICILLIN L-A.....	12	<i>bumetanide injection</i> .....	32
BIKTARVY.....	7	<i>bumetanide oral</i> .....	32
<i>bimatoprost ophthalmic (eye)</i> .....	55	<i>buprenorphine</i> .....	25
<i>bisoprolol fumarate</i> .....	32	<i>buprenorphine hcl injection</i> .....	25
<i>bisoprolol-hydrochlorothiazide</i> .....	32	<i>buprenorphine hcl sublingual</i> .....	25
BLENREP.....	13	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> .....	26
<i>bleomycin</i> .....	13	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i> .....	26
BLINCYTO INTRAVENOUS KIT.....	14	<i>buprenorphine-naloxone sublingual film 12-3 mg</i> .....	26
<i>blisovi 24 fe</i> .....	52	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> .....	26
<i>blisovi fe 1.5/30 (28)</i> .....	52	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> .....	26
<i>blisovi fe 1/20 (28)</i> .....	52	<i>bupropion hcl oral tablet 75 mg</i> .....	27
BOOSTRIX TDAP.....	47	<i>bupropion hcl oral tablet 100 mg</i> .....	27
BORTEZOMIB INJECTION.....	14	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> .....	27
BORTEZOMIB INTRAVENOUS RECON SOLN.....	14	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> .....	27
<i>bosentan</i> .....	57	<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> .....	27

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i> .....	27	<i>carbidopa</i> .....	23
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carbidopa-levodopa-entacapone</i> .....	23
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carbidopa-levodopa oral tablet</i> .....	23
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carbidopa-levodopa oral tablet, disintegrating</i> .....	23
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carbidopa-levodopa oral tablet extended release</i> .....	23
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carboplatin intravenous solution</i> .....	14
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carglumic acid</i> .....	39
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carmustine intravenous recon soln 100 mg</i> .....	14
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carteolol</i> .....	55
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cartia xt</i> .....	32
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carvedilol</i> .....	32
<i>bupropion hcl (smoking deter)</i> .....	40	<i>carvedilol phosphate</i> .....	32
<i>bupropion hcl (smoking deter)</i> .....	40	<i>casprofungin intravenous recon soln 50 mg</i> .....	7
<i>bupropion hcl (smoking deter)</i> .....	40	<i>casprofungin intravenous recon soln 70 mg</i> .....	7
<i>bupropion hcl (smoking deter)</i> .....	40	CAYSTON .....	10
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefaclor oral capsule</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefaclor oral tablet extended release 12 hr</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefadroxil oral capsule</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefadroxil oral tablet</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML.....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 300 g, 500 mg</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefazolin intravenous recon soln 1 gram, 3 gram</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM.....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefdinir oral capsule</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefdinir oral suspension for reconstitution</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	CEFEPIME IN DEXTROSE 5%.....	9
<i>bupropion hcl (smoking deter)</i> .....	40	CEFEPIME IN DEXTROSE, ISO-OSM.....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefepime injection</i> .....	9
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefepime intravenous</i> .....	10
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefixime</i> .....	10
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefoxitin</i> .....	10
<i>bupropion hcl (smoking deter)</i> .....	40	CEFOXITIN IN DEXTROSE, ISO-OSM.....	10
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefpodoxime</i> .....	10
<i>bupropion hcl (smoking deter)</i> .....	40	<i>cefprozil</i> .....	10
<i>bupropion hcl (smoking deter)</i> .....	40		

## C

CABENUVA .....	7
<i>cabergoline</i> .....	44
CABOMETYX .....	14
<i>calcipotriene scalp</i> .....	36
<i>calcipotriene topical cream</i> .....	36
<i>calcipotriene topical ointment</i> .....	36
<i>calcitonin (salmon) injection</i> .....	44
<i>calcitonin (salmon) nasal</i> .....	44
<i>calcitriol intravenous solution 1 mcg/ml</i> .....	44
<i>calcitriol oral capsule</i> .....	44
<i>calcitriol oral solution</i> .....	44
CALCITRIOL TOPICAL.....	36
<i>calcium acetate(phosphat bind)</i> .....	58
CALQUENCE.....	14
CALQUENCE (ACALABRUTINIB MAL) .....	14
<i>camila</i> .....	51
CAMRESE .....	52
CAMRESE LO .....	52
<i>candesartan-hydrochlorothiazid</i> .....	32
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i> .....	32
<i>candesartan oral tablet 32 mg</i> .....	32
CAPLYTA.....	27
CAPRELSA ORAL TABLET 100 MG .....	14
CAPRELSA ORAL TABLET 300 MG .....	14
<i>captopril</i> .....	32
<i>carbamazepine oral capsule, er multiphase 12 hr</i> .....	21
<i>carbamazepine oral suspension 100 mg/5 ml</i> .....	21
<i>carbamazepine oral tablet</i> .....	21
<i>carbamazepine oral tablet, chewable</i> .....	21
<i>carbamazepine oral tablet extended release 12 hr</i> .....	21

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>ceftazidime</i> .....	10	<i>ciprofloxacin hcl ophthalmic (eye)</i> .....	54
<i>ceftriaxone</i> .....	10	<i>ciprofloxacin hcl oral tablet 100 mg</i> .....	12
<i>ceftriaxone in dextrose,iso-os</i> .....	10	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> .....	12
<i>cefuroxime axetil oral tablet</i> .....	10	<i>ciprofloxacin in 5% dextrose</i> .....	12
<i>cefuroxime sodium injection recon soln 750 mg</i> .....	10	<i>ciprofloxacin oral suspension,microcapsule recon</i> <i>500 mg/5 ml</i> .....	12
<i>cefuroxime sodium intravenous</i> .....	10	<i>cisplatin intravenous solution</i> .....	14
<i>celecoxib</i> .....	26	<i>citalopram oral solution</i> .....	27
CELONTIN ORAL CAPSULE 300 MG .....	21	<i>citalopram oral tablet 10 mg, 20 mg</i> .....	27
<i>cephalexin oral capsule 250 mg, 500 mg</i> .....	10	<i>citalopram oral tablet 40 mg</i> .....	27
<i>cephalexin oral suspension for reconstitution</i> .....	10	<i>cladribine</i> .....	14
CEQUR SIMPLICITY .....	41	<i>claravis</i> .....	37
CEQUR SIMPLICITY INSERTER.....	41	<i>clarithromycin oral suspension for reconstitution</i> .....	10
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT .....	44	<i>clarithromycin oral tablet</i> .....	10
<i>cetirizine oral solution 1 mg/ml</i> .....	56	<i>clarithromycin oral tablet extended release 24 hr</i> .....	10
<i>cevimeline</i> .....	39	CLENPIQ.....	45
<i>charlotte 24 fe</i> .....	52	<i>clindacin etz topical swab</i> .....	37
<i>chateal eq (28)</i> .....	52	<i>clindacin p</i> .....	37
CHEMET .....	39	<i>clindamycin hcl</i> .....	10
<i>chloramphenicol sod succinate</i> .....	10	CLINDAMYCIN IN 0.9% SOD CHLOR .....	10
<i>chlorhexidine gluconate mucous membrane</i> .....	40	<i>clindamycin in 5% dextrose</i> .....	10
<i>chloroquine phosphate</i> .....	10	<i>clindamycin palmitate hcl</i> .....	10
<i>chlorothiazide sodium</i> .....	32	<i>clindamycin pediatric</i> .....	10
<i>chlorpromazine injection</i> .....	27	<i>clindamycin phosphate injection</i> .....	10
<i>chlorpromazine oral</i> .....	27	<i>clindamycin phosphate topical gel</i> .....	37
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> .....	32	CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY .....	37
<i>cholestyramine-aspartame</i> .....	35	<i>clindamycin phosphate topical lotion</i> .....	37
<i>cholestyramine light</i> .....	35	<i>clindamycin phosphate topical solution</i> .....	37
<i>cholestyramine (with sugar)</i> .....	35	<i>clindamycin phosphate topical swab</i> .....	37
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR .....	44	<i>clindamycin phosphate vaginal</i> .....	52
<i>ciclodan topical solution</i> .....	37	CLINIMIX 4.25%/D5W SULFIT FREE .....	39
<i>ciclopirox topical cream</i> .....	37	CLINIMIX 4.25%/D10W SULF FREE .....	59
<i>ciclopirox topical shampoo</i> .....	37	CLINIMIX 5%/D15W SULFITE FREE .....	59
<i>ciclopirox topical solution</i> .....	37	CLINIMIX 5%-D20W(SULFITE-FREE) .....	59
<i>ciclopirox topical suspension</i> .....	37	CLINIMIX 6%-D5W (SULFITE-FREE).....	59
<i>cilostazol</i> .....	34	CLINIMIX 8%-D10W(SULFITE-FREE) .....	59
CIMDUO .....	7	CLINIMIX 8%-D14W(SULFITE-FREE) .....	59
<i>cinacalcet oral tablet 30 mg, 60 mg</i> .....	44	CLINIMIX E 4.25%/D10W SUL FREE .....	59
<i>cinacalcet oral tablet 90 mg</i> .....	44	<i>clinisol sf 15%</i> .....	59
<i>ciprofloxacin-dexamethasone</i> .....	40		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>clobazam oral suspension</i> .....	21	<i>colesevelam</i> .....	35
<i>clobazam oral tablet 10 mg</i> .....	21	<i>colestipol oral granules</i> .....	35
<i>clobazam oral tablet 20 mg</i> .....	21	<i>colestipol oral packet</i> .....	35
<i>clobetasol-emollient topical cream</i> .....	38	<i>colestipol oral tablet</i> .....	35
<i>clobetasol-emollient topical foam</i> .....	38	<i>colistin (colistimethate na)</i> .....	10
<i>clobetasol scalp</i> .....	38	COLUMVI.....	14
<i>clobetasol topical cream</i> .....	38	COMBIVENT RESPIMAT .....	57
<i>clobetasol topical foam</i> .....	38	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) .....	14
<i>clobetasol topical gel</i> .....	38	COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1) .....	14
<i>clobetasol topical ointment</i> .....	38	COMETRIQ ORAL CAPSULE 140 MG/DAY (80 MG X1-20 MG X3) .....	14
<i>clobetasol topical shampoo</i> .....	38	COMPLERA .....	7
<i>clocortolone pivalate</i> .....	38	COMPLETE NATAL DHA .....	59
<i>clodan</i> .....	38	<i>compro</i> .....	45
<i>clofarabine</i> .....	14	<i>constulose</i> .....	45
<i>clomipramine</i> .....	27	COPIKTRA .....	14
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> .....	21	CORLANOR ORAL TABLET .....	35
<i>clonazepam oral tablet 2 mg</i> .....	21	CORTIFOAM.....	45
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i> .....	21	<i>cortisone</i> .....	41
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i> .....	21	CORTISPORIN-TC .....	40
<i>clonazepam oral tablet, disintegrating 2 mg</i> .....	21	COSMEGEN .....	14
<i>clonidine</i> .....	32	COTELLIC .....	14
<i>clonidine hcl oral tablet</i> .....	32	CREON .....	45
<i>clopidogrel oral tablet 75 mg</i> .....	34	CRESEMBA ORAL.....	7
<i>clopidogrel oral tablet 300 mg</i> .....	34	<i>cromolyn inhalation</i> .....	57
<i>clorazepate dipotassium oral tablet 3.75 mg</i> .....	28	<i>cromolyn ophthalmic (eye)</i> .....	55
<i>clorazepate dipotassium oral tablet 7.5 mg</i> .....	28	<i>cromolyn oral</i> .....	45
<i>clorazepate dipotassium oral tablet 15 mg</i> .....	28	<i>cryselle (28)</i> .....	52
<i>clotrimazole-betamethasone topical cream</i> .....	37	CUVRIOR.....	39
<i>clotrimazole-betamethasone topical lotion</i> .....	37	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> .....	25
<i>clotrimazole mucous membrane</i> .....	7	<i>cyclophosphamide intravenous recon soln</i> .....	14
<i>clotrimazole topical cream</i> .....	37	CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML .....	14
<i>clotrimazole topical solution</i> .....	37	<i>cyclophosphamide intravenous solution 500 mg/ml</i> .....	14
<i>clozapine oral tablet</i> .....	28	<i>cyclophosphamide oral capsule</i> .....	14
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i> .....	28	<i>cyclophosphamide oral tablet 25 mg</i> .....	14
<i>clozapine oral tablet, disintegrating 200 mg</i> .....	28	CYCLOPHOSPHAMIDE ORAL TABLET 50 MG.....	14
C-NATE DHA .....	59	<i>cycloserine</i> .....	10
COARTEM.....	10		
<i>colchicine oral tablet</i> .....	49		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
CYCLOSET .....	41	<i>dasetta 1/35 (28)</i> .....	53
<i>cyclosporine intravenous</i> .....	14	<i>dasetta 7/7/7 (28)</i> .....	53
<i>cyclosporine modified</i> .....	14	<i>daunorubicin</i> .....	14
<i>cyclosporine ophthalmic (eye)</i> .....	55	DAURISMO ORAL TABLET 25 MG.....	14
<i>cyclosporine oral capsule</i> .....	14	DAURISMO ORAL TABLET 100 MG.....	14
CYLTEZO(CF) PEN.....	50	<i>daysee</i> .....	53
CYLTEZO(CF) PEN CROHN'S-UC-HS.....	50	<i>deblitane</i> .....	51
CYLTEZO(CF) PEN PSORIASIS-UV.....	50	<i>decitabine</i> .....	14
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML.....	50	<i>deferasirox oral granules in packet</i> .....	39
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML.....	50	<i>deferasirox oral tablet 90 mg</i> .....	39
CYRAMZA.....	14	<i>deferasirox oral tablet 180 mg, 360 mg</i> .....	39
<i>cyred eq</i> .....	53	<i>deferiprone</i> .....	39
CYSTAGON.....	58	DELSTRIGO.....	7
CYSTARAN.....	55	<i>demeclocycline</i> .....	12
<i>cytarabine</i> .....	14	DENG VAXIA (PF).....	47
<i>cytarabine (pf)</i> .....	14	<i>depo-estradiol</i> .....	51
<b>D</b>		DEPO-MEDROL.....	41
<i>d2.5%-0.45% sodium chloride</i> .....	39	DEPO-SUBQ PROVERA 104.....	51
<i>d5%-0.45% sodium chloride</i> .....	39	DESCOVY.....	7
<i>d5% and 0.9% sodium chloride</i> .....	39	<i>desipramine</i> .....	28
D10%-0.45% SODIUM CHLORIDE.....	39	<i>desloratadine oral tablet</i> .....	56
<i>dabigatran etexilate</i> .....	34	<i>desmopressin injection</i> .....	44
<i>dacarbazine</i> .....	14	<i>desmopressin nasal spray, non-aerosol</i> <i>10 mcg/spray (0.1 ml)</i> .....	44
<i>dactinomycin</i> .....	14	<i>desmopressin nasal spray with pump</i> .....	44
<i>dalfampridine</i> .....	24	<i>desmopressin oral</i> .....	44
<i>danazol</i> .....	44	<i>desog-e.estradiol/e.estradiol</i> .....	53
<i>dantrolene oral</i> .....	25	<i>desogestrel-ethinyl estradiol</i> .....	53
DANYELZA.....	14	<i>desonide topical cream</i> .....	38
<i>dapsone oral</i> .....	11	<i>desonide topical lotion</i> .....	38
DAPTACEL (DTAP PEDIATRIC) (PF).....	47	<i>desonide topical ointment</i> .....	38
<i>daptomycin</i> .....	11	<i>desoximetasone topical cream</i> .....	38
DAPTOMYCIN IN 0.9% SOD CHLOR.....	11	<i>desoximetasone topical gel</i> .....	38
<i>darifenacin</i> .....	58	<i>desoximetasone topical ointment</i> .....	38
<i>darunavir oral tablet 600 mg</i> .....	7	<i>desvenlafaxine succinate oral tablet extended</i> <i>release 24 hr 25 mg</i> .....	28
<i>darunavir oral tablet 800 mg</i> .....	7	<i>desvenlafaxine succinate oral tablet extended</i> <i>release 24 hr 50 mg</i> .....	28
DARZALEX.....	14	<i>desvenlafaxine succinate oral tablet extended</i> <i>release 24 hr 100 mg</i> .....	28
DARZALEX FASPRO.....	14		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>dexamethasone intensol</i> .....	41	<i>diazepam oral tablet</i> .....	28
<i>dexamethasone oral elixir</i> .....	41	<i>diazepam rectal</i> .....	21
<i>dexamethasone oral solution</i> .....	41	<i>diazoxide</i> .....	41
<i>dexamethasone oral tablet</i> .....	41	<i>diclofenac potassium oral tablet 50 mg</i> .....	26
<i>dexamethasone sodium phos (pf) injection solution</i> <i>10 mg/ml</i> .....	41	<i>diclofenac sodium ophthalmic (eye)</i> .....	55
<i>dexamethasone sodium phosphate injection solution</i> .....	41	<i>diclofenac sodium oral</i> .....	26
<i>dexamethasone sodium phosphate ophthalmic (eye)</i> .....	56	<i>diclofenac sodium topical drops</i> .....	26
<i>dexmethylphenidate oral tablet</i> .....	28	<i>diclofenac sodium topical gel 1%</i> .....	26
<i>dextroamphetamine-amphetamine oral capsule,</i> <i>extended release 24hr</i> .....	28	<i>diclofenac sodium topical solution in</i> <i>metered-dose pump</i> .....	26
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i> .....	28	<i>dicloxacillin</i> .....	12
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i> .....	28	<i>dicyclomine oral capsule</i> .....	45
<i>dextroamphetamine-amphetamine oral tablet</i> <i>12.5 mg, 30 mg, 7.5 mg</i> .....	28	<i>dicyclomine oral solution</i> .....	45
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i> .....	28	<i>dicyclomine oral tablet</i> .....	45
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i> .....	28	DIFICID ORAL SUSPENSION FOR RECONSTITUTION .....	10
<i>dextroamphetamine sulfate oral capsule,</i> <i>extended release</i> .....	28	DIFICID ORAL TABLET .....	10
<i>dextroamphetamine sulfate oral solution</i> .....	28	<i>diflunisal</i> .....	26
<i>dextroamphetamine sulfate oral tablet</i> .....	28	<i>difluprednate</i> .....	56
<i>dextrose 5%-0.2% sod chloride</i> .....	39	<i>digoxin injection solution</i> .....	35
<i>dextrose 5%-0.3% sod.chloride</i> .....	39	<i>digoxin oral solution</i> .....	35
<i>dextrose 5% in water (d5w) intravenous parenteral</i> <i>solution</i> .....	39	<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> .....	36
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK.....	39	<i>digoxin oral tablet 125 mcg</i> <i>(0.125 mg), 250 mcg (0.25 mg)</i> .....	36
DEXTROSE 5%-LACTATED RINGERS .....	39	<i>dihydroergotamine nasal</i> .....	23
DEXTROSE 10% AND 0.2% NACL .....	39	<i>dilantin</i> .....	21
<i>dextrose 10% in water (d10w)</i> .....	39	<i>diltiazem hcl intravenous</i> .....	32
DEXTROSE 25% IN WATER (D25W).....	39	<i>diltiazem hcl oral capsule,extended release 12 hr</i> .....	33
DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION .....	39	<i>diltiazem hcl oral capsule,extended release 24 hr</i> .....	33
<i>dextrose 50% in water (d50w) intravenous syringe</i> .....	39	<i>diltiazem hcl oral capsule,extended release</i> <i>24hr 120 mg, 180 mg, 240 mg, 300 mg</i> .....	33
DEXTROSE 70% IN WATER (D70W) .....	39	<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i> .....	33
DHIVY .....	23	<i>diltiazem hcl oral tablet</i> .....	33
DIACOMIT .....	21	<i>diltiazem hcl oral tablet extended release 24 hr</i> .....	33
<i>diazepam injection</i> .....	28	<i>dilt-xr</i> .....	33
<i>diazepam intensol</i> .....	28	<i>dimethyl fumarate oral capsule,delayed</i> <i>release(dr/ec) 120 mg</i> .....	24
<i>diazepam oral concentrate</i> .....	28	<i>dimethyl fumarate oral capsule,delayed</i> <i>release(dr/ec) 120 mg (14)- 240 mg (46)</i> .....	24
<i>diazepam oral solution</i> .....	28	<i>dimethyl fumarate oral capsule,delayed</i> <i>release(dr/ec) 240 mg</i> .....	24

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
diphenhydramine hcl injection solution 50 mg/ml.....	56	doxycycline monohydrate oral capsule,ir - delay rel,biphase .....	13
diphenoxylate-atropine .....	45	doxycycline monohydrate oral suspension for reconstitution.....	13
dipyridamole oral.....	34	doxycycline monohydrate oral tablet.....	13
disulfiram.....	39	dronabinol .....	45
divalproex oral capsule, delayed rel sprinkle.....	21	DROPLET MICRON PEN NEEDLE.....	41
divalproex oral tablet, delayed release (dr/ec) .....	22	DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16" .....	41
divalproex oral tablet extended release 24 hr .....	21	DROPSAFE ALCOHOL PREP PADS.....	41
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml) .....	15	DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ..	41
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml).....	15	DROSPIRENONE-E.ESTRADIOL-LM.FA.....	53
dofetilide .....	32	drospirenone-ethinyl estradiol.....	53
dolishale.....	53	DROXIA.....	15
donepezil oral tablet 5 mg.....	24	droxidopa oral capsule 100 mg.....	39
donepezil oral tablet 10 mg.....	24	droxidopa oral capsule 200 mg, 300 mg.....	39
donepezil oral tablet, disintegrating 5 mg .....	24	DUAVEE .....	52
donepezil oral tablet, disintegrating 10 mg.....	24	duloxetine oral capsule, delayed release(dr/ec) 2 0 mg, 60 mg.....	28
DOPTELET (10 TAB PACK) .....	34	duloxetine oral capsule, delayed release(dr/ec) 30 mg.....	28
DOPTELET (15 TAB PACK) .....	34	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML .....	36
DOPTELET (30 TAB PACK) .....	34	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML .....	36
dorzolamide .....	55	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML .....	36
dorzolamide-timolol .....	55	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML .....	36
dotti .....	51	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML .....	36
DOVATO.....	7	dutasteride .....	58
doxazosin oral tablet 1 mg, 2 mg, 4 mg .....	33	dutasteride-tamsulosin .....	58
doxazosin oral tablet 8 mg .....	33	<b>E</b>	
doxepin oral capsule.....	28	EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG.....	26
doxepin oral concentrate .....	28	ec-naproxen oral tablet, delayed release (dr/ec) 500 mg .....	26
doxepin oral tablet .....	28	econazole.....	38
doxercalciferol.....	44	EDARBI .....	33
doxorubicin intravenous recon soln 50 mg.....	15	EDARBYCLOR.....	33
doxorubicin intravenous solution .....	15	EDURANT.....	7
doxorubicin, peg-liposomal .....	15	efavirenz-emtricitabin-tenofov.....	7
doxy-100.....	13		
doxycycline hyclate intravenous.....	13		
doxycycline hyclate oral capsule.....	13		
doxycycline hyclate oral tablet 100 mg, 20 mg .....	13		
doxycycline monohydrate oral capsule 100 mg, 50 mg .....	13		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> .....	7	ENHERTU.....	15
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> .....	7	<i>enoxaparin</i> .....	34
<i>efavirenz oral capsule 50 mg</i> .....	7	<i>enpresse</i> .....	53
<i>efavirenz oral capsule 200 mg</i> .....	7	<i>enskyce</i> .....	53
<i>efavirenz oral tablet</i> .....	7	<i>entacapone</i> .....	23
ELAPRASE.....	44	<i>entecavir</i> .....	7
ELECTROLYTE-48 IN D5W.....	59	ENTRESTO.....	36
ELIGARD.....	15	<i>enulose</i> .....	45
ELIGARD (3 MONTH).....	15	ENVARUSUS XR.....	15
ELIGARD (4 MONTH).....	15	EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG.....	8
ELIGARD (6 MONTH).....	15	EPCLUSA ORAL PELLETS IN PACKET 200-50 MG.....	8
<i>elinest</i> .....	53	EPCLUSA ORAL TABLET 200-50 MG.....	8
ELIQUIS.....	34	EPCLUSA ORAL TABLET 400-100 MG.....	8
ELIQUIS DVT-PE TREAT 30D START.....	34	EPIDIOLEX.....	22
ELITE-OB.....	59	<i>epinastine</i> .....	55
ELMIRON.....	58	<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> .....	56
ELREXFIO.....	15	EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML.....	56
ELZONRIS.....	15	<i>epinephrine injection solution 1 mg/ml</i> .....	56
EMCYT.....	15	<i>epirubicin intravenous solution</i> .....	15
EMPLICITI INTRAVENOUS RECON SOLN 300 MG.....	15	<i>epitol</i> .....	22
EMPLICITI INTRAVENOUS RECON SOLN 400 MG.....	15	EPKINLY.....	15
EMSAM.....	28	<i>eplerenone</i> .....	33
<i>emtricitabine</i> .....	7	EPRONTIA.....	22
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i> .....	7	ERBITUX.....	15
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> .....	7	<i>ergotamine-caffeine</i> .....	23
EMTRIVA ORAL SOLUTION.....	7	ERIVEDGE.....	15
<i>emverm</i> .....	11	ERLEADA.....	15
<i>enalapril-hydrochlorothiazide</i> .....	33	<i>erlotinib oral tablet 25 mg</i> .....	15
<i>enalapril maleate oral tablet</i> .....	33	<i>erlotinib oral tablet 100 mg, 150 mg</i> .....	15
ENBREL MINI.....	50	<i>errin</i> .....	52
ENBREL SUBCUTANEOUS SOLUTION.....	50	<i>ertapenem</i> .....	11
ENBREL SUBCUTANEOUS SYRINGE.....	50	<i>ery pads</i> .....	37
ENBREL SURECLICK.....	50	<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> .....	10
ENDARI.....	39	<i>erythrocin (as stearate) oral tablet 250 mg</i> .....	10
<i>endocet</i> .....	25	<i>erythrocin intravenous recon soln 500 mg</i> .....	10
ENGERIX-B PEDIATRIC (PF).....	47	<i>erythromycin-benzoyl peroxide</i> .....	37
ENGERIX-B (PF).....	47		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> .....	10	<i>exemestane</i> .....	15
<i>erythromycin ethylsuccinate oral tablet</i> .....	10	EXKIVITY .....	15
<i>erythromycin ophthalmic (eye)</i> .....	54	EYLEA.....	55
<i>erythromycin oral tablet</i> .....	10	EYSUVIS.....	56
<i>erythromycin oral tablet, delayed release (dr/ec)</i> .....	10	<i>ezetimibe</i> .....	35
<i>erythromycin with ethanol topical gel</i> .....	37	<i>ezetimibe-simvastatin</i> .....	35
<i>erythromycin with ethanol topical solution</i> .....	37	<b>F</b>	
<i>escitalopram oxalate oral solution</i> .....	28	FABRAZYME .....	44
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i> .....	28	<i>falmina (28)</i> .....	53
<i>escitalopram oxalate oral tablet 20 mg</i> .....	28	<i>famciclovir</i> .....	8
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i> .....	47	<i>famotidine oral suspension for reconstitution</i> .....	47
<i>estarylla</i> .....	53	<i>famotidine oral tablet 20 mg, 40 mg</i> .....	47
<i>estradiol oral</i> .....	52	FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG .....	28
<i>estradiol transdermal patch semiweekly</i> .....	52	FANAPT ORAL TABLET 8 MG .....	28
<i>estradiol transdermal patch weekly</i> .....	52	FANAPT ORAL TABLETS, DOSE PACK.....	28
<i>estradiol vaginal cream</i> .....	52	FARXIGA ORAL TABLET 5 MG .....	41
<i>estradiol vaginal tablet</i> .....	52	FARXIGA ORAL TABLET 10 MG .....	41
<i>estradiol valerate</i> .....	52	FARYDAK .....	15
ESTRING .....	52	FASENRA .....	57
<i>ethacrynate sodium</i> .....	33	FASENRA PEN.....	57
<i>ethambutol</i> .....	11	<i>febuxostat</i> .....	49
<i>ethosuximide</i> .....	22	<i>felbamate</i> .....	22
<i>ethynodiol diac-eth estradiol</i> .....	53	<i>felodipine</i> .....	33
<i>etodolac</i> .....	26	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> .....	35
<i>etonogestrel-ethinyl estradiol</i> .....	52	<i>fenofibrate nanocrystallized</i> .....	35
ETOPOPHOS .....	15	<i>fenofibrate oral tablet 160 mg, 54 mg</i> .....	35
<i>etoposide intravenous</i> .....	15	<i>fenofibric acid (choline)</i> .....	35
<i>etravirine</i> .....	8	<i>fentanyl</i> .....	25
EUTHYROX.....	45	<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> .....	25
<i>everolimus (antineoplastic) oral tablet</i> .....	15	<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> .....	25
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i> .....	15	<i>fentanyl citrate (pf) injection solution</i> .....	25
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i> .....	15	FENTANYL CITRATE (PF) INJECTION SYRINGE 50 MCG/ML .....	25
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> .....	15	FERRIPROX (2 TIMES A DAY) .....	39
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> .....	15	FERRIPROX ORAL SOLUTION .....	40
EVOMELA.....	15	<i>fesoterodine</i> .....	58
EVOTAZ.....	8		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	28	fluorouracil topical cream 5%	36
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	28	fluorouracil topical solution	36
<i>finasteride oral tablet 5 mg</i>	58	fluoxetine oral capsule 10 mg	28
<i>fingolimod</i>	24	fluoxetine oral capsule 20 mg, 40 mg	28
FINTEPLA	22	fluoxetine oral capsule, delayed release(dr/ec)	28
<i>finzala</i>	53	fluoxetine oral solution	28
FIRDAPSE	24	fluoxetine oral tablet 10 mg, 20 mg	29
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	15	fluoxetine (p added)	28
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	15	fluphenazine decanoate	29
FIRVANQ	11	fluphenazine hcl injection	29
<i>flac otic oil</i>	40	fluphenazine hcl oral concentrate	29
<i>flecainide</i>	32	fluphenazine hcl oral elixir	29
<i>floxuridine</i>	15	fluphenazine hcl oral tablet	29
<i>fluconazole</i>	7	flurbiprofen oral tablet 100 mg	26
<i>fluconazole in nacl (iso-osm)</i>	7	flurbiprofen sodium	55
<i>flucytosine</i>	7	fluticasone propionate nasal	57
<i>fludarabine</i>	15	fluticasone propionate topical cream	38
<i>fludrocortisone</i>	41	fluticasone propionate topical ointment	38
<i>flunisolide</i>	57	fluticasone propion-salmeterol inhalation blister with device	57
<i>fluocinolone acetonide oil</i>	40	fluvastatin oral capsule 20 mg	35
<i>fluocinolone and shower cap</i>	38	fluvastatin oral capsule 40 mg	35
<i>fluocinolone topical cream</i>	38	fluvastatin oral tablet extended release 24 hr	35
<i>fluocinolone topical oil</i>	38	fluvoxamine oral tablet 50 mg	29
<i>fluocinolone topical ointment</i>	38	fluvoxamine oral tablet 100 mg, 25 mg	29
<i>fluocinolone topical solution</i>	38	FOLIVANE-OB	60
<i>fluocinonide topical cream 0.1%</i>	38	FOLOTYN	15
<i>fluocinonide topical cream 0.05%</i>	38	fomepizole	48
<i>fluocinonide topical gel</i>	38	fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	34
<i>fluocinonide topical ointment</i>	38	fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	34
<i>fluocinonide topical solution</i>	38	formoterol fumarate	57
<i>fluoride (sodium) dental</i>	40	FORTEO	49
<i>fluoride (sodium) oral tablet</i>	60	fosamprenavir	8
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	60	fosfomycin tromethamine	13
FLUOROMETHOLONE	56	fosinopril	33
<i>fluorouracil intravenous</i>	15	fosinopril-hydrochlorothiazide	33
<i>fluorouracil topical cream 0.5%</i>	36	fosphenytoin	22
		FOTIVDA	15
		FRUZAQLA ORAL CAPSULE 1 MG	15

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
FRUZAQLA ORAL CAPSULE 5 MG.....	15	<i>gefitinib</i> .....	16
<i>fulvestrant</i> .....	15	<i>gemcitabine intravenous recon soln</i> .....	16
<i>furosemide injection solution</i> .....	33	<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> .....	16
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> ....	33	GEMCITABINE INTRAVENOUS SOLUTION	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML.....	33	100 MG/ML.....	16
<i>furosemide oral tablet</i> .....	33	<i>gemfibrozil</i> .....	35
FUZEON SUBCUTANEOUS RECON SOLN.....	8	<i>gemmily</i> .....	53
FYARRO.....	15	GEMTESA.....	58
<i>fyavolv</i> .....	52	<i>generlac</i> .....	46
FYCOMPA ORAL SUSPENSION.....	22	<i>gengraf</i> .....	16
FYCOMPA ORAL TABLET 2 MG.....	22	GENOTROPIN.....	47
FYCOMPA ORAL TABLET 4 MG, 6 MG.....	22	GENOTROPIN MINIQUICK.....	47
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG.....	22	<i>gentamicin injection solution 40 mg/ml</i> .....	11
<b>G</b>		<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> .....	11
<i>gabapentin oral capsule 100 mg, 300 mg</i> .....	22	<i>gentamicin ophthalmic (eye) drops</i> .....	54
<i>gabapentin oral capsule 400 mg</i> .....	22	<i>gentamicin sulfate (ped) (pf)</i> .....	11
<i>gabapentin oral solution</i> .....	22	<i>gentamicin topical cream</i> .....	37
<i>gabapentin oral tablet 600 mg</i> .....	22	<i>gentamicin topical ointment</i> .....	37
<i>gabapentin oral tablet 800 mg</i> .....	22	GENVOYA.....	8
<i>galantamine oral capsule, ext rel. pellets 24 hr</i> .....	24	GILOTRIF.....	16
<i>galantamine oral solution</i> .....	24	GLASSIA.....	40
<i>galantamine oral tablet</i> .....	24	<i>glatiramer subcutaneous syringe 20 mg/ml</i> .....	24
GAMMAGARD LIQUID.....	48	<i>glatiramer subcutaneous syringe 40 mg/ml</i> .....	24
GAMMAKED.....	48	<i>glatopa subcutaneous syringe 20 mg/ml</i> .....	24
GAMMAPLEX INTRAVENOUS SOLUTION 10%.....	48	<i>glatopa subcutaneous syringe 40 mg/ml</i> .....	24
GAMMAPLEX (WITH SORBITOL).....	48	GLEOSTINE.....	16
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10%), 10 GRAM/100 ML (10%), 20 GRAM/200 ML (10%), 40 GRAM/400 ML (10%), 5 GRAM/50 ML (10%).....	48	<i>glimepiride oral tablet 1 mg</i> .....	41
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10%).....	48	<i>glimepiride oral tablet 2 mg</i> .....	41
GARDASIL 9 (PF).....	48	<i>glimepiride oral tablet 4 mg</i> .....	41
GATTEX 30-VIAL.....	45	<i>glipizide-metformin oral tablet 2.5-250 mg</i> .....	42
GATTEX ONE-VIAL.....	45	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> .....	42
GAUZE PAD TOPICAL BANDAGE 2 X 2 ".....	49	GLIPIZIDE ORAL TABLET 2.5 MG.....	41
<i>gavilyte-c</i> .....	45	<i>glipizide oral tablet 5 mg</i> .....	42
GAVRETO.....	15	<i>glipizide oral tablet 10 mg</i> .....	41
GAZYVA.....	15	<i>glipizide oral tablet extended release 24hr 2.5 mg</i> .....	42
		<i>glipizide oral tablet extended release 24hr 5 mg</i> .....	42
		<i>glipizide oral tablet extended release 24hr 10 mg</i> .....	42

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
GLUCAGEN HYPOKIT .....	42	HARVONI ORAL TABLET 90-400 MG .....	8
<i>glucagon emergency kit (human)</i> .....	42	HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML .....	48
GLUCAGON (HCL) EMERGENCY KIT .....	42	HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML .....	48
<i>glycopyrrolate injection</i> .....	45	<i>heather</i> .....	52
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	45	HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML .....	35
<i>glycopyrrolate (pf)</i> .....	45	HEPARIN (PORCINE) IN 5% DEX.....	34
<i>glycopyrrolate (pf) in water injection</i> .....	45	<i>heparin (porcine) injection solution</i> .....	34
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i> .....	45	HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML .....	35
<i>glydo</i> .....	36	<i>heparin (porcine) in nacl (pf)</i> .....	34
GLYXAMBI.....	42	<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> .....	35
<i>granisetron hcl oral</i> .....	46	HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML .....	35
<i>griseofulvin microsize</i> .....	7	HEPLISAV-B (PF).....	48
<i>griseofulvin ultramicrosize</i> .....	7	HIBERIX (PF).....	48
<i>guanfacine oral tablet extended release 24 hr</i> .....	29	HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20%).....	48
GVOKE .....	42	HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20%), 2 GRAM/10 ML (20%), 4 GRAM/20 ML (20%) .....	48
GVOKE HYPOPEN 1-PACK .....	42	HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20%).....	48
GVOKE HYPOPEN 2-PACK .....	42	HUMALOG JUNIOR KWIKPEN U-100 .....	42
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML.....	42	HUMALOG KWIKPEN INSULIN .....	42
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML.....	42	HUMALOG MIX 50-50 INSULIN U-100 .....	42
<b>H</b>		HUMALOG MIX 50-50 KWIKPEN.....	42
HAEGARDA .....	57	HUMALOG MIX 75-25 KWIKPEN.....	42
<i>hailey</i> .....	53	HUMALOG MIX 75-25(U-100)INSULIN.....	42
<i>hailey 24 fe</i> .....	53	HUMALOG U-100 INSULIN.....	42
<i>hailey fe 1.5/30 (28)</i> .....	53	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074) .....	50
<i>hailey fe 1/20 (28)</i> .....	53	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074).....	50
HALAVEN.....	16	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074).....	50
<i>halobetasol propionate topical cream</i> .....	38		
<i>halobetasol propionate topical ointment</i> .....	38		
<i>haloperidol decanoate</i> .....	29		
<i>haloperidol lactate injection</i> .....	29		
<i>haloperidol lactate oral</i> .....	29		
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i> .....	29		
<i>haloperidol oral tablet 10 mg, 20 mg</i> .....	29		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG.....	8		
HARVONI ORAL PELLETS IN PACKET 45-200 MG.....	8		
HARVONI ORAL TABLET 45-200 MG .....	8		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone butyrate topical cream</i>	38
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone butyrate topical ointment</i>	38
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone butyrate topical solution</i>	38
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone oral</i>	41
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	51	<i>hydrocortisone rectal</i>	46
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	51	<i>hydrocortisone topical cream 1%, 2.5%</i>	38
HUMIRA PEN CROHNS-UC-HS START (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone topical cream with perineal applicator</i>	46
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone topical lotion 2.5%</i>	39
HUMIRA PEN PSOR-UVEITS-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone topical ointment 1%, 2.5%</i>	39
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	50	<i>hydrocortisone valerate</i>	39
HUMULIN 70/30 U-100 INSULIN	42	<i>hydromorphone oral liquid</i>	25
HUMULIN 70/30 U-100 KWIKPEN	42	<i>hydromorphone oral tablet</i>	25
HUMULIN N NPH INSULIN KWIKPEN	42	<i>hydroxychloroquine</i>	11
HUMULIN N NPH U-100 INSULIN	42	<i>hydroxyprogesterone caproate</i>	52
HUMULIN R REGULAR U-100 INSULIN	42	<i>hydroxyurea</i>	16
HUMULIN R U-500 (CONC) INSULIN	42	<i>hydroxyzine hcl oral tablet</i>	56
HUMULIN R U-500 (CONC) KWIKPEN	42	<i>hydroxyzine pamoate</i>	56
<i>hydralazine injection</i>	33	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydralazine oral</i>	33	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrochlorothiazide</i>	33	HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	25	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	25	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	25	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrocodone-ibuprofen</i>	25	HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	51
<i>hydrocortisone-acetic acid</i>	40	HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	51
		<b>I</b>	
		<i>ibandronate oral</i>	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
IBRANCE .....	16	INQOVI .....	16
<i>ibu</i> .....	26	INREBIC .....	16
<i>ibuprofen oral suspension</i> .....	26	INSULIN LISPRO .....	42
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	26	INSULIN LISPRO PROTAMIN-LISPRO .....	42
<i>icatibant</i> .....	57	INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE ...	49
<i>iclevia</i> .....	53	INTELENCE ORAL TABLET 25 MG .....	8
ICLUSIG .....	16	INTRALIPID INTRAVENOUS EMULSION 20%, 30% .....	59
<i>icosapent ethyl</i> .....	35	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML .....	29
<i>idarubicin</i> .....	16	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML .....	29
IDHIFA .....	16	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML .....	29
<i>ifosfamide intravenous recon soln 1 gram</i> .....	16	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML .....	29
IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM .....	16	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML .....	29
<i>ifosfamide intravenous solution</i> .....	16	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML .....	29
ILEVRO .....	55	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML .....	29
<i>imatinib oral tablet 100 mg</i> .....	16	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML .....	29
<i>imatinib oral tablet 400 mg</i> .....	16	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML .....	29
IMBRUVICA ORAL CAPSULE 70 MG .....	16	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML .....	29
IMBRUVICA ORAL CAPSULE 140 MG .....	16	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML .....	29
IMBRUVICA ORAL SUSPENSION .....	16	INVELTYS .....	56
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG .....	16	IPOL .....	48
IMFINZI .....	16	<i>ipratropium-albuterol</i> .....	57
<i>imipenem-cilastatin</i> .....	11	<i>ipratropium bromide inhalation</i> .....	57
<i>imipramine hcl</i> .....	29	<i>ipratropium bromide nasal</i> .....	40
<i>imiquimod topical cream in metered-dose pump</i> .....	36	<i>irbesartan</i> .....	33
<i>imiquimod topical cream in packet 3.75%</i> .....	36	<i>irbesartan-hydrochlorothiazide</i> .....	33
<i>imiquimod topical cream in packet 5%</i> .....	36	<i>irinotecan</i> .....	16
IMJUDO .....	16	ISENTRESS HD .....	8
IMOVAX RABIES VACCINE (PF) .....	48	ISENTRESS ORAL POWDER IN PACKET .....	8
<i>incassia</i> .....	52	ISENTRESS ORAL TABLET .....	8
INCRELEX .....	40	ISENTRESS ORAL TABLET, CHEWABLE 25 MG .....	8
INCRUSE ELLIPTA .....	57		
<i>indapamide</i> .....	33		
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE .....	48		
INFLECTRA .....	46		
INFUGEM .....	16		
INFUMORPH P/F .....	25		
INGREZZA .....	24		
INGREZZA INITIATION PACK .....	24		
INLYTA ORAL TABLET 1 MG .....	16		
INLYTA ORAL TABLET 5 MG .....	16		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ISENTRESS ORAL TABLET, CHEWABLE 100 MG.....	8	JOLESSA.....	53
<i>isibloom</i> .....	53	<i>joyeaux</i> .....	53
<i>isoniazid oral solution</i> .....	11	<i>juleber</i> .....	53
<i>isoniazid oral tablet</i> .....	11	JULUCA.....	8
<i>isosorbide dinitrate oral tablet</i>		<i>junel 1.5/30 (21)</i> .....	53
10 mg, 20 mg, 30 mg, 5 mg.....	36	<i>junel 1/20 (21)</i> .....	53
<i>isosorbide-hydralazine</i> .....	33	<i>junel fe 1.5/30 (28)</i> .....	53
<i>isosorbide mononitrate oral tablet</i> .....	36	<i>junel fe 1/20 (28)</i> .....	53
<i>isosorbide mononitrate oral tablet extended</i>		<i>junel fe 24</i> .....	53
<i>release 24 hr</i> .....	36	JYNNEOS (PF).....	48
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> .....	37		
<i>isradipine</i> .....	33	<b>K</b>	
<i>itraconazole oral capsule</i> .....	7	KABIVEN.....	59
<i>itraconazole oral solution</i> .....	7	KADCYLA.....	16
<i>ivermectin oral</i> .....	11	<i>kaitlib fe</i> .....	53
IWILFIN.....	16	<i>kalliga</i> .....	53
IXCHIQ.....	48	KALYDECO.....	57
IXEMPRA.....	16	<i>kariva (28)</i> .....	53
IXIARO (PF).....	48	<i>kelnor 1/35 (28)</i> .....	53
		<i>kelnor 1-50 (28)</i> .....	53
<b>J</b>		KERENDIA.....	33
<i>jaimiess</i> .....	53	KESIMPTA PEN.....	24
JAKAFI.....	16	<i>ketoconazole oral</i> .....	7
<i>jantoven</i> .....	35	<i>ketoconazole topical cream</i> .....	38
JANUMET.....	42	<i>ketoconazole topical shampoo</i> .....	38
JANUMET XR ORAL TABLET, ER MULTIPHASE		KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%.....	55
24 HR 50-1,000 MG, 50-500 MG.....	42	<i>ketorolac ophthalmic (eye) drops 0.5%</i> .....	55
JANUMET XR ORAL TABLET, ER MULTIPHASE		KEYTRUDA.....	16
24 HR 100-1,000 MG.....	42	KIMMTRAK.....	16
JANUVIA.....	42	KINRIX (PF) INTRAMUSCULAR SYRINGE.....	48
JARDIANCE.....	42	KISQALI FEMARA CO-PACK ORAL TABLET	
<i>jasmiel (28)</i> .....	53	200 MG/DAY(200 MG X 1)-2.5 MG.....	16
JAYPIRCA.....	16	KISQALI FEMARA CO-PACK ORAL TABLET	
JEMPERLI.....	16	400 MG/DAY(200 MG X 2)-2.5 MG.....	16
JENCYCLA.....	52	KISQALI FEMARA CO-PACK ORAL TABLET	
JENTADUETO.....	42	600 MG/DAY(200 MG X 3)-2.5 MG.....	16
JENTADUETO XR ORAL TABLET, IR - ER,		KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1).....	16
BIPHASIC 24HR 2.5-1,000 MG.....	42	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2).....	16
JENTADUETO XR ORAL TABLET, IR - ER,		KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3).....	16
BIPHASIC 24HR 5-1,000 MG.....	42	<i>klayesta</i> .....	38
JEVTANA.....	16		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
KLISYRI.....	17	LANTUS SOLOSTAR U-100 INSULIN.....	42
<i>klor-con</i> .....	58	LANTUS U-100 INSULIN.....	42
KLOR-CON 8.....	58	<i>lapatinib</i> .....	17
KLOR-CON 10.....	58	<i>larin 1.5/30 (21)</i> .....	53
<i>klor-con m10</i> .....	58	<i>larin 1/20 (21)</i> .....	53
<i>klor-con m15</i> .....	58	<i>larin 24 fe</i> .....	53
<i>klor-con m20</i> .....	58	<i>larin fe 1.5/30 (28)</i> .....	53
KLOXXADO.....	26	<i>larin fe 1/20 (28)</i> .....	53
KORLYM.....	44	<i>latanoprost</i> .....	55
KOSELUGO ORAL CAPSULE 10 MG.....	17	LAYOLIS FE.....	53
KOSELUGO ORAL CAPSULE 25 MG.....	17	LEENA 28.....	53
<i>kourzeq</i> .....	40	<i>leflunomide</i> .....	51
K-PHOS ORIGINAL.....	58	<i>lenalidomide</i> .....	17
KRAZATI.....	17	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG.....	17
<i>kurvelo (28)</i> .....	53	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY (10 MG X 2-4 MG X 1).....	17
KYPROLIS.....	17	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2).....	17
<b>L</b>		<i>lessina</i> .....	53
<i>labetalol oral</i> .....	33	<i>letrozole</i> .....	17
<i>lacosamide intravenous</i> .....	22	<i>leucovorin calcium injection</i> .....	13
<i>lacosamide oral solution</i> .....	22	<i>leucovorin calcium oral</i> .....	13
<i>lacosamide oral tablet 50 mg</i> .....	22	LEUKERAN.....	17
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i> .....	22	<i>leuprolide (3 month)</i> .....	17
LACRISERT.....	55	<i>leuprolide subcutaneous kit</i> .....	17
<i>lactated ringers intravenous</i> .....	58	<i>levalbuterol hcl</i> .....	57
LACTATED RINGERS IRRIGATION.....	39	LEVALBUTEROL TARTRATE.....	57
<i>lactulose oral solution</i> .....	46	LEVEMIR FLEXPEN.....	42
LAGEVRIO (EUA).....	8	LEVEMIR U-100 INSULIN.....	42
<i>lamivudine oral solution</i> .....	8	<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml.....	22
<i>lamivudine oral tablet 100 mg, 300 mg</i> .....	8	<i>levetiracetam intravenous</i> .....	22
<i>lamivudine oral tablet 150 mg</i> .....	8	<i>levetiracetam oral</i> .....	22
<i>lamivudine-zidovudine</i> .....	8	<i>levobunolol ophthalmic (eye) drops 0.5%</i> .....	55
<i>lamotrigine oral tablet</i> .....	22	<i>levocarnitine oral solution 100 mg/ml</i> .....	40
<i>lamotrigine oral tablet, chewable dispersible</i> .....	22	LEVOCARNITINE ORAL TABLET.....	40
<i>lamotrigine oral tablet, disintegrating</i> .....	22	<i>levocarnitine (with sugar)</i> .....	40
<i>lamotrigine oral tablet extended release 24hr</i> .....	22	<i>levocetirizine oral solution</i> .....	56
<i>lamotrigine oral tablets, dose pack</i> .....	22		
LANOXIN PEDIATRIC.....	36		
<i>lansoprazole oral capsule, delayed release(dr/ec)</i> .....	47		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>levocetirizine oral tablet</i> .....	56	<i>lojaimiess</i> .....	53
<i>levofloxacin in d5w</i> .....	12	LOKELMA .....	40
<i>levofloxacin oral solution</i> .....	12	LONSURF ORAL TABLET 15-6.14 MG .....	17
<i>levofloxacin oral tablet</i> .....	12	LONSURF ORAL TABLET 20-8.19 MG .....	17
<i>levonest (28)</i> .....	53	<i>loperamide oral capsule</i> .....	45
<i>levonorgest-eth.estradiol-iron</i> .....	53	<i>lopinavir-ritonavir oral solution</i> .....	8
<i>levonorgestrel-ethinyl estrad</i> .....	53	<i>lopinavir-ritonavir oral tablet 100-25 mg</i> .....	8
<i>levonorg-eth estrad triphasic</i> .....	53	<i>lopinavir-ritonavir oral tablet 200-50 mg</i> .....	8
<i>levora-28</i> .....	53	LOQTORZI.....	17
<i>levothyroxine oral tablet</i> .....	45	<i>lorazepam injection solution</i> .....	29
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 .....	45	<i>lorazepam injection syringe 2 mg/ml</i> .....	29
LEXIVA ORAL SUSPENSION.....	8	<i>lorazepam intenosol</i> .....	29
LIBTAYO.....	17	<i>lorazepam oral concentrate</i> .....	29
<i>lidocaine hcl injection solution</i> .....	36	<i>lorazepam oral syringe</i> .....	29
<i>lidocaine hcl laryngotracheal</i> .....	36	<i>lorazepam oral tablet 0.5 mg, 1 mg</i> .....	29
<i>lidocaine hcl mucous membrane jelly in applicator</i> .....	37	<i>lorazepam oral tablet 2 mg</i> .....	29
<i>lidocaine hcl mucous membrane solution 2%</i> .....	37	LORBRENA ORAL TABLET 25 MG .....	17
<i>lidocaine hcl mucous membrane solution 4%</i> <i>(40 mg/ml)</i> .....	36	LORBRENA ORAL TABLET 100 MG.....	17
<i>lidocaine (pf) injection solution</i> .....	36	<i>loryna (28)</i> .....	53
LIDOCAINE (PF) INTRAVENOUS SOLUTION .....	32	<i>losartan</i> .....	33
<i>lidocaine (pf) intravenous syringe</i> .....	32	<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i> .....	33
<i>lidocaine-prilocaine topical cream</i> .....	37	<i>losartan-hydrochlorothiazide oral tablet</i> <i>100-12.5 mg, 100-25 mg</i> .....	33
<i>lidocaine topical adhesive patch,medicated 5%</i> .....	37	LOTEMAX OPHTHALMIC (EYE) OINTMENT .....	56
<i>lidocaine topical ointment</i> .....	37	LOTEMAX SM .....	56
<i>lidocaine viscous</i> .....	37	<i>loteprednol etabonate</i> .....	56
<i>lincomycin</i> .....	11	<i>lovastatin oral tablet 10 mg</i> .....	35
LINEZOLID-0.9% SODIUM CHLORIDE .....	11	<i>lovastatin oral tablet 20 mg, 40 mg</i> .....	35
<i>linezolid in dextrose 5%</i> .....	11	<i>low-ogestrel (28)</i> .....	53
<i>linezolid oral suspension for reconstitution</i> .....	11	<i>loxapine succinate</i> .....	29
<i>linezolid oral tablet</i> .....	11	<i>lo-zumandimine (28)</i> .....	53
LINZESS.....	46	<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod.</i> <i>fluoride)</i> .....	60
<i>liothyronine oral</i> .....	45	LUMAKRAS ORAL TABLET 120 MG .....	17
<i>lisinopril</i> .....	33	LUMAKRAS ORAL TABLET 320 MG .....	17
<i>lisinopril-hydrochlorothiazide</i> .....	33	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%.....	55
<i>lithium carbonate</i> .....	29	LUMIZYME .....	44
<i>lithium citrate</i> .....	29	LUNSUMIO.....	17
<i>l norgest/e.estradiol-e.estrad</i> .....	53	LUPRON DEPOT .....	17
		LUPRON DEPOT (3 MONTH).....	17

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
LUPRON DEPOT (4 MONTH).....	17	<i>mefloquine</i> .....	11
LUPRON DEPOT (6 MONTH).....	17	<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i> .....	17
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG .....	17	<i>megestrol oral tablet</i> .....	17
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG .....	17	MEKINIST ORAL RECON SOLN.....	17
LUPRON DEPOT-PED INTRAMUSCULAR KIT .....	17	MEKINIST ORAL TABLET 0.5 MG .....	17
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT .....	17	MEKINIST ORAL TABLET 2 MG.....	17
<i>lurasidone oral tablet 80 mg</i> .....	29	MEKTOVI .....	18
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> .....	29	<i>meloxicam oral tablet 7.5 mg</i> .....	26
<i>lutea (28)</i> .....	53	<i>meloxicam oral tablet 15 mg</i> .....	26
LYNPARZA .....	17	<i>melphalan</i> .....	18
LYSODREN .....	17	<i>melphalan hcl</i> .....	18
LYTGOBI ORAL TABLET 4 MG.....	17	<i>memantine oral capsule, sprinkle, er 24hr</i> .....	24
LYTGOBI ORAL TABLET 4 MG (4X 4 MG TB).....	17	<i>memantine oral solution</i> .....	24
LYTGOBI ORAL TABLET 4 MG (5X 4 MG TB).....	17	<i>memantine oral tablet 5 mg</i> .....	24
LYUMJEV KWIKPEN U-100 INSULIN.....	42	<i>memantine oral tablet 10 mg</i> .....	24
LYUMJEV KWIKPEN U-200 INSULIN.....	43	MEMANTINE ORAL TABLETS, DOSE PACK.....	24
LYUMJEV U-100 INSULIN.....	43	MENACTRA (PF) INTRAMUSCULAR SOLUTION .....	48
<i>lyza</i> .....	52	MENQUADFI (PF).....	48
<b>M</b>		MENVEO A-C-Y-W-135-DIP (PF) .....	48
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> .....	58	<i>mercaptapurine</i> .....	18
<i>magnesium sulfate injection</i> .....	58	MEROPENEM-0.9% SODIUM CHLORIDE .....	11
<i>magnesium sulfate in water</i> .....	58	<i>meropenem intravenous recon soln 1 gram, 500 mg</i> .....	11
<i>malathion</i> .....	39	<i>merzee</i> .....	53
<i>maraviroc oral tablet 150 mg</i> .....	8	<i>mesalamine oral capsule, extended release 24hr</i> .....	46
<i>maraviroc oral tablet 300 mg</i> .....	8	<i>mesalamine rectal enema</i> .....	46
MARGENZA .....	17	<i>mesalamine with cleansing wipe</i> .....	46
<i>marlissa (28)</i> .....	53	<i>mesna</i> .....	13
MARPLAN.....	29	MESNEX ORAL .....	13
MATULANE .....	17	<i>metadate er</i> .....	29
<i>matzim la</i> .....	33	<i>metformin oral solution</i> .....	43
MAVYRET ORAL PELLETS IN PACKET .....	8	<i>metformin oral tablet 1,000 mg</i> .....	43
MAVYRET ORAL TABLET .....	8	<i>metformin oral tablet 500 mg</i> .....	43
<i>meclizine oral tablet 12.5 mg, 25 mg</i> .....	46	<i>metformin oral tablet 850 mg</i> .....	43
MEDROL ORAL TABLET 2 MG.....	41	<i>metformin oral tablet extended release 24hr 1,000 mg</i> .....	43
<i>medroxyprogesterone intramuscular</i> .....	52	<i>metformin oral tablet extended release 24 hr 500 mg</i> .....	43
<i>medroxyprogesterone oral</i> .....	52	<i>metformin oral tablet extended release 24hr 500 mg</i> .....	43
		<i>metformin oral tablet extended release 24 hr 750 mg</i> .....	43
		<i>methadone injection solution</i> .....	25
		<i>methadone oral solution 5 mg/5 ml</i> .....	25

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>methadone oral solution 10 mg/5 ml</i> .....	25	<i>microgestin fe 1.5/30 (28)</i> .....	53
<i>methadone oral tablet 5 mg</i> .....	25	<i>microgestin fe 1/20 (28)</i> .....	53
<i>methadone oral tablet 10 mg</i> .....	25	<i>midodrine</i> .....	40
<i>methazolamide</i> .....	55	MIEBO.....	55
<i>methenamine hippurate</i> .....	13	<i>mifepristone oral tablet 300 mg</i> .....	44
<i>methimazole oral tablet 10 mg, 5 mg</i> .....	41	<i>migergot</i> .....	24
<i>methocarbamol oral tablet 500 mg, 750 mg</i> .....	25	<i>miglitol oral tablet 25 mg</i> .....	43
<i>methotrexate sodium injection</i> .....	18	<i>miglitol oral tablet 50 mg</i> .....	43
<i>methotrexate sodium oral</i> .....	18	<i>miglitol oral tablet 100 mg</i> .....	43
<i>methotrexate sodium (pf)</i> .....	18	<i>miglustat</i> .....	44
<i>methoxsalen</i> .....	37	<i>mili53</i>	
<i>methsuximide</i> .....	22	<i>minocycline oral capsule</i> .....	13
<i>methylphenidate hcl oral tablet</i> .....	29	<i>minocycline oral tablet</i> .....	13
<i>methylphenidate hcl oral tablet extended release</i> .....	29	<i>minoxidil oral</i> .....	33
<i>methylphenidate hcl oral tablet extended release</i> <i>24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating),</i> <i>36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i> .....	30	<i>mirtazapine oral tablet</i> .....	30
<i>methylpred dp</i> .....	41	<i>mirtazapine oral tablet, disintegrating</i> .....	30
<i>methylprednisolone acetate</i> .....	41	<i>misoprostol</i> .....	47
<i>methylprednisolone oral tablet</i> .....	41	MITIGARE.....	49
<i>methylprednisolone oral tablets, dose pack</i> .....	41	<i>mitomycin intravenous</i> .....	18
<i>methylprednisolone sodium succ injection recon</i> <i>soln 125 mg, 40 mg</i> .....	41	<i>mitoxantrone</i> .....	18
<i>methylprednisolone sodium succ intravenous</i> .....	41	M-M-R II (PF).....	48
<i>metoclopramide hcl oral solution</i> .....	46	M-NATAL PLUS.....	60
<i>metoclopramide hcl oral tablet</i> .....	46	<i>modafinil oral tablet 100 mg</i> .....	30
<i>metolazone</i> .....	33	<i>modafinil oral tablet 200 mg</i> .....	30
<i>metoprolol succinate</i> .....	33	<i>moexipril</i> .....	33
<i>metoprolol ta-hydrochlorothiaz</i> .....	33	<i>molindone oral tablet 5 mg</i> .....	30
<i>metoprolol tartrate oral</i> .....	33	<i>molindone oral tablet 10 mg, 25 mg</i> .....	30
METRO I.V.....	11	<i>mometasone nasal</i> .....	57
<i>metronidazole in nacl (iso-os)</i> .....	11	<i>mometasone topical</i> .....	39
<i>metronidazole oral tablet</i> .....	11	<i>mondoxyne nl oral capsule 100 mg</i> .....	13
<i>metronidazole topical</i> .....	37	MONJUVI.....	18
<i>metronidazole vaginal</i> .....	52	<i>mono-lyyah</i> .....	53
<i>metyrosine</i> .....	33	<i>montelukast oral granules in packet</i> .....	57
<i>mexiletine</i> .....	32	<i>montelukast oral tablet</i> .....	57
<i>micafungin</i> .....	7	<i>montelukast oral tablet, chewable</i> .....	57
<i>microgestin 1.5/30 (21)</i> .....	53	<i>morphine concentrate oral solution</i> .....	26
<i>microgestin 1/20 (21)</i> .....	53	MORPHINE INJECTION SOLUTION.....	26
		MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML.....	26
		<i>morphine intravenous solution 10 mg/ml,</i> <i>4 mg/ml, 8 mg/ml</i> .....	26

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>morphine oral solution</i> .....	26	<i>naproxen oral suspension</i> .....	26
<i>morphine oral tablet</i> .....	26	<i>naproxen oral tablet</i> .....	26
<i>morphine oral tablet extended release</i> .....	26	<i>naproxen oral tablet, delayed release (dr/ec)</i> .....	26
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> .....	25	<i>naproxen sodium oral tablet 275 mg, 550 mg</i> .....	26
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG.....	22	<i>naratriptan</i> .....	24
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG.....	22	NATACYN.....	55
MOUNJARO.....	43	<i>nateglinide oral tablet 60 mg</i> .....	43
MOVANTIK.....	46	<i>nateglinide oral tablet 120 mg</i> .....	43
<i>moxifloxacin ophthalmic (eye)</i> .....	55	NAYZILAM.....	22
<i>moxifloxacin oral</i> .....	12	<i>nebivolol</i> .....	33
MOXIFLOXACIN-SOD.ACE, SUL-WATER.....	12	<i>necon 0.5/35 (28)</i> .....	53
<i>moxifloxacin-sod.chloride(iso)</i> .....	12	<i>nefazodone</i> .....	30
<i>mupirocin</i> .....	37	<i>nelarabine</i> .....	18
<i>mupirocin calcium</i> .....	37	<i>neomycin</i> .....	11
<i>mycophenolate mofetil (hcl)</i> .....	18	<i>neomycin-bacitracin-poly-hc</i> .....	55
<i>mycophenolate mofetil oral capsule</i> .....	18	<i>neomycin-bacitracin-polymyxin</i> .....	55
<i>mycophenolate mofetil oral suspension for reconstitution</i> ....	18	<i>neomycin-polymyxin b-dexameth</i> .....	56
<i>mycophenolate mofetil oral tablet</i> .....	18	<i>neomycin-polymyxin b gu</i> .....	39
<i>mycophenolate sodium</i> .....	18	<i>neomycin-polymyxin-gramicidin</i> .....	55
MYLOTARG.....	18	<i>neomycin-polymyxin-hc ophthalmic (eye)</i> .....	56
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR.....	58	<i>neomycin-polymyxin-hc otic (ear)</i> .....	41
<b>N</b>		NERLYNX.....	18
<i>nabumetone</i> .....	26	<i>nevirapine oral suspension</i> .....	8
<i>nadolol</i> .....	33	<i>nevirapine oral tablet</i> .....	8
NAFCILLIN IN DEXTROSE ISO-OSM.....	12	<i>nevirapine oral tablet extended release 24 hr 100 mg</i> .....	8
<i>nafcillin injection</i> .....	12	<i>nevirapine oral tablet extended release 24 hr 400 mg</i> .....	8
<i>nafcillin intravenous recon soln 2 gram</i> .....	12	NEXLETOL.....	35
<i>naftifine topical cream</i> .....	38	NEXLIZET.....	35
<i>naftifine topical gel 2%</i> .....	38	<i>niacin oral tablet 500 mg</i> .....	35
NAFTIN TOPICAL GEL 2%.....	38	<i>niacin oral tablet extended release 24 hr</i> .....	35
NAGLAZYME.....	44	<i>niacor</i> .....	35
<i>naloxone injection solution</i> .....	26	<i>nicardipine intravenous solution</i> .....	33
<i>naloxone injection syringe 1 mg/ml</i> .....	26	<i>nicardipine oral</i> .....	33
<i>naloxone nasal</i> .....	26	NICOTROL.....	40
<i>naltrexone</i> .....	26	NICOTROL NS.....	40
NAMZARIC.....	24	<i>nifedipine oral tablet extended release</i> .....	33
		<i>nifedipine oral tablet extended release 24hr</i> .....	33
		<i>nikki (28)</i> .....	53
		<i>nilutamide</i> .....	18
		<i>nimodipine</i> .....	33

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
NINLARO	18	NURTEC ODT	24
NIPENT	18	NUZYRA INTRAVENOUS	13
<i>nisoldipine</i>	33	NUZYRA ORAL	13
<i>nitazoxanide</i>	11	<i>nyamyc</i>	38
<i>nitisinone</i>	40	<i>nylia 1/35 (28)</i>	54
<i>nitrofurantoin macrocrystal</i>	13	<i>nylia 7/7/7 (28)</i>	54
<i>nitrofurantoin monohyd/m-cryst</i>	13	<i>nymyo</i>	54
<i>nitroglycerin intravenous</i>	36	<i>nystatin oral suspension</i>	7
<i>nitroglycerin rectal</i>	46	<i>nystatin oral tablet</i>	7
<i>nitroglycerin sublingual</i>	36	<i>nystatin topical cream</i>	38
<i>nitroglycerin transdermal patch 24 hour</i>	36	<i>nystatin topical ointment</i>	38
<i>nitroglycerin translingual</i>	36	<i>nystatin topical powder</i>	38
NIVESTYM	47	<i>nystatin-triamcinolone</i>	38
NORA-BE	52	<i>nystop</i>	38
<i>noreth-ethinyl estradiol-iron</i>	53	NYVEPRIA	47
<i>norethindrone acetate</i>	52		
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	52	<b>O</b>	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	54	OCALIVA	46
<i>norethindrone (contraceptive)</i>	52	OCELLA	54
<i>norethindrone-e.estradiol-iron oral capsule</i>	54	OCREVUS	25
<i>norethindrone-e.estradiol-iron oral tablet</i>	54	OCTAGAM	48
NORETHINDRONE-E.ESTRADIOL-IRON ORAL TABLET, CHEWABLE	54	<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	18
<i>norgestimate-ethinyl estradiol</i>	54	<i>octreotide acetate injection solution 500 mcg/ml</i>	18
<i>nortrel 0.5/35 (28)</i>	54	<i>octreotide acetate injection syringe</i>	18
<i>nortrel 1/35 (21)</i>	54	ODEFSEY	8
<i>nortrel 1/35 (28)</i>	54	ODOMZO	18
<i>nortrel 7/7/7 (28)</i>	54	OFEV	57
<i>nortriptyline oral capsule</i>	30	<i>ofloxacin ophthalmic (eye)</i>	55
<i>nortriptyline oral solution</i>	30	<i>ofloxacin otic (ear)</i>	40
NORVIR ORAL POWDER IN PACKET	8	OJJAARA	18
NUBEQA	18	<i>olanzapine-fluoxetine</i>	30
NUCALA SUBCUTANEOUS AUTO-INJECTOR	57	<i>olanzapine intramuscular</i>	30
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	57	<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	30
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	57	<i>olanzapine oral tablet 15 mg, 20 mg</i>	30
NUEDEXTA	25	<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	30
NULOJIX	18	<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	30
NUPLAZID	30	<i>olmesartan</i>	33
		<i>olmesartan-amlodipin-hcthiazyd</i>	33

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>olmesartan-hydrochlorothiazide</i> .....	33	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG.....	34
<i>olopatadine ophthalmic (eye) drops 0.1%</i> .....	55	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG.....	34
<i>omega-3 acid ethyl esters</i> .....	35	ORGOVYX.....	18
<i>omeprazole oral capsule, delayed release(dr/ec)</i> .....	47	ORKAMBI ORAL GRANULES IN PACKET .....	57
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	43	ORKAMBI ORAL TABLET.....	57
OMNIPOD 5 G6-G7 PODS (GEN 5).....	43	ORSERDU .....	18
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	43	<i>oseltamivir</i> .....	8
OMNIPOD 5 G6 PODS (GEN 5).....	43	OTEZLA.....	51
OMNIPOD CLASSIC PODS (GEN 3).....	43	OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47).....	51
OMNIPOD DASH INTRO KIT (GEN 4) .....	43	<i>oxacillin injection</i> .....	12
OMNIPOD DASH PODS (GEN 4) .....	43	<i>oxaliplatin</i> .....	18
OMNIPOD GO PODS.....	43	<i>oxaprozin oral tablet</i> .....	26
OMNIPOD GO PODS 10 UNITS/DAY.....	43	<i>oxazepam</i> .....	30
OMNIPOD GO PODS 15 UNITS/DAY.....	43	<i>oxcarbazepine</i> .....	22
OMNIPOD GO PODS 20 UNITS/DAY.....	43	OXERVATE.....	55
OMNIPOD GO PODS 25 UNITS/DAY.....	43	<i>oxybutynin chloride oral syrup</i> .....	58
OMNIPOD GO PODS 30 UNITS/DAY.....	43	<i>oxybutynin chloride oral tablet 5 mg</i> .....	58
OMNIPOD GO PODS 40 UNITS/DAY.....	43	<i>oxybutynin chloride oral tablet extended release 24hr</i> .....	58
ONCASPAR.....	18	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> .....	26
<i>ondansetron</i> .....	46	<i>oxycodone oral concentrate</i> .....	26
<i>ondansetron hcl intravenous</i> .....	46	<i>oxycodone oral solution</i> .....	26
<i>ondansetron hcl oral solution</i> .....	46	<i>oxycodone oral tablet 5 mg</i> .....	26
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> .....	46	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> .....	26
<i>ondansetron hcl (pf)</i> .....	46	<i>oxymorphone oral tablet extended release 12 hr</i> .....	26
ONGENTYS .....	23	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).....	43
ONIVYDE .....	18		
ONUREG.....	18	<b>P</b>	
OPDIVO.....	18	<i>pacerone oral tablet 100 mg, 400 mg</i> .....	32
OPDUALAG.....	18	<i>pacerone oral tablet 200 mg</i> .....	32
OPSUMIT .....	57	<i>paclitaxel</i> .....	18
<i>oralone</i> .....	40	PACLITAXEL PROTEIN-BOUND.....	18
ORBACTIV .....	11	PADCEV .....	18
ORENCIA CLICKJECT .....	51	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i> .....	30
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML.....	51		
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML.....	51		
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML.....	51		
ORENITRAM MONTH 1 TITRATION KT.....	33		
ORENITRAM MONTH 2 TITRATION KT.....	33		
ORENITRAM MONTH 3 TITRATION KT.....	34		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i> .....	30	PERIKABIVEN.....	59
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> .....	46	<i>perindopril erbumine</i> .....	34
<i>pamidronate</i> .....	44	<i>periogard</i> .....	40
PANRETIN.....	37	PERJETA.....	18
<i>pantoprazole oral tablet, delayed release (dr/ec)</i> .....	47	<i>permethrin</i> .....	39
<i>paricalcitol oral</i> .....	44	<i>perphenazine</i> .....	30
<i>paromomycin</i> .....	11	<i>perphenazine-amitriptyline</i> .....	30
<i>paroxetine hcl oral suspension</i> .....	30	PERSERIS.....	30
<i>paroxetine hcl oral tablet 10 mg</i> .....	30	<i>pfizerpen-g</i> .....	12
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i> .....	30	<i>phenelzine</i> .....	30
<i>paroxetine hcl oral tablet 30 mg</i> .....	30	<i>phenobarbital oral elixir</i> .....	22
<i>paroxetine hcl oral tablet extended release 24 hr</i> .....	30	<i>phenobarbital oral tablet</i> .....	22
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG*.....	8	<i>phenobarbital sodium injection solution</i> .....	22
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG*.....	8	<i>phenoxybenzamine</i> .....	34
<i>pazopanib</i> .....	18	<i>phenytoin oral suspension</i> .....	22
PEDIARIX (PF).....	48	<i>phenytoin oral tablet, chewable</i> .....	22
PEDVAX HIB (PF).....	48	<i>phenytoin sodium extended</i> .....	22
<i>peg 3350-electrolytes</i> .....	46	<i>phenytoin sodium intravenous solution</i> .....	22
PEGASYS SUBCUTANEOUS SOLUTION.....	47	PHESGO.....	18
PEGASYS SUBCUTANEOUS SYRINGE.....	47	<i>philith</i> .....	54
<i>peg-electrolyte soln</i> .....	46	PIFELTRO.....	8
PEMAZYRE.....	18	<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i> .....	55
<i>pemetrexed disodium intravenous recon soln</i> .....	18	<i>pilocarpine hcl oral</i> .....	40
PENBRAYA (PF).....	48	<i>pimecrolimus</i> .....	37
<i>penciclovir</i> .....	38	<i>pimozide</i> .....	30
<i>penicillamine</i> .....	51	<i>pimtrea (28)</i> .....	54
<i>penicillin g potassium</i> .....	12	<i>pindolol</i> .....	34
<i>penicillin v potassium oral recon soln</i> .....	12	<i>pioglitazone</i> .....	43
<i>penicillin v potassium oral tablet</i> .....	12	<i>pioglitazone-metformin</i> .....	43
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2".....	49	<i>piperacillin-tazobactam</i> .....	12
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML.....	48	PIQRAY.....	18
<i>pentamidine inhalation</i> .....	11	<i>pirfenidone oral tablet 267 mg</i> .....	57
<i>pentamidine injection</i> .....	11	<i>pirfenidone oral tablet 534 mg, 801 mg</i> .....	57
PENTIPS.....	43	<i>pitavastatin calcium</i> .....	35
<i>pentoxifylline</i> .....	35	<i>plenamine</i> .....	59
PERFOROMIST.....	57	PLERIXAFOR.....	47
		PNV-DHA.....	60
		PNV-OMEGA.....	60
		PNV-SELECT.....	60
		<i>podofilox topical solution</i> .....	37



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
POLIVY .....	18	<i>prednisolone sodium phosphate ophthalmic (eye)</i> .....	56
<i>polycin</i> .....	55	<i>prednisolone sodium phosphate oral solution</i> 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) .....	41
<i>polymyxin b sulfate</i> .....	11	<i>prednisone intensol</i> .....	41
<i>polymyxin b sulf-trimethoprim</i> .....	55	<i>prednisone oral solution</i> .....	41
POMALYST .....	18	<i>prednisone oral tablet</i> 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg .....	41
<i>portia 28</i> .....	54	<i>prednisone oral tablet 50 mg</i> .....	41
PORTRAZZA .....	18	<i>prednisone oral tablets, dose pack</i> .....	41
<i>posaconazole oral tablet, delayed release (dr/ec)</i> .....	7	<i>pregabalin oral capsule</i> 100 mg, 150 mg, 25 mg, 50 mg, 75 mg .....	22
POTASSIUM CHLORID-D5-0.45%NACL .....	59	<i>pregabalin oral capsule 200 mg</i> .....	22
<i>potassium chloride-0.45% nacl</i> .....	59	<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	22
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L .....	59	<i>pregabalin oral solution</i> .....	22
POTASSIUM CHLORIDE-D5-0.9%NACL .....	59	PREHEVBRIO (PF) .....	48
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L .....	59	PREMARIN INJECTION .....	52
<i>potassium chloride in 5% dex intravenous parenteral solution 10 meq/l</i> .....	59	PREMARIN ORAL .....	52
POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L .....	59	PREMARIN VAGINAL .....	52
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L .....	59	<i>premasol 10%</i> .....	59
<i>potassium chloride intravenous</i> .....	59	PREMPRO .....	52
<i>potassium chloride in water intravenous piggyback</i> 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml .....	59	PRENATAL PLUS (CALCIUM CARB) .....	60
<i>potassium chloride oral capsule, extended release</i> .....	59	PRENATAL VITAMIN PLUS LOW IRON .....	60
<i>potassium chloride oral liquid</i> .....	59	<i>prevalite</i> .....	35
<i>potassium chloride oral packet</i> .....	59	PREVYMIS ORAL .....	8
<i>potassium chloride oral tablet, er particles/crystals</i> .....	59	PREZCOBIX .....	8
<i>potassium chloride oral tablet extended release</i> .....	59	PREZISTA ORAL SUSPENSION .....	8
<i>potassium citrate oral tablet extended release</i> .....	58	PREZISTA ORAL TABLET 75 MG .....	8
POTELIGEO .....	18	PREZISTA ORAL TABLET 150 MG .....	8
PRALATREXATE .....	18	PRIFTIN .....	11
<i>pramipexole oral tablet</i> .....	23	<i>primaquine</i> .....	11
<i>pramipexole oral tablet extended release 24 hr</i> .....	23	<i>primidone oral tablet 125 mg</i> .....	22
<i>prasugrel</i> .....	35	<i>primidone oral tablet 250 mg, 50 mg</i> .....	22
<i>pravastatin</i> .....	35	PRIORIX (PF) .....	48
<i>praziquantel</i> .....	11	PR NATAL 400 .....	60
<i>prazosin</i> .....	34	PR NATAL 400 EC .....	60
PREDNISOLONE ACETATE .....	56	PR NATAL 430 .....	60
<i>prednisolone oral solution</i> .....	41	PR NATAL 430 EC .....	60
		<i>probenecid</i> .....	49
		<i>probenecid-colchicine</i> .....	49

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>prochlorperazine</i> .....	46	<b>Q</b>	
<i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml) .....	46	QINLOCK .....	18
<i>prochlorperazine maleate</i> .....	46	QUADRACEL (PF) .....	48
PROCRIT .....	47	<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i> .....	30
<i>procto-med hc</i> .....	46	<i>quetiapine oral tablet 150 mg, 200 mg</i> .....	30
<i>proctosol hc topical</i> .....	46	<i>quetiapine oral tablet 300 mg, 400 mg</i> .....	30
<i>proctozone-hc</i> .....	46	<i>quetiapine oral tablet extended release</i> 24 hr 150 mg, 200 mg .....	30
<i>progesterone micronized</i> .....	52	<i>quetiapine oral tablet extended release</i> 24 hr 300 mg, 400 mg, 50 mg .....	30
PROGRAF INTRAVENOUS .....	18	QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG .....	30
PROGRAF ORAL GRANULES IN PACKET .....	18	QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG .....	30
PROLASTIN-C INTRAVENOUS RECON SOLN .....	40	<i>quinapril</i> .....	34
PROLASTIN-C INTRAVENOUS SOLUTION .....	40	<i>quinapril-hydrochlorothiazide</i> .....	34
PROLIA .....	49	<i>quinidine sulfate oral tablet</i> .....	32
PROMACTA ORAL POWDER IN PACKET 12.5 MG .....	35	<i>quinine sulfate</i> .....	11
PROMACTA ORAL POWDER IN PACKET 25 MG .....	35	<b>R</b>	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG .....	35	RABAVERT (PF) .....	48
PROMACTA ORAL TABLET 75 MG .....	35	RADICAVA .....	25
<i>promethazine oral</i> .....	56	<i>raloxifene</i> .....	49
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> .....	56	<i>ramelteon</i> .....	30
<i>promethegan rectal suppository 25 mg, 50 mg</i> .....	56	<i>ramipril</i> .....	34
<i>propafenone oral capsule, extended release 12 hr</i> .....	32	<i>ranolazine</i> .....	36
<i>propafenone oral tablet</i> .....	32	<i>rasagiline</i> .....	23
<i>propranolol oral capsule, extended release 24 hr</i> .....	34	RAYALDEE .....	44
<i>propranolol oral solution</i> .....	34	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) .....	47
<i>propylthiouracil</i> .....	41	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML .....	47
PROQUAD (PF) .....	48	REBIF TITRATION PACK .....	47
PROSOL 20% .....	59	REBIF (WITH ALBUMIN) .....	47
<i>protriptyline</i> .....	30	<i>reclipsen (28)</i> .....	54
PULMICORT .....	57	RECOMBIVAX HB (PF) .....	48
PULMOZYME .....	57	RECTIV .....	46
PURIXAN .....	18	REGANEX .....	37
<i>pyrazinamide</i> .....	11	REMICADE .....	46
<i>pyridostigmine bromide oral syrup</i> .....	25	RENACIDIN .....	58
<i>pyridostigmine bromide oral tablet 60 mg</i> .....	25		
<i>pyridostigmine bromide oral tablet extended release</i> .....	25		
<i>pyrimethamine</i> .....	11		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>repaglinide oral tablet 0.5 mg</i> .....	43	<i>risperidone oral solution</i> .....	30
<i>repaglinide oral tablet 1 mg</i> .....	43	<i>risperidone oral syringe</i> .....	31
<i>repaglinide oral tablet 2 mg</i> .....	43	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i> .....	31
REPATHA PUSHTRONEX.....	35	<i>risperidone oral tablet 1 mg</i> .....	31
REPATHA SURECLICK.....	35	<i>risperidone oral tablet 2 mg</i> .....	31
REPATHA SYRINGE.....	35	<i>risperidone oral tablet 3 mg</i> .....	31
RETACRIT.....	47	<i>risperidone oral tablet, disintegrating</i> <i>0.25 mg, 0.5 mg, 4 mg</i> .....	31
RETEVMO ORAL CAPSULE 40 MG.....	19	<i>risperidone oral tablet, disintegrating 1 mg</i> .....	31
RETEVMO ORAL CAPSULE 80 MG.....	19	<i>risperidone oral tablet, disintegrating 2 mg</i> .....	31
RETROVIR INTRAVENOUS.....	8	<i>risperidone oral tablet, disintegrating 3 mg</i> .....	31
REVLIMID.....	19	<i>ritonavir</i> .....	9
REXULTI ORAL TABLET.....	30	<i>rivastigmine</i> .....	25
REYATAZ ORAL POWDER IN PACKET.....	9	<i>rivastigmine tartrate</i> .....	25
REZLIDHIA.....	19	RIVELSA.....	54
REZUROCK.....	19	<i>rizatriptan oral tablet</i> .....	24
RHOPRESSA.....	55	<i>rizatriptan oral tablet, disintegrating</i> .....	24
<i>ribavirin oral capsule</i> .....	9	ROCKLATAN.....	55
<i>ribavirin oral tablet 200 mg</i> .....	9	<i>roflumilast</i> .....	57
RIDAURA.....	51	<i>romidepsin intravenous recon soln</i> .....	19
<i>rifabutin</i> .....	11	ROMIDEPSIN INTRAVENOUS SOLUTION.....	19
<i>rifampin intravenous</i> .....	11	<i>ropinirole oral tablet</i> .....	23
<i>rifampin oral</i> .....	11	<i>rosuvastatin</i> .....	35
<i>riluzole</i> .....	40	ROTARIX.....	48
<i>rimantadine</i> .....	9	ROTATEQ VACCINE.....	48
RINGER'S INTRAVENOUS.....	59	<i>roweepra oral tablet 500 mg</i> .....	22
RINGER'S IRRIGATION.....	39	ROZLYTREK ORAL CAPSULE 100 MG.....	19
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG.....	51	ROZLYTREK ORAL CAPSULE 200 MG.....	19
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG.....	51	ROZLYTREK ORAL PELLETS IN PACKET.....	19
<i>risedronate oral tablet 5 mg</i> .....	49	RUBRACA.....	19
<i>risedronate oral tablet 30 mg</i> .....	40	<i>rufinamide oral suspension</i> .....	22
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> .....	49	<i>rufinamide oral tablet 200 mg</i> .....	22
<i>risedronate oral tablet 150 mg</i> .....	49	<i>rufinamide oral tablet 400 mg</i> .....	23
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML.....	30	RUKOBIA.....	9
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML.....	30	RUXIENCE.....	19
		RYALTRIS.....	57
		RYBELSUS.....	43
		RYBREVANT.....	19
		RYDAPT.....	19
		RYLAZE.....	19

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
RYTARY.....	23	SIMULECT.....	19
<b>S</b>		<i>simvastatin</i> .....	35
<i>sajazir</i> .....	57	<i>sirolimus oral solution</i> .....	19
<i>salsalate</i> .....	26	<i>sirolimus oral tablet</i> .....	19
SANCUSO.....	46	SIRTURO ORAL TABLET 20 MG.....	11
SANDIMMUNE ORAL SOLUTION.....	19	SIRTURO ORAL TABLET 100 MG.....	11
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON.....	19	SIVEXTRO INTRAVENOUS.....	11
SANTYL.....	37	SIVEXTRO ORAL.....	11
<i>sapropterin</i> .....	44	SKYRIZI INTRAVENOUS.....	46
SARCLISA.....	19	SKYRIZI SUBCUTANEOUS PEN INJECTOR.....	36
SCEMBLIX ORAL TABLET 20 MG.....	19	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML.....	36
SCEMBLIX ORAL TABLET 40 MG.....	19	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML).....	46
<i>scopolamine base</i> .....	46	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML).....	46
SECUADO.....	31	<i>sodium bicarbonate intravenous syringe</i> .....	59
<i>selegiline hcl</i> .....	23	SODIUM CHLORIDE 0.9% INTRAVENOUS.....	40
<i>selenium sulfide topical lotion</i> .....	36	<i>sodium chloride 0.45% intravenous</i> .....	59
SELZENTRY ORAL SOLUTION.....	9	<i>sodium chloride 3% hypertonic</i> .....	59
SELZENTRY ORAL TABLET 25 MG.....	9	SODIUM CHLORIDE 5% HYPERTONIC.....	59
SELZENTRY ORAL TABLET 75 MG.....	9	<i>sodium chloride intravenous</i> .....	59
SE-NATAL-19.....	60	SODIUM CHLORIDE IRRIGATION.....	40
SE-NATAL 19 CHEWABLE.....	60	<i>sodium fluoride 5000 dry mouth</i> .....	40
SEREVENT DISKUS.....	57	<i>sodium fluoride 5000 plus</i> .....	40
<i>sertraline oral concentrate</i> .....	31	<i>sodium fluoride-pot nitrate</i> .....	40
<i>sertraline oral tablet</i> .....	31	SODIUM OXYBATE.....	31
<i>setlakin</i> .....	54	<i>sodium phenylbutyrate</i> .....	40
<i>sevelamer carbonate oral powder in packet 0.8 gram</i> .....	40	<i>sodium polystyrene sulfonate oral powder</i> .....	40
<i>sevelamer carbonate oral powder in packet 2.4 gram</i> .....	40	<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> .....	46
<i>sevelamer carbonate oral tablet</i> .....	40	SODIUM, POTASSIUM, MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM 2 PACK (480ML).....	46
<i>sharobel</i> .....	52	<i>solifenacin</i> .....	58
SHINGRIX (PF).....	48	SOLQUA 100/33.....	43
SIGNIFOR.....	19	SOLTAMOX.....	19
<i>sildenafil</i> .....	58	SOLU-CORTEF ACT-O-VIAL (PF).....	41
<i>sildenafil (pulm.hypertension) oral tablet</i> .....	57	SOMATULINE DEPOT.....	19
SILVER SULFADIAZINE.....	37	SOMAVERT.....	44
SIMBRINZA.....	55	<i>sorafenib</i> .....	19
<i>simliya (28)</i> .....	54	<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> .....	32
<i>simpesse</i> .....	54		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
<i>sotalol af</i> .....	32	SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC) .....	46
<i>sotalol oral</i> .....	32	<i>sulindac</i> .....	26
SOTYLIZE .....	32	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> .....	24
<i>spironolactone oral tablet</i> .....	34	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> .....	24
<i>spironolactone-hydrochlorothiaz</i> .....	34	<i>sumatriptan succinate oral</i> .....	24
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2) .....	31	SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE .....	24
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3) .....	31	<i>sumatriptan succinate subcutaneous pen injector</i> .....	24
<i>sprintec (28)</i> .....	54	<i>sumatriptan succinate subcutaneous solution</i> .....	24
SPRITAM .....	23	<i>sunitinib malate</i> .....	19
SPRYCEL ORAL TABLET 20 MG, 70 MG .....	19	SUNLENCA .....	9
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG .....	19	SUTAB .....	46
<i>sps (with sorbitol) oral</i> .....	40	<i>syeda</i> .....	54
<i>sronyx</i> .....	54	SYMDEKO .....	57
SSD .....	37	SYMLINPEN 60 .....	43
STAMARIL (PF) .....	48	SYMLINPEN 120 .....	43
STELARA SUBCUTANEOUS SOLUTION .....	36	SYMPAZAN .....	23
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML .....	36	SYMTUZA .....	9
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML .....	36	SYNAREL .....	44
STIVARGA .....	19	SYNJARDY .....	43
<i>streptomycin</i> .....	11	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG .....	43
STRIBILD .....	9	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG .....	43
<i>subvenite</i> .....	23	SYNTHROID .....	45
<i>subvenite starter (blue) kit</i> .....	23		
<i>subvenite starter (green) kit</i> .....	23	<b>T</b>	
<i>subvenite starter (orange) kit</i> .....	23	TABLOID .....	19
SUCRAID .....	46	TABRECTA .....	19
<i>sucrafate oral suspension</i> .....	47	<i>tacrolimus oral</i> .....	19
<i>sucrafate oral tablet</i> .....	47	<i>tacrolimus topical</i> .....	37
SUFLAVE .....	46	<i>tadalafil (pulm. hypertension)</i> .....	57
<i>sulfacetamide-prednisolone</i> .....	55	TADLIQ .....	57
<i>sulfacetamide sodium (acne)</i> .....	37	TAFINLAR ORAL CAPSULE .....	19
<i>sulfacetamide sodium ophthalmic (eye) drops</i> .....	55	TAFINLAR ORAL TABLET FOR SUSPENSION .....	19
<i>sulfadiazine</i> .....	12	TAGRISSO .....	19
<i>sulfamethoxazole-trimethoprim intravenous</i> .....	12	TALICIA .....	47
<i>sulfamethoxazole-trimethoprim oral suspension</i> .....	12	TALTZ AUTOINJECTOR .....	36
<i>sulfamethoxazole-trimethoprim oral tablet</i> .....	12	TALTZ SYRINGE .....	36
<i>sulfasalazine oral tablet</i> .....	46		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
TALVEY	19	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	34
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	19	<i>terazosin oral capsule 10 mg</i>	34
TALZENNA ORAL CAPSULE 0.25 MG	19	<i>terbinafine hcl oral</i>	7
<i>tamoxifen</i>	19	<i>terbutaline</i>	57
<i>tamsulosin</i>	58	<i>terconazole vaginal cream 0.4%</i>	52
<i>tarina 24 fe</i>	54	TERCONAZOLE VAGINAL CREAM 0.8%	52
<i>tarina fe 1-20 eq (28)</i>	54	<i>terconazole vaginal suppository</i>	52
TARON-C DHA	60	<i>testosterone cypionate</i>	44
TASIGNA ORAL CAPSULE 50 MG	19	<i>testosterone enanthate</i>	44
TASIGNA ORAL CAPSULE 150 MG, 200 MG	19	<i>testosterone transdermal gel</i>	44
<i>tasimelteon</i>	31	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	45
<i>taysofy</i>	54	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	45
<i>tazarotene topical cream</i>	37	TETANUS, DIPHTHERIA TOX PED(PF)	48
<i>tazarotene topical gel</i>	37	<i>tetrabenazine oral tablet 12.5 mg</i>	25
<i>tazicef</i>	10	<i>tetrabenazine oral tablet 25 mg</i>	25
<i>taztia xt</i>	34	<i>tetracycline oral capsule</i>	13
TAZVERIK	19	THALOMID ORAL CAPSULE 100 MG, 50 MG	20
TDVAX	48	THALOMID ORAL CAPSULE 150 MG, 200 MG	20
TECENTRIQ	19	<i>theo-24</i>	57
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	49	<i>theophylline oral tablet extended release 12 hr</i>	57
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 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 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	49	<i>theophylline oral tablet extended release 24 hr</i>	58
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	49	<i>thioridazine</i>	31
TECVAYLI	19	<i>thiotepa</i>	20
TEFLARO	10	<i>thiothixene</i>	31
<i>telmisartan</i>	34	<i>tiadylt er</i>	34
<i>telmisartan-amlodipine</i>	34	<i>tiagabine</i>	23
<i>telmisartan-hydrochlorothiazid</i>	34	TIBSOVO	20
<i>temazepam oral capsule 15 mg, 30 mg</i>	31	TICE BCG	48
TEMODAR INTRAVENOUS	19	TICOVAC	48
<i>temsirolimus</i>	20	<i>tigecycline</i>	11
TENIVAC (PF)	48	<i>tilia fe</i>	54
<i>tenofovir disoproxil fumarate</i>	9	<i>timolol maleate ophthalmic (eye) drops</i>	55
TEPMETKO	20	<i>timolol maleate ophthalmic (eye) gel forming solution</i>	55
		<i>timolol maleate oral</i>	34
		TIS-U-SOL PENTALYTE	39
		TIVDAK	20
		TIVICAY ORAL TABLET 10 MG	9
		TIVICAY ORAL TABLET 25 MG, 50 MG	9

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
TIVICAY PD	9	TRESIBA U-100 INSULIN	44
<i>tizanidine oral capsule</i>	25	<i>tretinoin (antineoplastic)</i>	20
<i>tizanidine oral tablet</i>	25	<i>tretinoin microspheres</i>	37
TOBRADEX ST	56	<i>tretinoin topical cream</i>	37
<i>tobramycin-dexamethasone</i>	56	<i>tretinoin topical gel 0.01%</i>	37
<i>tobramycin in 0.225% nacl</i>	11	<i>tretinoin topical gel 0.025%, 0.05%</i>	37
<i>tobramycin ophthalmic (eye)</i>	55	<i>triamcinolone acetonide dental</i>	40
<i>tobramycin sulfate</i>	11	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	41
TOBREX OPHTHALMIC (EYE) OINTMENT	55	<i>triamcinolone acetonide topical cream 0.1%</i>	39
<i>tolcapone</i>	23	<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	39
<i>tolterodine</i>	58	<i>triamcinolone acetonide topical lotion</i>	39
TOLVAPTAN ORAL TABLET 15 MG	45	<i>triamcinolone acetonide topical ointment</i>	39
<i>tolvaptan oral tablet 30 mg</i>	45	<i>triamterene-hydrochlorothiazid</i>	34
<i>topiramate oral capsule, extended release 24hr</i>	23	<i>triderm topical cream 0.1%</i>	39
<i>topiramate oral capsule, sprinkle</i>	23	<i>trientine oral capsule 250 mg</i>	40
<i>topiramate oral tablet</i>	23	<i>tri-estarylla</i>	54
<i>topotecan intravenous recon soln</i>	20	<i>trifluoperazine</i>	31
<i>topotecan intravenous solution</i>	20	<i>trifluridine</i>	55
<i>toremifene</i>	20	<i>trihexyphenidyl</i>	23
<i>toremide oral</i>	34	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	44
TOUJEO MAX U-300 SOLOSTAR	43	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	44
TOUJEO SOLOSTAR U-300 INSULIN	43	TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	58
TPN ELECTROLYTES	59	TRIKAFTA ORAL TABLETS, SEQUENTIAL	58
TRADJENTA	43	<i>tri-legest fe</i>	54
<i>tramadol-acetaminophen</i>	26	<i>tri-linyah</i>	54
<i>tramadol oral tablet 50 mg</i>	26	<i>tri-lo-estarylla</i>	54
<i>trandolapril</i>	34	<i>tri-lo-marzia</i>	54
<i>tranexamic acid oral</i>	52	<i>tri-lo-mili</i>	54
<i>tranylcypromine</i>	31	<i>tri-lo-sprintec</i>	54
TRAVASOL 10%	59	<i>trimethoprim</i>	13
<i>travoprost</i>	55	<i>tri-mili</i>	54
TRAZIMERA	20	<i>trimipramine</i>	31
<i>trazodone</i>	31	TRINATAL RX 1	60
TREANDA	20	TRINTELLIX	31
TRECATOR	11	<i>tri-nymyo</i>	54
TRELEGY ELLIPTA	58	TRIPTODUR	20
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	20	<i>tri-sprintec (28)</i>	54
TRESIBA FLEXTOUCH U-100	43		
TRESIBA FLEXTOUCH U-200	44		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
TRIUMEQ.....	9	UNITHROID.....	45
TRIUMEQ PD.....	9	UNITUXIN.....	20
<i>trivora</i> (28).....	54	<i>ursodiol oral capsule 300 mg</i> .....	46
<i>tri-vylibra</i> .....	54	<i>ursodiol oral tablet</i> .....	46
<i>tri-vylibra lo</i> .....	54	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML.....	31
TRIZIVIR.....	9	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML.....	31
TRODELVY.....	20	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML.....	31
TROGARZO.....	9	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML.....	31
TROPHAMINE 10%.....	59	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML.....	31
TRUEPLUS INSULIN.....	44	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML.....	31
TRUEPLUS PEN NEEDLE.....	44	UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML.....	31
TRULANCE.....	46		
TRULICITY.....	44	<b>V</b>	
TRUMENBA.....	48	<i>valacyclovir oral tablet 1 gram</i> .....	9
TRUQAP.....	20	<i>valacyclovir oral tablet 500 mg</i> .....	9
TUKYSA ORAL TABLET 50 MG.....	20	VALCHLOR.....	37
TUKYSA ORAL TABLET 150 MG.....	20	<i>valganciclovir oral recon soln</i> .....	9
TURALIO ORAL CAPSULE 125 MG.....	20	<i>valganciclovir oral tablet</i> .....	9
<i>turqoz</i> (28).....	54	<i>valproate sodium</i> .....	23
TWINRIX (PF).....	48	<i>valproic acid</i> .....	23
TYBLUME.....	54	<i>valproic acid (as sodium salt)</i> .....	23
TYBOST.....	9	<i>valrubicin</i> .....	20
<i>tydemy</i> .....	54	<i>valsartan-hydrochlorothiazide</i> .....	34
TYMLOS.....	50	<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> .....	34
TYPHIM VI.....	48	<i>valsartan oral tablet 320 mg</i> .....	34
TYSABRI.....	25	VALTOCO.....	23
TYVASO.....	58	VANCOMYCIN-DILUENT COMBO NO.1.....	12
TYVASO INSTITUTIONAL START KIT.....	58	VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK.....	11
TYVASO REFILL KIT.....	58	VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML.....	11
TYVASO STARTER KIT.....	58	<i>vancomycin injection</i> .....	11
TZIELD.....	40	<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i> .....	11
<b>U</b>			
UNIFINE PENTIPS MAXFLOW.....	44		
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32".....	44		
UNIFINE PENTIPS PLUS.....	44		
UNIFINE PENTIPS PLUS MAXFLOW.....	44		



# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM .....	12	<i>verapamil oral tablet extended release</i> .....	34
<i>vancomycin oral capsule 125 mg</i> .....	12	VERQUVO .....	36
<i>vancomycin oral capsule 250 mg</i> .....	12	VERSACLOZ .....	31
<i>vancomycin oral recon soln 25 mg/ml</i> .....	12	VERZENIO .....	20
VANDAZOLE.....	52	<i>vestura (28)</i> .....	54
VANFLYTA .....	20	V-GO 20.....	44
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML .....	49	V-GO 30.....	44
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML .....	49	V-GO 40.....	44
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML .....	49	<i>vienva</i> .....	54
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML.....	49	<i>vigabatrin</i> .....	23
<i>varenicline</i> .....	40	<i>vigadrone</i> .....	23
VARIVAX (PF).....	49	<i>vigpoder</i> .....	23
VARIZIG.....	49	<i>vilazodone</i> .....	31
VECTIBIX.....	20	<i>vinblastine</i> .....	20
VEKLURY .....	9	<i>vincristine</i> .....	20
<i>velivet triphasic regimen (28)</i> .....	54	<i>vinorelbine</i> .....	20
VELPHORO.....	40	<i>viorele (28)</i> .....	54
VELTASSA.....	40	VIRACEPT ORAL TABLET 250 MG.....	9
VEMLIDY.....	9	VIRACEPT ORAL TABLET 625 MG.....	9
VENCLEXTA ORAL TABLET 10 MG .....	20	VIREAD ORAL POWDER.....	9
VENCLEXTA ORAL TABLET 50 MG .....	20	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	9
VENCLEXTA ORAL TABLET 100 MG .....	20	VITRAKVI ORAL CAPSULE 25 MG.....	20
VENCLEXTA STARTING PACK.....	20	VITRAKVI ORAL CAPSULE 100 MG .....	20
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i> .....	31	VITRAKVI ORAL SOLUTION.....	20
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i> .....	31	VIVITROL.....	26
<i>venlafaxine oral tablet 50 mg, 75 mg</i> .....	31	VIZIMPRO.....	20
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i> .....	31	<i>volnea (28)</i> .....	54
VENTAVIS.....	58	VONJO.....	20
VENTOLIN HFA .....	58	<i>voriconazole intravenous</i> .....	7
<i>verapamil intravenous solution</i> .....	34	<i>voriconazole oral suspension for reconstitution</i> .....	7
<i>verapamil oral capsule, 24 hr er pellet ct</i> .....	34	<i>voriconazole oral tablet</i> .....	7
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> .....	34	VOSEVI .....	9
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG.....	34	VOTRIENT.....	20
<i>verapamil oral tablet</i> .....	34	VRAYLAR ORAL CAPSULE.....	31
		VRAYLAR ORAL CAPSULE, DOSE PACK .....	31
		VUMERITY .....	25
		<i>vyfemla (28)</i> .....	54
		<i>vylibra</i> .....	54
		VYNDAMAX .....	36
		VYNDAQEL .....	36

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
VYXEOS.....	20	XIFAXAN ORAL TABLET 200 MG.....	12
<b>W</b>		XIFAXAN ORAL TABLET 550 MG.....	12
<i>warfarin</i> .....	35	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG.....	44
WATER FOR IRRIGATION, STERILE.....	40	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG.....	44
WELIREG.....	20	XIIDRA.....	55
<i>wera (28)</i> .....	54	XOFLUZA ORAL TABLET 40 MG, 80 MG.....	9
WESCAP-PN DHA.....	60	XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML.....	58
WESNATE DHA.....	60	XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML.....	58
<i>westab plus</i> .....	60	XOLAIR SUBCUTANEOUS RECON SOLN.....	58
WESTGEL DHA.....	60	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML.....	58
<i>wixela inhub</i> .....	58	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML.....	58
<i>wymzya fe</i> .....	54	XOSPATA.....	20
<b>X</b>		XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK).....	21
XALKORI ORAL CAPSULE.....	20	XTANDI ORAL CAPSULE.....	21
XALKORI ORAL PELLETT 20 MG, 50 MG.....	20	XTANDI ORAL TABLET 40 MG.....	21
XALKORI ORAL PELLETT 150 MG.....	20	XTANDI ORAL TABLET 80 MG.....	21
XARELTO.....	35	XULTOPHY 100/3.6.....	44
XARELTO DVT-PE TREAT 30D START.....	35	<b>Y</b>	
XATMEP.....	20	YERVOY.....	21
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1).....	23	YF-VAX (PF).....	49
XCOPRI ORAL TABLET 50 MG.....	23	YONDELIS.....	21
XCOPRI ORAL TABLET 100 MG.....	23	YUPELRI.....	58
XCOPRI ORAL TABLET 150 MG, 200 MG.....	23	<i>yuvaferm</i> .....	52
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14).....	23	<b>Z</b>	
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14).....	23	<i>zafirlukast</i> .....	58
XDEMVI.....	55	<i>zaleplon oral capsule 5 mg</i> .....	31
XELJANZ ORAL SOLUTION.....	51	<i>zaleplon oral capsule 10 mg</i> .....	31
XELJANZ ORAL TABLET.....	51	ZALTRAP.....	21
XELJANZ XR.....	51	ZANOSAR.....	21
XERMELO.....	20	ZARXIO.....	47
XGEVA.....	13		
XHANCE.....	58		
XIAFLEX.....	40		

# Covered Drugs Index

DRUG	PAGE	DRUG	PAGE
ZEJULA ORAL CAPSULE.....	21	ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG .....	27
ZEJULA ORAL TABLET .....	21	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG.....	27
ZELBORAF .....	21	<i>zumandimine (28)</i> .....	54
<i>zenatane</i> .....	37	ZURZUVAE.....	32
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, 60,000-189,600- 252,600 UNIT .....	47	ZYDELIG .....	21
ZEPOSIA.....	25	ZYKADIA .....	21
ZEPOSIA STARTER KIT (28-DAY) .....	25	ZYLET .....	56
ZEPOSIA STARTER PACK (7-DAY).....	25	ZYNLONTA.....	21
ZEPZELCA .....	21	ZYNYZ .....	21
<i>zidovudine oral capsule</i> .....	9	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG .....	32
<i>zidovudine oral syrup</i> .....	9	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG.....	32
<i>zidovudine oral tablet</i> .....	9		
ZIEXTENZO .....	47		
ZIMHI.....	26		
<i>ziprasidone hcl oral capsule 20 mg</i> .....	31		
<i>ziprasidone hcl oral capsule 40 mg</i> .....	32		
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	32		
<i>ziprasidone mesylate</i> .....	32		
ZIRABEV .....	21		
ZIRGAN .....	55		
ZOLADEX .....	21		
<i>zoledronic acid intravenous solution</i> .....	45		
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> .....	45		
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML.....	40		
ZOLEDRONIC AC-MANNITOL-0.9NACL.....	45		
ZOLINZA .....	21		
<i>zolpidem oral tablet</i> .....	32		
ZONISADE .....	23		
<i>zonisamide</i> .....	23		
ZOSYN IN DEXTROSE (ISO-OSM) .....	12		
<i>zovia 1-35 (28)</i> .....	54		
ZTALMY .....	23		
ZTLIDO .....	37		

**Notes**

Lined area for notes, consisting of multiple horizontal lines spaced evenly down the page.

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H4513-076-002	H9725-009-004
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