



Medicare Prescription Drug Plans

2021 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna Secure Rx (PDP)

HPMS Approved Formulary File Submission ID 21118, Version 18

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit CignaMedicare.com. The Formulary, pharmacy network, and/or provider network may change at any time.

December 2021

21_F_S5617_SC_V12
INT_21_87406_C_Final_8p

Note to existing customers: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna. When it refers to “plan” or “our plan,” it means Cigna Secure Rx (PDP).

This document includes a list of the drugs (formulary) for our plans, which is current as of December 2021. 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, 2022, and from time to time during the year.

What is the Cigna Comprehensive Drug List?

A drug list is a list of covered drugs selected by Cigna in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Cigna will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Drug List (formulary) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year. In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section entitled “How do I request an exception to the Cigna Drug List?”

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Cigna Drug List?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these

drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed drug list is current as of December 2021. To get updated information about the drugs covered by Cigna, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

There are two ways to find your drug within the drug list:

Medical Condition

The drug list begins on page 20. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS." If you know what your drug is used for, look for the category name in the list that begins on page 20. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 64. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

Cigna covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you

will need to get approval from Cigna before you fill these prescriptions. If you don't get approval, Cigna may not cover the drug.

- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 20. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna drug list?" on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Check the Drug Tier and Cost-share Tables on page 5 to see if your plan offers these savings.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not on the Drug List?

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

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

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

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

- You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined

cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a higher cost-sharing drug to be covered at a lower cost-sharing tier under 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.

These exceptions would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

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

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

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

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

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

Cigna's Drug List

The comprehensive drug list that begins on page 20 provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 64.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 20 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

What is a preferred network pharmacy?

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

For more information

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

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

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

Drug Tier and Cost-Share Table

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

Cigna is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic

medications may be in Tier 3, Tier 4, Tier 5 or Tier 6. Keep in mind that the name “Tier 3: Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

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

To locate your drug cost, please refer to the table(s) below to find your service area and the Prescription Drug plan in which you are currently enrolled or would like to enroll.

If you qualified for Extra Help with your drug costs, your costs may be different from those described below. Please refer to your Evidence of Coverage (EOC) or call Customer Service to find out what your costs are.

Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit [Cigna.com/member-resources](https://www.cigna.com/member-resources) to search for a preferred retail or mail-order pharmacy near you.

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	Out-of-network 30 days*
ALABAMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$47 / \$94 / \$141	\$35 / \$70 / \$105	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
ALASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$45 / \$90 / \$135	\$30 / \$60 / \$90	\$45 / \$90 / \$135	\$45
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
ARIZONA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$20 / \$40 / \$60	\$7 / \$14 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
COLORADO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
DELAWARE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
FLORIDA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
GEORGIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$47 / \$94 / \$141	\$40 / \$80 / \$120	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
HAWAII					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$16 / \$32 / \$48	\$2 / \$4 / \$0	\$16 / \$32 / \$48	\$16
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$44 / \$88 / \$132	\$30 / \$60 / \$90	\$44 / \$88 / \$132	\$44
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
IDAHO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$38 / \$76 / \$114	\$47 / \$94 / \$141	\$38 / \$76 / \$114	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$37 / \$74 / \$111	\$47 / \$94 / \$141	\$37 / \$74 / \$111	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
INDIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
IOWA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
KANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$45 / \$90 / \$135	\$30 / \$60 / \$90	\$45 / \$90 / \$135	\$45
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MAINE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MARYLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$32 / \$64 / \$96	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MISSOURI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MONTANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEVADA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$20 / \$40 / \$60	\$5 / \$10 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$33 / \$66 / \$99	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$44 / \$88 / \$132	\$47 / \$94 / \$141	\$44 / \$88 / \$132	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$20 / \$40 / \$60	\$7 / \$14 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
NEW YORK					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$25 / \$50 / \$75	\$35 / \$70 / \$105	\$25 / \$50 / \$75	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
OHIO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$20 / \$40 / \$60	\$5 / \$10 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$28 / \$56 / \$84	\$35 / \$70 / \$105	\$28 / \$56 / \$84	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
OREGON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$36 / \$72 / \$108	\$47 / \$94 / \$141	\$36 / \$72 / \$108	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$47 / \$94 / \$141	\$35 / \$70 / \$105	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
TEXAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
UTAH					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$38 / \$76 / \$114	\$47 / \$94 / \$141	\$38 / \$76 / \$114	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
VERMONT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$41 / \$82 / \$123	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$20 / \$40 / \$60	\$3 / \$6 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$0 / \$0 / \$0	\$9 / \$18 / \$27	\$9
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$19 / \$38 / \$57	\$1 / \$2 / \$0	\$19 / \$38 / \$57	\$19
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$20 / \$40 / \$60	\$2 / \$4 / \$0	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$36 / \$72 / \$108	\$47 / \$94 / \$141	\$36 / \$72 / \$108	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$30 / \$60 / \$90	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$10 / \$20 / \$30	\$1 / \$2 / \$0	\$10 / \$20 / \$30	\$10
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$12 / \$24 / \$36	\$2 / \$4 / \$0	\$12 / \$24 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Drug List Table of Contents:

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

	Page
ANTI - INFECTIVES	20
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	26
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	32
CARDIOVASCULAR, HYPERTENSION / LIPIDS	40
DERMATOLOGICALS/TOPICAL THERAPY	43
DIAGNOSTICS / MISCELLANEOUS AGENTS	46
EAR, NOSE / THROAT MEDICATIONS	47
ENDOCRINE/DIABETES	47
GASTROENTEROLOGY	51
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	53
MUSCULOSKELETAL / RHEUMATOLOGY	54
OBSTETRICS / GYNECOLOGY	55
OPHTHALMOLOGY	58
RESPIRATORY AND ALLERGY	59
UROLOGICALS	61
VITAMINS, HEMATINICS / ELECTROLYTES	61

Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30. TTY users should call 711.

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
AMBISOME	5	PA; NDS
<i>amphotericin b</i>	4	PA
<i>caspofungin</i>	5	PA; NDS
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	4	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	5	NDS
<i>ketoconazole oral</i>	2	
<i>nystatin oral suspension</i>	3	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet 200 mg</i>	5	NDS
<i>voriconazole oral tablet 50 mg</i>	4	
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60/30); NDS
<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>amantadine hcl</i>	3	
APTIVUS	4	QL (120/30)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
ATRIPLA	5	QL (30/30); NDS
BARACLUDE ORAL SOLUTION	4	QL (630/30)
BIKTARVY	5	NDS
CABENUVA	4	
CIMDUO	4	
COMPLERA	4	QL (30/30)
DELSTRIGO	4	
DESCOVY	5	QL (30/30); NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	QL (30/30)
DOVATO	5	NDS
EDURANT	3	QL (30/30)
<i>efavirenz oral capsule 200 mg</i>	5	QL (120/30); NDS
<i>efavirenz oral capsule 50 mg</i>	4	QL (180/30)
<i>efavirenz oral tablet</i>	5	QL (30/30); NDS
<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	4	QL (30/30)
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf)</i>	5	QL (30/30); NDS
EMTRIVA ORAL CAPSULE	3	QL (30/30)
EMTRIVA ORAL SOLUTION	3	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL TABLET	5	PA; QL (28/28); NDS
EPIVIR HBV ORAL SOLUTION	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	4	QL (30/30)
<i>famciclovir</i>	4	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (60/30); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	QL (60/30); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
INVIRASE ORAL TABLET	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
KALETRA ORAL TABLET 100-25 MG	4	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	5	QL (120/30); NDS
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LEXIVA ORAL SUSPENSION	4	QL (1575/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lopinavir-ritonavir oral solution</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	3	QL (480/30)
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir oral capsule</i>	3	
<i>oseltamivir oral suspension for reconstitution</i>	4	
PIFELTRO	4	
PREVYMIS ORAL	5	QL (30/30); NDS
PREZCOBIX	4	QL (30/30)
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
PREZISTA ORAL TABLET 800 MG	5	QL (30/30); NDS
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	4	
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	QL (60/30); NDS
SELZENTRY ORAL TABLET 25 MG	4	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	5	QL (120/30); NDS
<i>stavudine oral capsule</i>	4	QL (60/30)
STRIBILD	5	QL (30/30); NDS
SYMFI	4	
SYMFI LO	4	QL (30/30)
SYMTUZA	4	
TEMIXYS	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TROGARZO	5	NDS
TRUVADA	5	QL (30/30); NDS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir</i>	5	NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
<i>zidovudine oral capsule</i>	4	QL (180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zidovudine oral syrup</i>	4	QL (1680/28)
<i>zidovudine oral tablet</i>	2	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir</i>	4	
CEFEPIME IN DEXTROSE 5%	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	PA
<i>cefixime</i>	4	
CEFOTETAN IN DEXTROSE, ISO-OSM	4	PA
<i>cefotetan injection</i>	4	PA
<i>cefoxitin</i>	4	PA
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefpodoxime</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
CEFTAZIDIME IN D5W	4	PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ceftriaxone in dextrose,iso-os</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	5	NDS
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9% SOD CHLOR	4	PA
<i>clindamycin in 5% dextrose</i>	4	PA
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
CYCLOSERINE	4	
<i>dapsone oral</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	4	
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (300/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS
<i>paramomycin</i>	4	
PASER	4	
PENTAM	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRIMAQUINE	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	4	PA
SYNERCID	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)
<i>vancomycin oral recon soln</i>	2	QL (450/10)
VANCOMYCIN-WATER INJECT (PEG)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</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
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
<i>nafcillin</i>	4	PA
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>oxacillin injection</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFAS / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
TETRACYCLINES		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	4	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst trimethoprim</i>	4	
	2	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60/30)
ABRAXANE	5	PA; NDS
ADCETRIS	4	PA
<i>adriamycin intravenous recon soln 10 mg</i>	4	B/D PA
<i>adriamycin intravenous solution</i>	4	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; QL (150/30); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	5	PA; QL (56/28); NDS
AFINITOR ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIMTA	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 (30/30); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA
<i>arsenic trioxide</i>	4	B/D PA
ARZERRA	4	B/D PA
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	3	
BLENREP	4	PA
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB	5	PA; NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180/30); NDS
BRUKINSA	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; LA; QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CABOMETYX ORAL TABLET 40 MG	5	PA; LA; QL (60/30); NDS
CALQUENCE	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</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>cyclophosphamide oral</i>	3	B/D PA
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>doxorubicin</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	4	B/D PA
DROXIA	4	
ELLENC	4	B/D PA
ELZONRIS	5	PA; NDS
EMCYT	4	
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
ENVARUSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
ERBITUX	4	B/D PA
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	4	PA; QL (120/30)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>everolimus</i> (immunosuppressive) oral tablet 0.25 mg, 0.75 mg	5	B/D PA; QL (60/30); NDS
<i>everolimus</i> (immunosuppressive) oral tablet 0.5 mg	5	B/D PA; QL (120/30); NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	4	
EXKIVITY	5	PA; NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
<i>flutamide</i>	4	
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
GAVRETO	4	PA; LA; QL (120/30)
GAZYVA	5	PA; NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30/30); NDS
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
INFUGEM	5	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
IRESSA	5	PA; QL (30/30); NDS
<i>irinotecan</i>	4	B/D PA
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS
JEMPERLI	4	PA
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/ DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMAKRAS	5	PA; QL (240/30); NDS
LUMOXITI	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	5	PA; NDS
LUPRON DEPOT (4 MONTH)	5	PA; NDS
LUPRON DEPOT (6 MONTH)	5	PA; NDS
LUPRON DEPOT-PED	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	5	PA; NDS
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
MARQIBO	4	B/D PA
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	4	PA
<i>megestrol oral tablet</i>	4	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	4	PA
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYLOTARG	5	PA; NDS
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; LA; QL (120/30); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	4	PA; LA; QL (120/30)
NULOJIX	5	PA; QL (26/28); NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
ONCASPAR	4	
ONIVYDE	4	B/D PA
ONUREG	4	PA; QL (14/28)
OPDIVO	5	PA; QL (80/28); NDS
ORGOVYX	4	PA; LA; QL (30/30)
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PADCEV	4	PA
PEMAZYRE	4	PA; LA; QL (14/21)
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	5	NDS
QINLOCK	5	PA; LA; NDS
RETEVMO	5	PA; LA; NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	4	PA
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	4	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SARCLISA	4	PA
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus oral solution</i>	5	B/D PA; NDS
<i>sirolimus oral tablet</i>	4	B/D PA
SOLTAMOX	4	
SOMATULINE DEPOT	5	PA; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sunitinib</i>	5	PA; QL (30/30); NDS
SUTENT	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	4	B/D PA
TAFINLAR	5	PA; QL (120/30); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 1 MG	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	4	PA
TECENTRIQ	5	PA; NDS
TEMODAR INTRAVENOUS	4	B/D PA
<i>temsirolimus</i>	4	B/D PA
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 200 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
<i>toposar</i>	3	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; NDS
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; NDS
TRODELVY	4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21/28); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42/28); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63/28); NDS
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO	5	PA; LA; NDS
TYKERB	5	PA; LA; QL (180/30); NDS
UKONIQ	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VECTIBIX	5	PA; NDS
VELCADE	5	PA; NDS
<i>venclexta oral tablet 10 mg</i>	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
<i>venclexta oral tablet 50 mg</i>	5	PA; LA; QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENCLEXTA STARTING PACK	5	PA; LA; QL (42/30); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	4	PA; QL (120/30)
XTANDI ORAL TABLET 40 MG	4	PA; QL (120/30)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60/30)
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZANOSAR	4	B/D PA
ZEJULA	5	PA; LA; QL (90/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	4	PA
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	5	PA; QL (90/30); NDS
ZYNLONTA	4	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONSULSANTS

APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BANZEL	5	PA; NDS
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	QL (600/30)
BRIVIACT ORAL TABLET	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LA; QL (360/30)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LA; QL (180/30)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; LA; QL (360/30)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; LA; QL (180/30)
DIAZEPAM RECTAL	4	
DILANTIN 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	3	
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FINTEPLA	4	PA; LA
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	4	PA; QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; QL (60/30)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (270/30)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>levetiracetam in nacl (iso-os)</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	4	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>primidone</i>	2	
<i>roweepra</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rufinamide</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	3	
<i>subvenite starter (blue) kit</i>	3	
<i>subvenite starter (green) kit</i>	3	
<i>subvenite starter (orange) kit</i>	3	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle</i>	3	PA
<i>topiramate oral tablet</i>	3	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	4	PA; QL (10/30)
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	4	QL (1200/30)
VIMPAT ORAL SOLUTION	4	QL (1200/30)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60/30)
VIMPAT ORAL TABLET 50 MG	4	QL (120/30)
XCOPRI	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA
XCOPRI TITRATION PACK	4	PA
<i>zonisamide</i>	3	PA
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; LA; QL (60/30); NDS
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bromocriptine</i>	4	
<i>carbidopa</i>	5	NDS
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
<i>entacapone</i>	4	
GOCOVRI	4	ST
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150/30); NDS
NEUPRO	4	
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	4	PA; QL (8/28)
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	4	QL (18/28)
<i>rizatriptan</i>	4	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; LA; QL (120/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12/28); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/180); 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>	2	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (30/30); NDS
<i>memantine oral capsule, sprinkle,er 24hr</i>	4	PA
<i>memantine oral solution</i>	4	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)
<i>memantine oral tablets, dose pack</i>	3	PA; QL (98/28)
NAMZARIC	4	PA
NUDEXTA	4	PA
OCREVUS	4	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	5	PA; LA; QL (14/30); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; LA; QL (120/180); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	5	PA; LA; QL (60/30); NDS
<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
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>regonol</i>	4	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual endocet</i>	3	PA
	4	QL (360/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120/30); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (360/30); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	2	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	2	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	4	NDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	4	QL (900/30); NDS
MORPHINE ORAL TABLET	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	4	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	QL (90/30); NDS
XTAMPZA ER	3	QL (90/30); NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	4	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diflunisal</i>	4	
<i>ec-naproxen</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>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>naltrexone</i>	3	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
NARCAN	3	
<i>oxaprozin</i>	4	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60/30)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	QL (360/30)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	QL (90/30)
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	4	QL (240/30); NDS
VIVITROL	5	NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	
ADASUVE	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>amitriptyline</i>	2	
<i>amoxapine</i>	4	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	5	QL (60/30); NDS
ARISTADA	4	
ARISTADA INITIO	4	
<i>asenapine maleate</i>	4	QL (60/30)
<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)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	QL (60/30)
<i>bupirone</i>	2	
CAPLYTA	4	PA; QL (30/30)
<i>chlorpromazine</i>	4	
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet</i>	6	
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (240/30)
<i>diazepam oral concentrate</i>	2	QL (240/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200/30)
<i>diazepam oral tablet</i>	2	QL (120/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	3	QL (60/30)
EMSAM	4	QL (30/30)
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET	4	PA; QL (60/30)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (8/28)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (28/28)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (30/30)
<i>fluoxetine oral capsule 20 mg</i>	2	
<i>fluoxetine oral capsule 40 mg</i>	2	QL (60/30)
<i>fluoxetine oral solution</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 25 mg</i>	3	QL (30/30)
<i>fluvoxamine oral tablet 50 mg</i>	3	QL (60/30)
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	
INVEGA SUSTENNA	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA TRINZA	4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30/30)
LATUDA ORAL TABLET 80 MG	4	QL (60/30)
<i>lithium carbonate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	4	
LYBALVI	4	PA; QL (30/30)
<i>maprotiline</i>	4	
MARPLAN	4	QL (180/30)
<i>methylphenidate hcl oral tablet</i>	4	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	2	
<i>nefazodone</i>	4	
<i>nortriptyline</i>	2	
NUPLAZID ORAL CAPSULE	4	PA; QL (30/30)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30/30)
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olanzapine oral tablet, disintegrating</i>	4	QL (30/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	ST; QL (900/30)
<i>paroxetine hcl oral tablet</i>	2	
PAXIL ORAL SUSPENSION	4	ST; QL (900/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	4	QL (1/30)
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>ramelteon</i>	4	QL (30/30)
REXULTI	4	QL (30/30)
RISPERDAL CONSTA	4	
<i>risperidone oral solution</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60/30)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	QL (120/30)
SAPHRIS	4	QL (60/30)
SECUADO	4	QL (30/30)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr</i>	2	
<i>venlafaxine oral tablet</i>	2	QL (90/30)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30/30)
VRAYLAR ORAL CAPSULE	4	PA; QL (30/30)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7/30)
XYREM	5	PA; LA; QL (540/30); NDS
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	3	QL (30/30)
ZYPREXA RELPREVV	4	PA

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide</i>	4	
<i>flecainide</i>	4	
<i>lidocaine (pf) intravenous syringe</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mexiletine</i>	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	4	
<i>propafenone</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	6	
<i>amlodipine-benazepril</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiazyd</i>	2	
<i>atenolol</i>	6	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	6	
<i>benazepril-hydrochlorothiazide</i>	6	
<i>betaxolol oral</i>	3	
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
BYSTOLIC	4	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	2	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	2	
<i>captopril</i>	4	
<i>captopril-hydrochlorothiazide</i>	4	
<i>cartia xt</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carvedilol</i>	6	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	2	
DEMSEER	4	PA
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	3	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	3	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	
<i>dilt-xr</i>	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	4	
EDARBYCLOR	4	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	2	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydralazine oral</i>	6	
<i>hydrochlorothiazide</i>	6	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isradipine</i>	4	
<i>labetalol oral</i>	6	
<i>lisinopril</i>	6	
<i>lisinopril-hydrochlorothiazide</i>	6	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	3	
<i>methyldopa</i>	4	
<i>metolazone</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	2	
<i>nadolol</i>	4	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	4	
<i>nebivolol</i>	4	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	2	
<i>nifedipine oral tablet extended release 24hr</i>	2	
<i>nimodipine</i>	4	
<i>olmesartan</i>	3	
<i>olmesartan-hydrochlorothiazide</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>perindopril erbumine</i>	2	
<i>pindolol</i>	3	
<i>prazosin</i>	4	
<i>propranolol oral capsule, extended release 24 hr</i>	4	
<i>propranolol oral solution</i>	4	
<i>propranolol oral tablet</i>	2	
<i>propranolol-hydrochlorothiazid</i>	3	
<i>quinapril</i>	6	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>telmisartan</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	6	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	6	QL (60/30)
<i>tiadylt er</i>	3	
<i>timolol maleate oral</i>	4	
<i>toremide oral</i>	2	
<i>trandolapril</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL	4	PA; LA; NDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	2	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	2	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	4	
BRILINTA	4	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	6	QL (30/30)
<i>dipyridamole oral</i>	3	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
<i>jantoven</i>	1	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	4	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	3	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	
<i>fenofibric acid (choline)</i>	4	
<i>gemfibrozil</i>	2	
LIVALO	4	QL (30/30)
<i>lovastatin oral tablet 10 mg</i>	6	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	QL (60/30)
<i>niacin oral tablet extended release 24 hr</i>	4	
<i>pravastatin</i>	6	QL (30/30)
<i>prevalite oral powder</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREVALITE ORAL POWDER IN PACKET	3	
REPATHA	3	PA; QL (3/28)
REPATHA PUSHTRONEX	3	PA; QL (3.5/28)
REPATHA SURECLICK	3	PA; QL (3/28)
<i>rosuvastatin</i>	2	QL (30/30)
<i>simvastatin oral tablet</i>	6	QL (30/30)
VASCEPA	3	

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR ORAL TABLET	4	PA
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin oral</i>	3	
ENTRESTO	3	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	
<i>ranolazine</i>	4	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	4	PA
VYNDAQEL	4	PA

NITRATES

<i>isosorbide dinitrate oral tablet</i>	4	
<i>isosorbide mononitrate</i>	2	
MINITRAN	4	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>selenium sulfide topical lotion</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (2/28); NDS
STELARA INTRAVENOUS	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	
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 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl mucous membrane solution 2%</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch,medicated 5%</i>	4	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
PICATO	4	
<i>podofilox</i>	4	
REGRANEX	5	PA; NDS
SANTYL	4	
<i>silver sulfadiazine</i>	3	
SSD	4	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
<i>avita</i>	4	PA
<i>claravis</i>	4	
<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>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	4	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>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>rosadan topical cream</i>	4	
<i>rosadan topical gel</i>	4	
<i>tazarotene topical cream</i>	4	PA
TAZORAC TOPICAL CREAM 0.05%	4	PA
TAZORAC TOPICAL GEL	4	PA
<i>tretinoin microspheres topical gel 0.1%</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1%</i>	4	PA
<i>tretinoin topical cream 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin topical topical gel 0.01%</i>	3	PA
<i>tretinoin topical topical gel 0.025%, 0.05%</i>	4	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	
<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>	4	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)
<i>ciclopirox topical solution</i>	4	
<i>ciclopirox topical suspension</i>	4	QL (60/28)
<i>clotrimazole topical cream</i>	2	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	4	QL (45/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clotrimazole-betamethasone topical lotion</i>	4	QL (60/28)
<i>econazole</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>nyamyc</i>	4	
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	4	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
DENAVIR	4	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	2	
<i>alclometasone topical cream</i>	3	
<i>alclometasone topical ointment</i>	2	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinolone and shower cap</i>	4	
<i>fluocinonide topical cream 0.05%</i>	3	
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)
<i>fluticasone propionate topical cream</i>	4	
<i>fluticasone propionate topical ointment</i>	4	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	4	
<i>hydrocortisone butyr-emollient</i>	4	QL (120/30)
<i>hydrocortisone topical cream 1%, 2.5%</i>	2	
<i>hydrocortisone topical lotion 2.5%</i>	2	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	4	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream 0.1%</i>	2	
<i>tritocin</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	4	
<i>malathion</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
<i>tis-u-sol pentalyte</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	
<i>anagrelide</i>	3	
AURYXIA	4	PA; QL (360/30)
CARBAGLU	5	PA; LA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10%-0.45% sodium chloride</i>	4	
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	
<i>d5%-0.45% sodium chloride</i>	4	
<i>deferasirox oral tablet</i>	5	PA; NDS
<i>dextrose 10% and 0.2% nacl</i>	4	
DEXTROSE 10% IN WATER (D10W)	4	
<i>dextrose 25% in water (d25w)</i>	4	
<i>dextrose 30% in water (d30w)</i>	4	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5% in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5%-lactated ringers</i>	4	
<i>dextrose 5%-0.2% sod chloride</i>	4	
<i>dextrose 5%-0.3% sod.chloride</i>	4	
<i>dextrose 50% in water (d50w)</i>	4	
<i>dextrose 70% in water (d70w)</i>	4	
<i>disulfiram</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180/30)
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>midodrine</i>	4	
<i>nitisinone</i>	5	NDS
NORTHERA ORAL CAPSULE 100 MG	5	PA; QL (90/30); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	PA; QL (180/30); NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	B/D PA; LA; NDS
<i>riluzole</i>	3	
<i>sevelamer carbonate oral powder in packet</i>	5	NDS
<i>sevelamer carbonate oral tablet</i>	4	
<i>sodium chloride 0.9% intravenous</i>	4	
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	4	
<i>sps (with sorbitol)</i>	4	
<i>trientine</i>	5	PA; QL (240/30); NDS
VELPHORO	4	
VELTASSA	3	
<i>water for irrigation, sterile</i>	4	
XIAFLEX	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)
CHANTIX	4	
CHANTIX CONTINUING MONTH BOX	4	
CHANTIX STARTING MONTH BOX	4	
NICOTROL	4	
<i>varenicline</i>	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	3	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>oralone</i>	4	
<i>paroex oral rinse</i>	2	
<i>triamcinolone acetate dental</i>	4	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	
<i>flac otic oil</i>	4	
<i>fluocinolone acetate oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
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	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone sodium phos (pf) injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	B/D PA
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack)</i>	2	
<i>prednisone oral tablets, dose pack 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	4	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	2	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	2	QL (180/30)
ALCOHOL PADS	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BAQSIMI	3	
BD PEN NEEDLE	3	QL(200/30)
BYDUREON BCISE	4	QL (4/28)
<i>diazoxide</i>	4	
GAUZE PADS 2 X 2	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	6	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	6	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	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	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	4	QL (30/30)
GVOKE HYOPEN 1-PACK	3	
GVOKE HYOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	
HUMALOG JUNIOR KWIKPEN U-100	6	
HUMALOG KWIKPEN INSULIN	6	
HUMALOG MIX 50-50 INSULN U-100	6	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG MIX 50-50 KWIKPEN	6	
HUMALOG MIX 75-25 KWIKPEN	6	
HUMALOG MIX 75-25(U-100) INSULN	6	
HUMALOG U-100 INSULIN	6	
HUMULIN 70/30 U-100 INSULIN	6	
HUMULIN 70/30 U-100 KWIKPEN	6	
HUMULIN N NPH INSULIN KWIKPEN	6	
HUMULIN N NPH U-100 INSULIN	6	
HUMULIN R REGULAR U-100 INSULN	6	
HUMULIN R U-500 (CONC) INSULIN	5	B/D PA; NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN PEN NEEDLE	3	QL (200/30)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	QL (200/30)
INVOKAMET	3	QL (60/30)
INVOKAMET XR	3	QL (60/30)
INVOKANA	3	QL (30/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	6	
LANTUS U-100 INSULIN	6	
LEVEMIR FLEXTOUCH U-100 INSULN	6	
LEVEMIR U-100 INSULIN	6	
LYUMJEV KWIKPEN U-100 INSULIN	6	
LYUMJEV KWIKPEN U-200 INSULIN	6	
LYUMJEV U-100 INSULIN	6	
<i>metformin oral solution</i>	4	QL (750/30)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75/30)
<i>metformin oral tablet 500 mg</i>	6	QL (150/30)
<i>metformin oral tablet 850 mg</i>	6	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg (generic for glucophage xr)</i>	6	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg (generic for glucophage xr)</i>	6	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	QL (60/30)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180/30)
NEEDLES, INSULIN DISP.,SAFETY	3	QL (200/30)
NOVOFINE PEN NEEDLE	3	QL(200/30)
NOVOTWIST PEN NEEDLE	3	QL(200/30)
OMNIPOD 5 PACK	3	QL(30/30)
OMNIPOD DASH 5 PACK	3	QL(30/30)
OMNIPOD STARTER KIT	3	QL(1/365)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5/28)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	2	QL (90/30)
PROGLYCEM	4	
<i>repaglinide oral tablet 0.5 mg</i>	4	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	4	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	4	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/30)
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE PEN NEEDLE	3	QL(200/30)
TOUJEO MAX U-300 SOLOSTAR	6	
TOUJEO SOLOSTAR U-300 INSULIN	6	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	6	
TRESIBA FLEXTOUCH U-200	6	
TRESIBA U-100 INSULIN	6	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRULICITY	3	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VICTOZA 2-PAK	3	QL (9/30)
VICTOZA 3-PAK	3	QL (9/30)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	4	
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral</i>	2	
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
KUVAN	5	PA; NDS
LUMIZYME	5	PA; NDS
<i>miglustat</i>	5	LA; NDS
NAGLAZYME	5	PA; NDS
NATPARA	5	PA; LA; QL (2/28); NDS
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (120/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pamidronate intravenous solution</i>	4	
<i>paricalcitol oral</i>	4	
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30/30); NDS
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; QL (300/30)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine oral tablet</i>	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>liothyronine oral</i>	2	
SYNTHROID	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 137 mcg</i>	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine</i>	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; NDS
<i>aprepitant</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>budesonide oral</i>	4	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	3	
CYSTADANE	5	NDS
<i>dronabinol</i>	4	B/D PA; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA; QL (60/30)
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
OICALIVA	4	PA; LA; QL (30/30)
<i>ondansetron</i>	2	B/D PA
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
ONDANSETRON HCL ORAL SOLUTION	4	B/D PA; QL (450/30)
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA	4	
PLENVU	4	
<i>prochlorperazine</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prochlorperazine edisylate</i>	4	
<i>prochlorperazine maleate oral</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; NDS
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; NDS
REMICADE	5	PA; NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VIOKACE	4	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
ULCER THERAPY		
<i>cimetidine</i>	3	
DEXILANT	4	QL (30/30)
<i>famotidine oral suspension</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	4	
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i> pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	
<i> pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	QL (60/30)
<i> sucralfate oral tablet</i>	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARANESP (IN POLYSORBATE)	4	PA
ARCALYST	5	PA; NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK	5	PA; NDS
INTRON A INJECTION RECON SOLN	5	B/D PA; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ ML	5	B/D PA; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ ML	4	B/D PA
MOZOBIL	5	B/D PA; NDS
NIVESTYM	5	PA; NDS
PROCRIT	4	PA
ZARXIO	5	PA; NDS
ZIEXTENZO	4	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
<i> fomepizole</i>	5	NDS
GAMUNEX-C	5	B/D PA; NDS
GARDASIL 9 (PF)	4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF)	3	
HIZENTRA	4	B/D PA
IMOVAX RABIES VACCINE (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	4	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	4	QL (2/999)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
STAMARIL (PF)	4	
TDVAX	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHThERIA TOX PED(PF)	3	
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	
ZOSTAVAX (PF)	4	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	4	QL (120/30)
<i>febuxostat</i>	4	ST
MITIGARE	3	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
BINOSTO	4	QL (4/28)
<i>ibandronate oral</i>	3	QL (1/30)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	3	QL (30/30)
TERIPARATIDE	5	PA; QL (2.4/28); NDS
TYMLOS	5	PA; QL (1.56/30); NDS

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; NDS
----------	---	---------

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEPEN TITRATABS	5	NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; QL (16/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN	5	PA; QL (4/28); NDS
HUMIRA PEN CROHNS- UC-HS START	5	PA; QL (6/180); NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; QL (4/180); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3/180); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2/180); NDS
HUMIRA(CF) PEN CROHNS- UC-HS	5	PA; QL (3/180); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS	5	PA; QL (3/180); NDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
<i>leflunomide</i>	3	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
<i>penicillamine</i>	5	NDS
RINVOQ	5	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	3	
<i>deblitane</i>	3	
DOTTI	3	QL (8/28)
DUAVEE	4	PA
<i>errin</i>	3	
<i>estradiol oral</i>	3	
<i>estradiol transdermal patch semiweekly</i>	3	QL (8/28)
<i>estradiol transdermal patch weekly</i>	3	QL (4/28)
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate</i>	5	NDS
<i>incassia</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	4	
<i>medroxyprogesterone oral</i>	2	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	4	
PREMARIN INJECTION	4	
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone micronized</i>	2	
<i>sharobel</i>	3	
<i>yuvafem</i>	4	

MISCELLANEOUS OB/GYN

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

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	4	
<i>alyacen 7/7/7 (28)</i>	3	
<i>amethia</i>	3	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	
<i>aranelle (28)</i>	4	
<i>ashlyna</i>	4	
<i>aubra</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>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>	3	
<i>balziva (28)</i>	4	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	4	
<i>blisovi fe 1/20 (28)</i>	4	
<i>briellyn</i>	2	
<i>camrese</i>	3	
<i>camrese lo</i>	4	
<i>caziant (28)</i>	4	
<i>charlotte 24 fe</i>	2	
<i>chateal (28)</i>	3	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	
<i>cyclafem 1/35 (28)</i>	2	
<i>cyclafem 7/7/7 (28)</i>	3	
<i>cyred</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 1/35 (28)</i>	3	
<i>dasetta 7/7/7 (28)</i>	3	
<i>daysee</i>	3	
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	3	
<i>emoquette</i>	4	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>falmina (28)</i>	2	
<i>femynor</i>	4	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30 (28)</i>	3	
<i>hailey fe 1/20 (28)</i>	3	
<i>iclevia</i>	2	
<i>introvale</i>	4	
<i>isibloom</i>	3	
<i>jaimiess</i>	2	
<i>jasmiel (28)</i>	2	
<i>jolessa</i>	3	
<i>juleber</i>	4	
<i>junel 1.5/30 (21)</i>	4	
<i>junel 1/20 (21)</i>	4	
<i>junel fe 1.5/30 (28)</i>	4	
<i>junel fe 1/20 (28)</i>	4	
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva (28)</i>	4	
<i>kelnor 1/35 (28)</i>	4	
<i>kelnor 1-50 (28)</i>	4	
<i>kurvelo (28)</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	3	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>larin 1.5/30 (21)</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>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	
<i>larissia</i>	4	
<i>layolis fe</i>	2	
<i>leena 28</i>	2	
<i>lessina</i>	2	
<i>levonest (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	4	
<i>levonorg-eth estrad triphasic</i>	4	
<i>levora-28</i>	2	
<i>lillow (28)</i>	2	
<i>lojaimiess</i>	2	
<i>loryna (28)</i>	2	
<i>low-ogestrel (28)</i>	4	
<i>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	3	
<i>marlissa (28)</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30 (21)</i>	4	
<i>microgestin 1/20 (21)</i>	4	
<i>microgestin fe 1.5/30 (28)</i>	4	
<i>microgestin fe 1/20 (28)</i>	4	
<i>mili</i>	4	
<i>mono-linyah</i>	3	
<i>necon 0.5/35 (28)</i>	3	
<i>nikki (28)</i>	2	
<i>noreth-ethinyl estradiol-iron</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	4	
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	3	
<i>nylia 7/7/7 (28)</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea (28)</i>	3	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia 28</i>	2	
<i>previfem</i>	4	
<i>reclipsen (28)</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	4	
<i>simliya (28)</i>	2	
<i>simpesse</i>	2	
<i>sprintec (28)</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sronyx</i>	4	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 (28)</i>	3	
<i>tarina fe 1-20 eq (28)</i>	3	
<i>taysofy</i>	2	
<i>tilia fe</i>	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	4	
<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>	4	
<i>tri-nymyo</i>	2	
<i>tri-previfem (28)</i>	4	
<i>tri-sprintec (28)</i>	4	
<i>trivora (28)</i>	2	
<i>tri-vylibra</i>	4	
<i>tri-vylibra lo</i>	4	
TYBLUME	4	
<i>tydemy</i>	4	
<i>velivet triphasic regimen (28)</i>	4	
<i>vestura (28)</i>	2	
<i>vienva</i>	4	
<i>viorele (28)</i>	3	
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	
<i>vylibra</i>	4	
<i>wera (28)</i>	3	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zovia 1-35 (28)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zumandimine (28)</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	
<i>bacitracin ophthalmic (eye)</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	
BESIVANCE	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>neo-polycin</i>	4	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	4	
ZIRGAN	3	
BETA-BLOCKERS		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	6	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	4	
EYLEA	4	PA
<i>olopatadine ophthalmic (eye)</i>	4	
OXERVATE	4	PA; QL (112/999)
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	3	
RESTASIS	3	QL (60/30)
RESTASIS MULTIDOSE	3	QL (60/30)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
ZERVIAE	4	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	6	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
<i>travoprost</i>	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>neo-polycin hc</i>	4	
<i>tobramycin-dexamethasone</i>	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
INVELTYS	4	
LOTEMAX	4	
LOTEMAX SM	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	2	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	3	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>epinephrine injection auto-injector</i>	3	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral syrup</i>	4	PA
<i>promethazine oral tablet</i>	2	PA
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR DISKUS	3	QL (60/30)
ADVAIR HFA	3	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (generic for proair)</i>	3	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (generic for proventil)</i>	3	QL (13.4/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	
ALYQ	5	PA; QL (60/30); NDS
AMBRISENTAN	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; QL (120/30)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; QL (60/30)
COMBIVENT RESPIMAT	4	QL (8/30)
<i>cromolyn inhalation</i>	2	B/D PA
DALIRESP	4	PA; QL (30/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	QL (240/30)
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	3	QL (12/30)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	3	QL (24/30)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	3	QL (10.6/30)
<i>flunisolide</i>	3	QL (50/30)
<i>fluticasone propionate nasal</i>	4	QL (16/30)
<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	3	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
<i>metaproterenol oral syrup</i>	4	
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
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	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; QL (90/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60/30); NDS
<i>terbutaline</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENTAVIS	4	PA
VENTOLIN HFA	3	QL (36/30)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (6/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (4/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	4	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	QL (60/30)
<i>solifenacin</i>	4	
<i>tolterodine oral tablet</i>	4	
TOVIAZ	4	QL (30/30)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	3	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	4	
RENACIDIN	4	

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	
<i>klor-con</i>	2	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
PHOSLYRA	4	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback</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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
POTASSIUM CHLORIDE-D5-0.9%NACL	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4%), 7.5% (0.9 meq/ml), 8.4% (1 meq/ml)</i>	4	
<i>sodium chloride 0.45% intravenous parenteral solution</i>	4	
<i>sodium chloride 3%</i>	4	
<i>sodium chloride 5%</i>	4	
<i>sodium chloride intravenous</i>	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
PREMASOL 10%	4	B/D PA
PROCALAMINE 3%	4	B/D PA
PROSOL 20%	4	B/D PA
TRAVASOL 10%	4	B/D PA
TROPHAMINE 10%	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
PRENATAL VITAMIN ORAL TABLET	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		ADEMPAS	60	<i>alosetron</i>	51
<i>abacavir-lamivudine</i>	20	<i>adriamycin intravenous recon soln 10 mg</i>	26	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	59
<i>abacavir-lamivudine-zidovudine</i>	20	<i>adriamycin intravenous solution</i>	26	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	37
<i>abacavir oral solution</i>	20	<i>adrucil intravenous solution 2.5 gram/50 ml</i>	26	<i>alprazolam oral tablet 2 mg</i>	37
<i>abacavir oral tablet</i>	20	ADVAIR DISKUS	60	<i>altavera (28)</i>	55
ABELCET	20	ADVAIR HFA	60	ALUNBRIG ORAL TABLET 30 MG	26
ABILIFY MAINTENA	37	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	26	ALUNBRIG ORAL TABLET 180 MG, 90 MG	26
<i>abiraterone oral tablet 250 mg</i>	26	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	26	ALUNBRIG ORAL TABLETS, DOSE PACK	26
<i>abiraterone oral tablet 500 mg</i>	26	AFINITOR ORAL TABLET 10 MG	26	<i>alyacen 1/35 (28)</i>	55
ABRAXANE	26	<i>afirmelle</i>	55	<i>alyacen 7/7/7 (28)</i>	55
<i>acamprosate</i>	46	AIMOVIG AUTOINJECTOR	34	ALYQ	60
<i>acarbose oral tablet 25 mg</i>	48	<i>ak-poly-bac</i>	58	<i>amantadine hcl</i>	20
<i>acarbose oral tablet 50 mg</i>	48	<i>ala-cort topical cream 1%</i>	45	AMBISOME	20
<i>acarbose oral tablet 100 mg</i>	48	<i>albendazole</i>	23	AMBRISENTAN	60
<i>acebutolol</i>	40	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proair)</i>	60	<i>amethia</i>	55
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	35	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proventil)</i>	60	<i>amethyst (28)</i>	55
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	35	<i>albuterol sulfate inhalation solution for nebulization</i>	60	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	23
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	35	<i>albuterol sulfate oral syrup</i>	60	<i>amiloride</i>	40
<i>acetazolamide</i>	59	<i>albuterol sulfate oral tablet</i>	60	<i>amiloride-hydrochlorothiazide</i>	40
<i>acetazolamide sodium</i>	59	<i>albuterol sulfate oral tablet extended release 12 hr</i>	60	<i>aminocaproic acid oral</i>	42
<i>acetic acid otic (ear)</i>	47	<i>alclometasone topical cream</i>	45	AMINOSYN II 15%	62
<i>acetylcysteine</i>	60	<i>alclometasone topical ointment</i>	45	AMINOSYN-PF 7% (SULFITE-FREE)	62
<i>acitretin</i>	43	ALCOHOL PADS	48	<i>amiodarone intravenous solution</i>	40
ACTHIB (PF)	53	ALDURAZYME	50	<i>amiodarone oral tablet 100 mg, 200 mg</i>	40
ACTIMMUNE	53	ALECENSA	26	<i>amiodarone oral tablet 400 mg</i>	40
<i>acyclovir oral capsule</i>	20	<i>alendronate oral tablet 10 mg, 5 mg</i>	54	<i>amitriptyline</i>	37
<i>acyclovir oral suspension 200 mg/5 ml</i>	20	<i>alendronate oral tablet 35 mg, 70 mg</i>	54	<i>amlodipine</i>	40
<i>acyclovir oral tablet</i>	20	<i>alfuzosin</i>	61	<i>amlodipine-benazepril</i>	40
<i>acyclovir sodium intravenous solution</i>	20	ALIMTA	26	<i>amlodipine-valsartan</i>	40
<i>acyclovir topical ointment</i>	45	ALIQOPA	26	<i>amlodipine-valsartan-hcthiiazid</i>	40
ADACEL (TDAP ADOLESN/ADULT)(PF)	53	<i>allopurinol</i>	54	<i>ammonium lactate</i>	44
ADASUVE	37			<i>amoxapine</i>	37
ADCETRIS	26			<i>amoxicillin oral capsule</i>	25
				<i>amoxicillin oral suspension for reconstitution</i>	25

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>amoxicillin oral tablet</i>	25	<i>asenapine maleate</i>	37	<i>azithromycin oral suspension for reconstitution</i>	23
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	25	<i>ashlyna</i>	55	<i>azithromycin oral tablet</i>	23
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	25	<i>atazanavir oral capsule 150 mg, 300 mg</i>	20	AZOPT	59
<i>amoxicillin-pot clavulanate oral tablet</i>	25	<i>atazanavir oral capsule 200 mg</i>	20	<i>aztreonam</i>	23
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	25	<i>atenolol</i>	40	<i>azurette (28)</i>	56
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	25	<i>atenolol-chlorthalidone</i>	40	B	
<i>amphotericin b</i>	20	ATGAM	53	<i>bacitracin intramuscular</i>	23
<i>ampicillin oral capsule 500 mg</i>	25	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	37	<i>bacitracin ophthalmic (eye)</i>	58
<i>ampicillin sodium</i>	25	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	37	<i>bacitracin-polymyxin b ophthalmic (eye)</i>	58
<i>ampicillin-sulbactam</i>	25	<i>atorvastatin</i>	43	<i>baclofen oral</i>	35
<i>anagrelide</i>	46	<i>atovaquone</i>	23	<i>balsalazide</i>	51
<i>anastrozole</i>	26	<i>atovaquone-proguanil</i>	23	BALVERSA	26
ANORO ELLIPTA	60	ATRIPLA	20	<i>balziva (28)</i>	56
APOKYN	34	<i>atropine ophthalmic (eye) drops</i>	59	BANZEL	32
<i>apraclonidine</i>	59	ATROVENT HFA	60	BAQSIMI	48
<i>aprepitant</i>	51	<i>aubra</i>	55	BARACLUDGE ORAL SOLUTION	20
<i>apri</i>	55	<i>aubra eq</i>	55	BAVENCIO	26
APTIOM ORAL TABLET 200 MG	32	<i>aurovela 1.5/30 (21)</i>	55	BCG VACCINE, LIVE (PF)	53
APTIOM ORAL TABLET 400 MG	32	<i>aurovela 1/20 (21)</i>	55	BD PEN NEEDLE	48
APTIOM ORAL TABLET 600 MG, 800 MG	32	<i>aurovela 24 fe</i>	56	BELEODAQ	26
APTIVUS	20	<i>aurovela fe 1.5/30 (28)</i>	56	<i>benazepril</i>	40
<i>aranelle (28)</i>	55	<i>aurovela fe 1-20 (28)</i>	56	<i>benazepril-hydrochlorothiazide</i>	40
ARANESP (IN POLYSORBATE)	53	AURYXIA	46	BENDEKA	26
ARCALYST	53	AUSTEDO ORAL TABLET 6 MG	35	BENLYSTA	54
ARIKAYCE	23	AUSTEDO ORAL TABLET 12 MG, 9 MG	34	<i>benztropine injection</i>	34
<i>aripiprazole oral solution</i>	37	<i>aviane</i>	56	<i>benztropine oral</i>	34
<i>aripiprazole oral tablet</i>	37	<i>avita</i>	44	BESIVANCE	58
<i>aripiprazole oral tablet, disintegrating</i>	37	<i>ayuna</i>	56	BESPONSA	26
ARISTADA	37	AYVAKIT	26	<i>betamethasone, augmented topical cream</i>	45
ARISTADA INITIO	37	<i>azacitidine</i>	26	<i>betamethasone, augmented topical gel</i>	45
ARNUITY ELLIPTA	60	<i>azathioprine oral tablet 50 mg</i>	26	<i>betamethasone, augmented topical lotion</i>	45
ARRANON	26	<i>azathioprine sodium</i>	26	<i>betamethasone, augmented topical ointment</i>	45
<i>arsenic trioxide</i>	26	<i>azelastine nasal</i>	47	<i>betamethasone dipropionate</i>	45
ARZERRA	26	<i>azelastine ophthalmic (eye)</i>	59		
		<i>azithromycin intravenous</i>	23		
		<i>azithromycin oral packet</i>	23		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>betamethasone valerate topical cream</i>	45	<i>brinzolamide</i>	59	C	
<i>betamethasone valerate topical lotion</i>	45	BRIVIACT INTRAVENOUS.....	32	CABENUVA.....	20
<i>betamethasone valerate topical ointment</i>	45	BRIVIACT ORAL SOLUTION.....	32	<i>cabergoline</i>	50
BETASERON		BRIVIACT ORAL TABLET.....	32	CABOMETYX ORAL	
SUBCUTANEOUS KIT.....	53	<i>bromocriptine</i>	34	TABLET 20 MG, 60 MG.....	26
<i>betaxolol oral</i>	40	BRUKINSA	26	CABOMETYX ORAL	
<i>bethanechol chloride</i>	61	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	60	TABLET 40 MG	27
<i>bexarotene</i>	26	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	60	<i>calcipotriene scalp</i>	43
BEXSERO	53	<i>budesonide oral</i>	51	<i>calcipotriene topical cream</i>	43
<i>bicalutamide</i>	26	<i>bumetanide injection</i>	40	<i>calcipotriene topical ointment</i>	43
BICILLIN L-A.....	25	<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	40	<i>calcitonin (salmon) nasal</i>	50
BIDIL	40	<i>bumetanide oral tablet 2 mg</i>	40	<i>calcitriol intravenous solution 1 mcg/ml</i>	50
BIKTARVY	20	<i>buprenorphine hcl injection</i>	35	<i>calcitriol oral</i>	50
BINOSTO.....	54	<i>buprenorphine hcl sublingual</i>	35	<i>calcium acetate(phosphat bind)</i>	61
<i>bisoprolol fumarate</i>	40	<i>buprenorphine hcl sublingual</i>	35	CALQUENCE	27
<i>bisoprolol-hydrochlorothiazide</i>	40	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	36	<i>camila</i>	55
BLENREP	26	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	36	<i>camrese</i>	56
<i>bleomycin</i>	26	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	36	<i>camrese lo</i>	56
BLEPHAMIDE.....	59	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	36	<i>candesartan-hydrochlorothiazid</i>	40
BLEPHAMIDE S.O.P.....	59	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	36	<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	40
BLINCYTO INTRAVENOUS KIT.....	26	<i>bupropion hcl oral tablet 75 mg</i>	37	<i>candesartan oral tablet 32 mg</i>	40
<i>blisovi 24 fe</i>	56	<i>bupropion hcl oral tablet 100 mg</i>	37	CAPLYTA	37
<i>blisovi fe 1.5/30 (28)</i>	56	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	37	CAPRELSA ORAL TABLET 100 MG ..	27
<i>blisovi fe 1/20 (28)</i>	56	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	37	CAPRELSA ORAL TABLET 300 MG ..	27
BOOSTRIX TDAP	53	<i>bupropion hcl oral tablet sustained-release 12 hr</i>	37	<i>captopril</i>	40
BORTEZOMIB	26	<i>bupropion hcl (smoking deter)</i>	47	<i>captopril-hydrochlorothiazide</i>	40
BOSULIF ORAL TABLET 100 MG ..	26	<i>bupirone</i>	37	CARBAGLU.....	46
BOSULIF ORAL TABLET 400 MG, 500 MG	26	<i>busulfan</i>	26	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	32
BOTOX	53	<i>butorphanol nasal</i>	36	<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	32
BRAFTOVI ORAL		BYDUREON BCISE	48	<i>carbamazepine oral tablet</i>	32
CAPSULE 75 MG	26	BYSTOLIC.....	40	<i>carbamazepine oral tablet, chewable</i>	32
BREO ELLIPTA	60			<i>carbamazepine oral tablet extended release 12 hr</i>	32
<i>briellyn</i>	56			<i>carbidopa</i>	34
BRILINTA.....	42			<i>carbidopa-levodopa oral tablet</i>	34
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	59				
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	59				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>carbidopa-levodopa oral tablet, disintegrating</i>	34	<i>cefoxitin in dextrose, iso-osm.</i>	22	<i>cholestyramine (with sugar)</i>	43
<i>carbidopa-levodopa oral tablet extended release</i>	34	<i>cefepodoxime</i>	22	CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	50
<i>carboplatin intravenous solution</i>	27	<i>cefprozil</i>	22	<i>ciclodan topical solution</i>	45
<i>carmustine</i>	27	<i>ceftazidime</i>	22	<i>ciclopirox topical cream</i>	45
<i>carteolol</i>	58	CEFTAZIDIME IN D5W	22	<i>ciclopirox topical shampoo</i>	45
<i>cartia xt</i>	40	<i>ceftriaxone in dextrose, iso-os</i>	23	<i>ciclopirox topical solution</i>	45
<i>carvedilol</i>	41	<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	23	<i>ciclopirox topical suspension</i>	45
<i>caspofungin</i>	20	CEFTRIAOXONE INJECTION RECON SOLN 100 GRAM	23	<i>cilostazol</i>	42
CAYSTON	23	<i>ceftriaxone intravenous</i>	23	CILOXAN OPHTHALMIC (EYE) OINTMENT	58
<i>caziant (28)</i>	56	<i>cefuroxime axetil oral tablet</i>	23	CIMDUO	20
<i>cefaclor oral capsule</i>	22	<i>cefuroxime sodium injection recon soln 750 mg</i>	23	<i>cimetidine</i>	52
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	22	<i>cefuroxime sodium intravenous</i>	23	<i>cinacalcet oral tablet 30 mg, 60 mg</i>	50
<i>cefaclor oral tablet extended release 12 hr</i>	22	<i>celecoxib</i>	36	<i>cinacalcet oral tablet 90 mg</i>	50
<i>cefadroxil oral capsule</i>	22	CELONTIN ORAL CAPSULE 300 MG	33	CIPRODEX	47
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	22	<i>cephalexin oral capsule 250 mg, 500 mg</i>	23	<i>ciprofloxacin-dexamethasone</i>	47
<i>cefadroxil oral tablet</i>	22	<i>cephalexin oral suspension for reconstitution</i>	23	<i>ciprofloxacin hcl ophthalmic (eye)</i>	58
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	22	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	50	<i>ciprofloxacin hcl oral tablet 100 mg</i>	25
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	22	CHANTIX	47	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	25
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	22	CHANTIX CONTINUING MONTH BOX	47	<i>ciprofloxacin in 5% dextrose</i>	25
<i>cefazolin intravenous</i>	22	CHANTIX STARTING MONTH BOX	47	CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	25
<i>cefdinir</i>	22	<i>charlotte 24 fe</i>	56	<i>cisplatin intravenous solution</i>	27
CEFEPIME IN DEXTROSE 5%	22	<i>chateal (28)</i>	56	<i>citalopram oral solution</i>	37
<i>cefepime in dextrose, iso-osm</i>	22	<i>chateal eq (28)</i>	56	<i>citalopram oral tablet</i>	37
<i>cefepime injection</i>	22	CHEMET	46	<i>cladribine</i>	27
CEFEPIME INTRAVENOUS	22	<i>chloramphenicol sod succinate</i>	23	<i>claravis</i>	44
<i>cefixime</i>	22	<i>chlorhexidine gluconate mucous membrane</i>	47	<i>clarithromycin</i>	23
CEFOTETAN IN DEXTROSE, ISO-OSM	22	<i>chloroquine phosphate</i>	23	<i>clindamycin hcl</i>	23
<i>cefotetan injection</i>	22	<i>chlorothiazide sodium</i>	41	CLINDAMYCIN IN 0.9% SOD CHLOR	23
<i>cefoxitin</i>	22	<i>chlorpromazine</i>	37	<i>clindamycin in 5% dextrose</i>	23
		<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	41	<i>clindamycin pediatric</i>	23
		<i>cholestyramine light</i>	43	<i>clindamycin phosphate injection</i>	23
				<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	23
				<i>clindamycin phosphate topical gel</i>	44
				CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	44

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>clindamycin phosphate topical lotion</i>	44	<i>clorazepate dipotassium oral tablet 15 mg</i>	37	<i>cromolyn oral</i>	51
<i>clindamycin phosphate topical solution</i>	44	<i>clotrimazole-betamethasone topical cream</i>	45	<i>cryselles (28)</i>	56
<i>clindamycin phosphate topical swab</i>	44	<i>clotrimazole-betamethasone topical lotion</i>	45	<i>cyclafem 1/35 (28)</i>	56
<i>clindamycin phosphate vaginal</i>	55	<i>clotrimazole mucous membrane</i>	20	<i>cyclafem 7/7/7 (28)</i>	56
CLINIMIX 4.25%/D5W SULFIT FREE.....	46	<i>clotrimazole topical cream</i>	45	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	35
CLINIMIX 4.25%/D10W SULF FREE.....	62	<i>clotrimazole topical solution</i>	45	<i>cyclophosphamide intravenous recon soln</i>	27
CLINIMIX 5%/D15W SULFITE FREE.....	62	<i>clozapine oral tablet 25 mg, 50 mg</i>	38	CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION.....	27
CLINIMIX 5%-D20W (SULFITE-FREE).....	62	<i>clozapine oral tablet 100 mg, 200 mg</i>	38	<i>cyclophosphamide oral</i>	27
CLINIMIX 6%-D5W (SULFITE-FREE).....	62	<i>clozapine oral tablet, disintegrating</i>	38	CYCLOSERINE.....	23
CLINIMIX 8%-D10W (SULFITE-FREE).....	62	COARTEM.....	23	<i>cyclosporine intravenous</i>	27
CLINIMIX 8%-D14W (SULFITE-FREE).....	62	<i>colchicine oral tablet</i>	54	<i>cyclosporine modified</i>	27
CLINIMIX E 4.25%/D10W SUL FREE.....	62	<i>colestipol oral granules</i>	43	<i>cyclosporine oral capsule</i>	27
CLINISOL SF 15%.....	62	<i>colestipol oral packet</i>	43	CYRAMZA.....	27
<i>clobazam oral suspension</i>	33	<i>colestipol oral tablet</i>	43	<i>cyred</i>	56
<i>clobazam oral tablet</i>	33	<i>colistin (colistimethate na)</i>	23	<i>cyred eq</i>	56
<i>clofarabine</i>	27	COMBIGAN.....	59	CYSTADANE.....	51
<i>clomipramine</i>	37	COMBIVENT RESPIMAT.....	60	CYSTAGON.....	61
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	33	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	27	CYSTARAN.....	59
<i>clonazepam oral tablet 2 mg</i>	33	COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1).....	27	<i>cytarabine</i>	27
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	33	COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3).....	27	<i>cytarabine (pf)</i>	27
<i>clonazepam oral tablet, disintegrating 2 mg</i>	33	COMPLERA.....	20	D	
<i>clonidine</i>	41	<i>compro</i>	51	<i>d2.5%-0.45% sodium chloride</i>	46
<i>clonidine hcl oral tablet</i>	41	<i>constulose</i>	51	<i>d5%-0.45% sodium chloride</i>	46
<i>clopidogrel oral tablet 75 mg</i>	42	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	35	<i>d5% and 0.9% sodium chloride</i>	46
<i>clopidogrel oral tablet 300 mg</i>	42	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	35	<i>d10%-0.45% sodium chloride</i>	46
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	37	COPIKTRA.....	27	<i>dacarbazine</i>	27
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	38	CORLANOR ORAL TABLET.....	43	<i>dactinomycin</i>	27
		CORTIFOAM.....	51	<i>dalfampridine</i>	35
		COTELLIC.....	27	DALIRESP.....	60
		CREON.....	51	<i>danazol</i>	50
		CRESEMBA ORAL.....	20	<i>dantrolene oral</i>	35
		<i>cromolyn inhalation</i>	60	DANYELZA.....	27
		<i>cromolyn ophthalmic (eye)</i>	59	<i>dapsone oral</i>	23
				DAPTACEL (DTAP PEDIATRIC) (PF).....	53
				DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG.....	23

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>daptomycin intravenous recon soln 500 mg</i>	23	<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	59	<i>diazepam intensol</i>	38
DARZALEX	27	DEXILANT	52	<i>diazepam oral concentrate</i>	38
DARZALEX FASPRO	27	<i>dexmethylphenidate oral tablet</i>	38	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	38
<i>dasetta 1/35 (28)</i>	56	<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	38	<i>diazepam oral tablet</i>	38
<i>dasetta 7/7/7 (28)</i>	56	<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	38	DIAZEPAM RECTAL.....	33
<i>daunorubicin intravenous solution</i> ..	27	<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	38	<i>diazoxide</i>	48
DAURISMO ORAL TABLET 25 MG ..	27	<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i> ..	38	<i>diclofenac potassium oral tablet 50 mg</i>	36
DAURISMO ORAL TABLET 100 MG ..	27	<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	38	<i>diclofenac sodium ophthalmic (eye)</i> ..	59
<i>daysee</i>	56	<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	38	<i>diclofenac sodium oral</i>	36
<i>deblitane</i>	55	<i>dextroamphetamine oral capsule, extended release</i>	38	<i>diclofenac sodium topical gel 1%</i> ...	36
<i>decitabine</i>	27	<i>dextroamphetamine oral tablet</i>	38	<i>dicloxacillin</i>	25
<i>deferasirox oral tablet</i>	46	<i>dextrose 5%-0.2% sod chloride</i>	46	<i>dicyclomine oral capsule</i>	51
DELSTRIGO	20	<i>dextrose 5%-0.3% sod.chloride</i>	46	<i>dicyclomine oral solution</i>	51
DEMSER	41	DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION.....	46	<i>dicyclomine oral tablet</i>	51
DENAVIR.....	45	<i>dextrose 5% in water (d5w) intravenous piggyback</i>	46	<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	20
DEPEN TITRATABS	54	<i>dextrose 5%-lactated ringers</i>	46	DIFICID ORAL SUSPENSION FOR RECONSTITUTION	23
DEPO-MEDROL	47	<i>dextrose 10% and 0.2% nacl</i>	46	DIFICID ORAL TABLET	23
DESCOVY.....	20	DEXTROSE 10% IN WATER (D10W)	46	<i>diflunisal</i>	36
<i>desipramine</i>	38	<i>dextrose 25% in water (d25w)</i>	46	<i>difluprednate</i>	59
<i>desloratadine oral tablet</i>	59	<i>dextrose 30% in water (d30w)</i>	46	<i>digitek</i>	43
<i>desmopressin injection</i>	50	<i>dextrose 50% in water (d50w)</i>	46	<i>digox</i>	43
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> ..	50	<i>dextrose 70% in water (d70w)</i>	46	<i>digoxin oral</i>	43
<i>desmopressin nasal spray with pump</i>	50	DIACOMIT ORAL CAPSULE 250 MG	33	<i>dihydroergotamine nasal</i>	34
<i>desmopressin oral</i>	50	DIACOMIT ORAL CAPSULE 500 MG	33	DILANTIN 30 MG.....	33
<i>desog-e.estradiol/e.estradiol</i>	56	DIACOMIT ORAL POWDER IN PACKET 250 MG.....	33	<i>diltiazem hcl intravenous</i>	41
<i>desogestrel-ethinyl estradiol</i>	56	DIACOMIT ORAL POWDER IN PACKET 500 MG.....	33	<i>diltiazem hcl oral capsule, extended release 12 hr</i>	41
<i>desoximetasone topical cream</i>	45	<i>diazepam injection</i>	38	<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	41
<i>desoximetasone topical gel</i>	45			<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i> ..	41
<i>desoximetasone topical ointment</i> ...	45			<i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>	41
<i>desvenlafaxine succinate</i>	38			<i>diltiazem hcl oral tablet</i>	41
<i>dexamethasone intensol</i>	47			<i>diltiazem hcl oral tablet extended release 24 hr</i>	41
<i>dexamethasone oral elixir</i>	47				
<i>dexamethasone oral solution</i>	47				
<i>dexamethasone oral tablet</i>	47				
<i>dexamethasone sodium phos (pf) injection solution</i>	48				
<i>dexamethasone sodium phosphate injection solution</i>	48				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>dilt-xr</i>	41	<i>doxorubicin</i>	27	E	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	35	<i>doxorubicin, peg-liposomal</i>	27	<i>ec-naproxen</i>	36
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	35	<i>doxy-100</i>	25	<i>econazole</i>	45
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	35	<i>doxycycline hyclate intravenous</i>	25	EDARBI	41
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	60	<i>doxycycline hyclate oral capsule</i>	25	EDARBYCLOR	41
<i>diphenoxylate-atropine</i>	51	<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	25	EDURANT	20
<i>dipyridamole oral</i>	42	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	25	<i>efavirenz-emtricitabin-tenofov</i>	20
<i>disulfiram</i>	46	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	25	<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	20
<i>divalproex oral capsule, delayed rel sprinkle</i>	33	<i>doxycycline monohydrate oral suspension for reconstitution</i>	25	<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i>	20
<i>divalproex oral tablet, delayed release (dr/ec)</i>	33	<i>doxycycline monohydrate oral tablet</i>	25	<i>efavirenz oral capsule 50 mg</i>	20
<i>divalproex oral tablet extended release 24 hr</i>	33	DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	38	<i>efavirenz oral capsule 200 mg</i>	20
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/ 8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	27	DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	38	<i>efavirenz oral tablet</i>	20
<i>dofetilide</i>	40	<i>dronabinol</i>	51	ELAPRASE	50
<i>dolishale</i>	56	<i>drospirenone-e.estradiol-lm.fa</i>	56	<i>electrolyte-48 in d5w</i>	62
<i>donepezil oral tablet 5 mg</i>	35	<i>drospirenone-ethinyl estradiol</i>	56	<i>elinst</i>	56
<i>donepezil oral tablet 10 mg</i>	35	DROXIA	27	ELIQUIS	42
<i>donepezil oral tablet, disintegrating 5 mg</i>	35	<i>droxidopa oral capsule 100 mg</i>	46	ELIQUIS DVT-PE TREAT 30D START	42
<i>donepezil oral tablet, disintegrating 10 mg</i>	35	<i>droxidopa oral capsule 200 mg, 300 mg</i>	47	ELLEENCE	27
<i>dorzolamide</i>	59	DUAVEE	55	ELMIRON	61
<i>dorzolamide-timolol</i>	59	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	38	ELZONRIS	27
DOTTI	55	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	44	EMCYT	27
DOVATO	20	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	44	EMEND ORAL SUSPENSION FOR RECONSTITUTION	51
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	41	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	44	<i>emoquette</i>	56
<i>doxazosin oral tablet 8 mg</i>	41	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	44	EMPLICITI	27
<i>doxepin oral capsule</i>	38	DUREZOL	59	EMSAM	38
<i>doxepin oral concentrate</i>	38	<i>dutasteride</i>	61	<i>emtricitabine</i>	20
<i>doxercalciferol</i>	50			<i>emtricitabine-tenofovir (tdf)</i>	20
				EMTRIVA ORAL CAPSULE	20
				EMTRIVA ORAL SOLUTION	20
				EMVERM	23
				<i>enalapril-hydrochlorothiazide</i>	41
				<i>enalapril maleate oral tablet</i>	41
				ENBREL MINI	54
				ENBREL SUBCUTANEOUS RECON SOLN	54

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ENBREL SUBCUTANEOUS SOLUTION	54	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	23	EXKIVITY	28
ENBREL SUBCUTANEOUS SYRINGE	54	<i>erythromycin ophthalmic (eye)</i>	58	EYLEA	59
ENBREL SURECLICK	54	<i>erythromycin oral capsule, delayed release(dr/ec)</i>	23	<i>ezetimibe</i>	43
<i>endocet</i>	35	<i>erythromycin oral tablet</i>	23	F	
ENGERIX-B PEDIATRIC (PF)	53	<i>erythromycin with ethanol topical gel</i>	44	FABRAZYME	50
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	53	<i>erythromycin with ethanol topical solution</i>	45	<i>falmina (28)</i>	56
ENHERTU	27	ESBRIET ORAL CAPSULE	60	<i>famciclovir</i>	21
<i>enoxaparin</i>	42	ESBRIET ORAL TABLET 267 MG	60	<i>famotidine oral suspension</i>	52
<i>enpresse</i>	56	ESBRIET ORAL TABLET 801 MG	60	<i>famotidine oral tablet 20 mg, 40 mg</i>	52
<i>enskyce</i>	56	<i>escitalopram oxalate oral solution</i>	38	FANAPT ORAL TABLET	38
<i>entacapone</i>	34	<i>escitalopram oxalate oral tablet</i>	38	FANAPT ORAL TABLETS, DOSE PACK	38
<i>entecavir</i>	20	<i>estarylla</i>	56	FARYDAK	28
ENTRESTO	43	<i>estradiol oral</i>	55	<i>febuxostat</i>	54
<i>enulose</i>	51	<i>estradiol transdermal patch semiweekly</i>	55	<i>felbamate</i>	33
ENVARUSUS XR	27	<i>estradiol transdermal patch weekly</i>	55	<i>felodipine</i>	41
EPCLUSA ORAL TABLET	20	<i>estradiol vaginal tablet</i>	55	<i>femynor</i>	56
EPIDIOLEX	33	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	55	<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	43
<i>epinastine</i>	59	<i>ethacrynate sodium</i>	41	<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	43
<i>epinephrine injection auto-injector</i>	60	<i>ethambutol</i>	23	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	43
<i>epinephrine injection solution 1 mg/ml</i>	60	<i>ethosuximide</i>	33	<i>fenofibric acid (choline)</i>	43
<i>epirubicin intravenous solution</i>	27	<i>ethynodiol diac-eth estradiol</i>	56	<i>fentanyl citrate buccal lozenge on a handle</i>	36
<i>epitol</i>	33	<i>etodolac</i>	37	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	36
EPIVIR HBV ORAL SOLUTION	20	ETOPOPHOS	27	FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	38
ERBITUX	27	<i>etoposide intravenous</i>	27	FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	38
<i>ergotamine-caffeine</i>	34	<i>etravirine</i>	21	<i>finasteride oral tablet 5 mg</i>	61
ERIVEDGE	27	EUTHYROX	51	FINTEPLA	33
ERLEADA	27	<i>everolimus (antineoplastic) oral tablet</i>	27	FIRMAGON KIT W DILUENT SYRINGE	28
<i>erlotinib oral tablet 25 mg</i>	27	<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	28	FIRVANQ ORAL RECON SOLN 25 MG/ML	23
<i>erlotinib oral tablet 100 mg, 150 mg</i>	27	<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	28	FIRVANQ ORAL RECON SOLN 50 MG/ML	23
<i>errin</i>	55	EVOMELA	28		
<i>ertapenem</i>	23	EVOTAZ	21		
<i>ery pads</i>	44	<i>exemestane</i>	28		
<i>erythrocin (as stearate) oral tablet 250 mg</i>	23				
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	23				
<i>erythromycin-benzoyl peroxide</i>	45				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE	
<i>flac otic oil</i>	47	<i>fluoxetine oral solution</i>	38	G	<i>gabapentin oral capsule</i> 100 mg, 400 mg	33
<i>flecainide</i>	40	<i>fluphenazine decanoate</i>	38		<i>gabapentin oral capsule 300 mg</i>	33
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	60	<i>fluphenazine hcl injection</i>	38		<i>gabapentin oral solution</i>	33
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	60	<i>fluphenazine hcl oral concentrate</i>	38		<i>gabapentin oral tablet 600 mg</i>	33
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	60	<i>fluphenazine hcl oral elixir</i>	38		<i>gabapentin oral tablet 800 mg</i>	33
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	60	<i>fluphenazine hcl oral tablet</i>	38		<i>galantamine oral capsule,</i> <i>ext rel. pellets 24 hr.</i>	35
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	60	<i>flurbiprofen oral tablet 100 mg</i>	37		<i>galantamine oral solution</i>	35
<i>floxuridine</i>	28	<i>flurbiprofen sodium</i>	59		<i>galantamine oral tablet</i>	35
<i>fluconazole in nacl (iso-osm)</i>	20	<i>flutamide</i>	28		GAMUNEX-C	53
<i>fluconazole oral suspension</i> <i>for reconstitution</i>	20	<i>fluticasone propionate nasal</i>	60		GARDASIL 9 (PF)	53
<i>fluconazole oral tablet</i>	20	<i>fluticasone propionate</i> <i>topical cream</i>	46		GATTEX 30-VIAL	52
<i>flucytosine</i>	20	<i>fluticasone propionate</i> <i>topical ointment</i>	46		GATTEX ONE-VIAL	52
<i>fludarabine</i>	28	<i>fluvoxamine oral tablet 25 mg</i>	38		GATTEX ONE-VIAL	52
<i>fludrocortisone</i>	48	<i>fluvoxamine oral tablet 50 mg</i>	38		GAUZE PADS 2 X 2	48
<i>flunisolide</i>	60	<i>fluvoxamine oral tablet 100 mg</i>	38		<i>gavilyte-c</i>	52
<i>fluocinolone</i>	45	FOLOTYN	28		<i>gavilyte-n</i>	52
<i>fluocinolone acetonide oil</i>	47	<i>fomepizole</i>	53		GAVRETO	28
<i>fluocinolone and shower cap</i>	46	<i>fondaparinux subcutaneous</i> <i>syringe 2.5 mg/0.5 ml</i>	42		GAZYVA	28
<i>fluocinonide topical cream 0.05%</i>	46	<i>fondaparinux subcutaneous</i> <i>syringe 10 mg/0.8 ml,</i> <i>5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	42		<i>gemcitabine intravenous</i> <i>recon soln.</i>	28
<i>fluocinonide topical gel</i>	46	<i>formoterol fumarate</i>	60		<i>gemcitabine intravenous solution</i> 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	28
<i>fluocinonide topical ointment</i>	46	<i>fosamprenavir</i>	21		GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	28
<i>fluocinonide topical solution</i>	46	<i>fosinopril</i>	41		<i>gemfibrozil</i>	43
<i>fluoride (sodium) oral tablet</i>	63	<i>fosinopril-hydrochlorothiazide</i>	41		<i>gemmily</i>	56
<i>fluoride (sodium) oral tablet,</i> <i>chewable 1 mg</i> <i>(2.2 mg sod. fluoride)</i>	63	<i>fosphenytoin</i>	33		<i>generlac</i>	52
<i>fluorometholone</i>	59	FOTIVDA	28		<i>gengraf</i>	28
<i>fluorouracil intravenous</i>	28	<i>fulvestrant</i>	28		GENOTROPIN	53
<i>fluorouracil topical cream 5%</i>	44	<i>furosemide injection</i>	41		GENOTROPIN MINIQUICK	53
<i>fluorouracil topical solution</i>	44	<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	41		<i>gentak ophthalmic (eye) ointment</i>	58
<i>fluoxetine oral capsule 10 mg</i>	38	<i>furosemide oral tablet</i>	41		<i>gentamicin injection</i> <i>solution 40 mg/ml</i>	24
<i>fluoxetine oral capsule 20 mg</i>	38	FUZEON SUBCUTANEOUS RECON SOLN	21		GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	24
<i>fluoxetine oral capsule 40 mg</i>	38	FYCOMPA ORAL SUSPENSION	33			
		FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	33			
		FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	33			

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	23	<i>griseofulvin ultramicrosize</i>	20	<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	42
<i>gentamicin ophthalmic (eye) drops</i>	58	GVOKE HYOPEN 1-PACK	48	HETLIOZ	38
<i>gentamicin sulfate (ped) (pf)</i>	24	GVOKE HYOPEN 2-PACK	48	HIBERIX (PF)	53
<i>gentamicin topical cream</i>	45	GVOKE PFS 1-PACK SYRINGE	48	HIZENTRA	53
<i>gentamicin topical ointment</i>	45	GVOKE PFS 2-PACK SYRINGE	48	HUMALOG JUNIOR	
GENVOYA	21	H		KWIKPEN U-100	48
GILENYA ORAL CAPSULE 0.5 MG	35	HAEGARDA	60	HUMALOG KWIKPEN INSULIN	48
GILOTRIF	28	<i>hailey</i>	56	HUMALOG MIX 50-50	
<i>glimepiride oral tablet 1 mg</i>	48	<i>hailey 24 fe</i>	56	INSULN U-100	48
<i>glimepiride oral tablet 2 mg</i>	48	<i>hailey fe 1.5/30 (28)</i>	56	HUMALOG MIX 50-50 KWIKPEN	49
<i>glimepiride oral tablet 4 mg</i>	48	<i>hailey fe 1/20 (28)</i>	56	HUMALOG MIX 75-25 KWIKPEN	49
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	48	HALAVEN	28	HUMALOG MIX 75-25 (U-100)INSULN	49
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	48	<i>halobetasol propionate topical cream</i>	46	HUMALOG U-100 INSULIN	49
<i>glipizide oral tablet 5 mg</i>	48	<i>halobetasol propionate topical ointment</i>	46	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	54
<i>glipizide oral tablet 10 mg</i>	48	<i>haloperidol</i>	38	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	54
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	48	<i>haloperidol decanoate</i>	38	HUMIRA(CF) PEN CROHNS-UC-HS	54
<i>glipizide oral tablet extended release 24hr 5 mg</i>	48	<i>haloperidol lactate injection</i>	38	HUMIRA(CF) PEN PEDIATRIC UC	54
<i>glipizide oral tablet extended release 24hr 10 mg</i>	48	<i>haloperidol lactate oral</i>	38	HUMIRA(CF) PEN PSOR-UV-ADOL HS	54
GLUCAGEN HYPOKIT	48	HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	21	HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	54
GLUCAGON EMERGENCY KIT (HUMAN)	48	HARVONI ORAL PELLETS IN PACKET 45-200 MG	21	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	54
GLUCAGON (HCL) EMERGENCY KIT	48	HARVONI ORAL TABLET 45-200 MG	21	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	54
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	51	HARVONI ORAL TABLET 90-400 MG	21	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	55
GLYCOPYRROLATE (PF) IN WATER INJECTION	51	HAVRIX (PF) INTRAMUSCULAR SYRINGE	53	HUMIRA PEN	54
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	51	<i>heather</i>	55	HUMIRA PEN CROHNS-UC-HS START	54
<i>glydo</i>	44	<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	42	HUMIRA PEN PSOR- UVEITS-ADOL HS	54
GLYXAMBI	48	<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	42		
GOCOVRI	34	<i>heparin (porcine) injection solution</i>	42		
<i>granisetron hcl oral</i>	52	<i>heparin (porcine) in nacl (pf)</i>	42		
<i>griseofulvin microsize</i>	20				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	54	<i>hydroxychloroquine oral tablet 200 mg</i>	24	INFUMORPH P/F	36
HUMULIN 70/30 U-100 INSULIN	49	<i>hydroxyprogesterone caproate</i>	55	INLYTA ORAL TABLET 1 MG	28
HUMULIN 70/30 U-100 KWIKPEN	49	<i>hydroxyurea</i>	28	INLYTA ORAL TABLET 5 MG	28
HUMULIN N NPH INSULIN KWIKPEN	49	<i>hydroxyzine hcl oral tablet</i>	60	INQOVI	28
HUMULIN N NPH U-100 INSULIN	49	I		INREBIC	28
HUMULIN R REGULAR U-100 INSULIN	49	<i>ibandronate oral</i>	54	INSULIN PEN NEEDLE	49
HUMULIN R U-500 (CONC) INSULIN	49	IBRANCE	28	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	49
HUMULIN R U-500 (CONC) KWIKPEN	49	<i>ibu</i>	37	INTELENCE ORAL TABLET 25 MG	21
<i>hydralazine injection</i>	41	<i>ibuprofen oral suspension</i>	37	INTELENCE ORAL TABLET 100 MG, 200 MG	21
<i>hydralazine oral</i>	41	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	37	INTRALIPID INTRAVENOUS EMULSION 20%, 30%	63
<i>hydrochlorothiazide</i>	41	<i>icatibant</i>	60	INTRON A INJECTION RECON SOLN	53
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	36	<i>iclevia</i>	56	INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	53
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	36	ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	28	INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	53
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	36	ICLUSIG ORAL TABLET 15 MG	28	<i>introvale</i>	56
<i>hydrocortisone-acetic acid</i>	47	<i>idarubicin</i>	28	INVEGA SUSTENNA	38
<i>hydrocortisone butyrate topical cream</i>	46	IDHIFA	28	INVEGA TRINZA	39
<i>hydrocortisone butyrate topical ointment</i>	46	<i>ifosfamide</i>	28	INVELTYS	59
<i>hydrocortisone butyr-emollient</i>	46	<i>imatinib oral tablet 100 mg</i>	28	INVIRASE ORAL TABLET	21
<i>hydrocortisone oral</i>	48	<i>imatinib oral tablet 400 mg</i>	28	INVOKAMET	49
<i>hydrocortisone rectal</i>	52	IMBRUVICA ORAL CAPSULE 70 MG	28	INVOKAMET XR	49
<i>hydrocortisone topical cream 1%, 2.5%</i>	46	IMBRUVICA ORAL CAPSULE 140 MG	28	INVOKANA	49
<i>hydrocortisone topical cream with perineal applicator</i>	52	IMBRUVICA ORAL TABLET	28	IPOL	53
<i>hydrocortisone topical lotion 2.5%</i>	46	IMFINZI	28	<i>ipratropium-albuterol</i>	61
<i>hydrocortisone topical ointment 1%, 2.5%</i>	46	<i>imipenem-cilastatin</i>	24	<i>ipratropium bromide inhalation</i>	61
<i>hydrocortisone valerate</i>	46	<i>imipramine hcl</i>	38	<i>ipratropium bromide nasal</i>	47
<i>hydromorphone oral liquid</i>	36	<i>imiquimod topical cream in packet 5%</i>	44	<i>irbesartan</i>	41
<i>hydromorphone oral tablet</i>	36	IMOVAX RABIES VACCINE (PF)	53	<i>irbesartan-hydrochlorothiazide</i>	41
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	24	<i>incassia</i>	55	IRESSA	28
		INCRELEX	47	<i>irinotecan</i>	28
		INCRUSE ELLIPTA	60	ISENTRESS HD	21
		<i>indapamide</i>	41	ISENTRESS ORAL POWDER IN PACKET	21
		INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	53	ISENTRESS ORAL TABLET	21
		INFUGEM	28	ISENTRESS ORAL TABLET, CHEWABLE 25 MG	21

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	21	JULUCA	21	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	29
<i>isibloom</i>	56	<i>junel 1.5/30 (21)</i>	56	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	29
<i>isoniazid oral solution</i>	24	<i>junel 1/20 (21)</i>	56	<i>klor-con</i>	61
<i>isoniazid oral tablet</i>	24	<i>junel fe 1.5/30 (28)</i>	56	KLOR-CON 8	62
<i>isosorbide dinitrate oral tablet</i>	43	<i>junel fe 1/20 (28)</i>	56	KLOR-CON 10	62
<i>isosorbide mononitrate</i>	43	<i>junel fe 24</i>	56	<i>klor-con m10</i>	62
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	45	K		<i>klor-con m15</i>	62
<i>isradipine</i>	41	KABIVEN	63	<i>klor-con m20</i>	62
<i>itraconazole oral capsule</i>	20	KADCYLA	28	KLOXXADO	37
<i>itraconazole oral solution</i>	20	<i>kaitlib fe</i>	56	KORLYM	50
<i>ivermectin oral</i>	24	KALETRA ORAL TABLET 100-25 MG	21	K-PHOS ORIGINAL	61
IXEMPRA	28	KALETRA ORAL TABLET 200-50 MG	21	<i>kurvelo (28)</i>	56
IXIARO (PF)	53	<i>kalliga</i>	56	KUVAN	50
J		KALYDECO ORAL GRANULES IN PACKET	61	KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	34
<i>jaimiess</i>	56	KALYDECO ORAL TABLET	61	KYPROLIS	29
JAKAFI	28	KANJINTI	28	L	
<i>jantoven</i>	42	<i>kariva (28)</i>	56	<i>labetalol oral</i>	41
JANUMET	49	<i>kelnor 1/35 (28)</i>	56	<i>lactated ringers intravenous</i>	62
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	49	<i>kelnor 1-50 (28)</i>	56	<i>lactated ringers irrigation</i>	46
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	49	<i>ketoconazole oral</i>	20	<i>lactulose oral solution</i>	52
JANUVIA	49	<i>ketoconazole topical cream</i>	45	<i>lamivudine oral solution</i>	21
JARDIANCE	49	<i>ketoconazole topical shampoo</i>	45	<i>lamivudine oral tablet 100 mg, 300 mg</i>	21
<i>jasmiel (28)</i>	56	<i>ketorolac ophthalmic (eye)</i>	59	<i>lamivudine oral tablet 150 mg</i>	21
JEMPERLI	28	KEYTRUDA	28	<i>lamivudine-zidovudine</i>	21
<i>jencycla</i>	55	KINRIX (PF) INTRAMUSCULAR SYRINGE	53	<i>lamotrigine oral tablet</i>	33
JENTADUETO	49	KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY (200 MG X 1)-2.5 MG	29	<i>lamotrigine oral tablet, chewable dispersible</i>	33
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	49	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY (200 MG X 2)-2.5 MG	29	LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	43
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	49	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY (200 MG X 3)-2.5 MG	29	LANTUS SOLOSTAR U-100 INSULIN	49
JEVTANA	28	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	29	LANTUS U-100 INSULIN	49
<i>jolessa</i>	56			<i>lapatinib</i>	29
<i>juleber</i>	56			<i>larin 1.5/30 (21)</i>	56
				<i>larin 1/20 (21)</i>	57

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>larin 24 fe</i>	57	<i>levocarnitine (with sugar)</i>	47	<i>lillow (28)</i>	57
<i>larin fe 1.5/30 (28)</i>	57	<i>levocetirizine oral solution</i>	60	<i>lincomycin</i>	24
<i>larin fe 1/20 (28)</i>	57	<i>levocetirizine oral tablet</i>	60	<i>lindane topical shampoo</i>	46
<i>larissia</i>	57	<i>levofloxacin in d5w</i>	25	<i>linezolid-0.9% sodium chloride</i>	24
<i>latanoprost</i>	59	<i>levofloxacin intravenous</i>	25	<i>linezolid in dextrose 5%</i>	24
LATUDA ORAL TABLET 80 MG	39	<i>levofloxacin oral solution</i>	25	<i>linezolid oral suspension</i>	
LATUDA ORAL TABLET		<i>levofloxacin oral tablet</i>	25	<i>for reconstitution</i>	24
120 MG, 20 MG, 40 MG, 60 MG	39	<i>levonest (28)</i>	57	<i>linezolid oral tablet</i>	24
<i>layolis fe</i>	57	<i>levonorgestrel-ethinyl estrad</i>		LINZESS	52
<i>leena 28</i>	57	<i>oral tablet 0.1-20 mg-mcg,</i>		<i>liothyronine oral</i>	51
<i>leflunomide</i>	55	<i>90-20 mcg (28)</i>	57	<i>lisinopril</i>	41
LENVIMA ORAL CAPSULE		<i>levonorgestrel-ethinyl estrad</i>		<i>lisinopril-hydrochlorothiazide</i>	41
10 MG/DAY (10 MG X 1), 4 MG	29	<i>oral tablet 0.15-0.03 mg</i>	57	<i>lithium carbonate</i>	39
LENVIMA ORAL CAPSULE		<i>levonorgestrel-ethinyl estrad</i>		LIVALO	43
12 MG/DAY (4 MG X 3), 18 MG/DAY		<i>oral tablets,dose pack,3 month</i>	57	<i>l norgest/e.estradiol-e.estrad</i>	
(10 MG X 1-4 MG X2), 24 MG/DAY		<i>levonorg-eth estrad triphasic</i>	57	<i>oral tablets,dose pack,3 month</i>	
(10 MG X 2-4 MG X 1)	29	<i>levora-28</i>	57	<i>0.10 mg-20 mcg (84)/10 mcg (7)</i>	56
LENVIMA ORAL CAPSULE		LEVO-T	51	<i>l norgest/e.estradiol-e.estrad</i>	
14 MG/DAY(10 MG X 1-4 MG X 1),		<i>levothyroxine oral tablet</i>	51	<i>oral tablets,dose pack,3 month</i>	
20 MG/DAY (10 MG X 2),		LEVOXYL ORAL TABLET		<i>0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	56
8 MG/DAY (4 MG X 2)	29	100 MCG, 112 MCG, 125 MCG,		<i>l norgest/e.estradiol-e.estrad</i>	
<i>lessina</i>	57	137 MCG, 150 MCG, 175 MCG,		<i>oral tablets,dose pack,3 month</i>	
<i>letrozole</i>	29	200 MCG, 25 MCG, 50 MCG,		<i>0.15 mg-30 mcg (84)/10 mcg (7)</i>	56
<i>leucovorin calcium injection</i>	26	75 MCG, 88 MCG	51	<i>lojaimiess</i>	57
<i>leucovorin calcium oral tablet 5 mg</i>	26	LEXIVA ORAL SUSPENSION	21	LONSURF ORAL	
<i>leucovorin calcium oral tablet</i>		LIBTAYO	29	TABLET 15-6.14 MG	29
<i>10 mg, 15 mg, 25 mg</i>	26	<i>lidocaine hcl injection solution</i>	44	LONSURF ORAL	
LEUKERAN	29	<i>lidocaine hcl laryngotracheal</i>	44	TABLET 20-8.19 MG	29
<i>leuprolide subcutaneous kit</i>	29	<i>lidocaine hcl mucous</i>		<i>loperamide oral capsule</i>	51
LEVEMIR FLEXTOUCH		<i>membrane jelly</i>	44	<i>lopinavir-ritonavir oral solution</i>	21
U-100 INSULN	49	<i>lidocaine hcl mucous</i>		<i>lopinavir-ritonavir</i>	
LEVEMIR U-100 INSULIN	49	<i>membrane jelly in applicator</i>	44	<i>oral tablet 100-25 mg</i>	21
<i>levetiracetam in nacl (iso-os)</i>	33	<i>lidocaine hcl mucous</i>		<i>lopinavir-ritonavir</i>	
<i>levetiracetam intravenous</i>	33	<i>membrane solution 2%</i>	44	<i>oral tablet 200-50 mg</i>	21
<i>levetiracetam oral solution</i>	33	<i>lidocaine hcl mucous membrane</i>		<i>lorazepam injection solution</i>	39
<i>levetiracetam oral tablet</i>	33	<i>solution 4% (40 mg/ml)</i>	44	<i>lorazepam injection</i>	
<i>levetiracetam oral tablet</i>		<i>lidocaine (pf) injection solution</i>	44	<i>syringe 2 mg/ml</i>	39
<i>extended release 24 hr</i>	33	<i>lidocaine (pf) intravenous syringe</i>	40	<i>lorazepam intensol</i>	39
<i>levobunolol ophthalmic</i>		<i>lidocaine-prilocaine topical cream</i>	44	<i>lorazepam oral concentrate</i>	39
<i>(eye) drops 0.5%</i>	58	<i>lidocaine topical adhesive</i>		<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	39
<i>levocarnitine oral solution</i>		<i>patch,medicated 5%</i>	44	<i>lorazepam oral tablet 2 mg</i>	39
<i>100 mg/ml</i>	47	<i>lidocaine topical ointment</i>	44	LORBRENA ORAL TABLET 25 MG	29
<i>levocarnitine oral tablet</i>	47	<i>lidocaine viscous</i>	44		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
LORBRENA ORAL TABLET 100 MG	29	<i>magnesium sulfate injection</i>	62	<i>mesalamine oral capsule, extended release 24hr</i>	52
<i>loryna (28)</i>	57	<i>magnesium sulfate in water</i>	62	<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	52
<i>losartan</i>	41	<i>malathion</i>	46	<i>mesalamine rectal enema</i>	52
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	41	<i>maprotiline</i>	39	<i>mesalamine with cleansing wipe</i>	52
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	41	<i>marlissa (28)</i>	57	<i>mesna</i>	26
LOTEMAX	59	MARPLAN	39	MESNEX ORAL	26
LOTEMAX SM	59	MARQIBO	29	<i>metaproterenol oral syrup</i>	61
<i>lovastatin oral tablet 10 mg</i>	43	MATULANE	29	<i>metformin oral solution</i>	49
<i>lovastatin oral tablet 20 mg, 40 mg</i>	43	<i>matzim la</i>	41	<i>metformin oral tablet 1,000 mg</i>	49
<i>low-ogestrel (28)</i>	57	MAVYRET ORAL TABLET	21	<i>metformin oral tablet 500 mg</i>	49
<i>loxapine succinate</i>	39	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	52	<i>metformin oral tablet 850 mg</i>	49
<i>lo-zumandimine (28)</i>	57	<i>medroxyprogesterone intramuscular</i>	55	<i>metformin oral tablet extended release 24hr 1,000 mg</i>	49
LUMAKRAS	29	<i>medroxyprogesterone oral</i>	55	<i>metformin oral tablet extended release 24 hr 500 mg (generic for glucophage xr)</i>	49
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	59	<i>mefloquine</i>	24	<i>metformin oral tablet extended release 24 hr 750 mg (generic for glucophage xr)</i>	49
LUMIZYME	50	<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	29	<i>methadone injection solution</i>	36
LUMOXITI	29	<i>megestrol oral tablet</i>	29	<i>methadone intensol</i>	36
LUPRON DEPOT	29	MEKINIST ORAL TABLET 0.5 MG	29	<i>methadone oral concentrate</i>	36
LUPRON DEPOT (3 MONTH)	29	MEKINIST ORAL TABLET 2 MG	29	<i>methadone oral solution 5 mg/5 ml</i>	36
LUPRON DEPOT (4 MONTH)	29	MEKTOVI	29	<i>methadone oral solution 10 mg/5 ml</i>	36
LUPRON DEPOT (6 MONTH)	29	<i>meloxicam oral tablet 7.5 mg</i>	37	<i>methadone oral tablet 5 mg</i>	36
LUPRON DEPOT-PED	29	<i>meloxicam oral tablet 15 mg</i>	37	<i>methadone oral tablet 10 mg</i>	36
LUPRON DEPOT-PED (3 MONTH)	29	<i>melphalan hcl</i>	29	<i>methazolamide</i>	59
<i>lutea (28)</i>	57	<i>memantine oral capsule, sprinkle,er 24hr</i>	35	<i>methenamine hippurate</i>	25
LYBALVI	39	<i>memantine oral solution</i>	35	<i>methimazole oral tablet 10 mg, 5 mg</i>	48
LYNPARZA	29	<i>memantine oral tablet 5 mg</i>	35	<i>methocarbamol oral</i>	35
LYSODREN	29	<i>memantine oral tablet 10 mg</i>	35	<i>methotrexate sodium injection</i>	29
LYUMJEV KWIKPEN U-100 INSULIN	49	<i>memantine oral tablets,dose pack</i>	35	<i>methotrexate sodium oral</i>	29
LYUMJEV KWIKPEN U-200 INSULIN	49	MENACTRA (PF) INTRAMUSCULAR SOLUTION	53	<i>methotrexate sodium (pf)</i>	29
LYUMJEV U-100 INSULIN	49	MENQUADFI (PF)	53	<i>methoxsalen</i>	44
<i>lyza</i>	55	MENVEO A-C-Y-W-135-DIP (PF)	53	<i>methylidopa</i>	41
M		<i>mercaptopurine</i>	29	<i>methylphenidate hcl oral tablet</i>	39
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	62	<i>meropenem</i>	24	<i>methylphenidate hcl oral tablet extended release</i>	39
		MEROPENEM-0.9% SODIUM CHLORIDE	24		
		<i>merzee</i>	57		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	39	<i>mitoxantrone</i>	29	<i>mupirocin calcium</i>	45
<i>methylprednisolone</i>	48	M-M-R II (PF)	53	MVASI	29
<i>methylprednisolone acetate</i>	48	<i>modafinil oral tablet 100 mg</i>	39	<i>mycophenolate mofetil (hcl)</i>	29
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	48	<i>modafinil oral tablet 200 mg</i>	39	<i>mycophenolate mofetil oral capsule</i>	29
<i>methylprednisolone sodium succ intravenous</i>	48	<i>moexipril</i>	41	<i>mycophenolate mofetil oral suspension for reconstitution</i>	30
<i>metoclopramide hcl oral solution</i>	52	<i>molindone</i>	39	<i>mycophenolate mofetil oral tablet</i>	30
<i>metoclopramide hcl oral tablet</i>	52	<i>mometasone topical</i>	46	<i>mycophenolate sodium</i>	30
<i>metolazone</i>	41	MONJUVI	29	MYLOTARG	30
<i>metoprolol succinate</i>	41	<i>mono-lynyah</i>	57	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	61
<i>metoprolol ta-hydrochlorothiaz</i>	41	<i>montelukast oral granules in packet</i>	61		
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	41	<i>montelukast oral tablet</i>	61	N	
<i>metro i.v.</i>	24	<i>montelukast oral tablet, chewable</i>	61	<i>nabumetone</i>	37
<i>metronidazole in nacl (iso-os)</i>	24	<i>morphine concentrate oral solution</i>	36	<i>nadolol</i>	41
<i>metronidazole oral tablet</i>	24	<i>morphine injection solution 8 mg/ml</i>	36	<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	41
<i>metronidazole topical</i>	45	MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	36	<i>nafacillin</i>	25
<i>metronidazole vaginal</i>	55	MORPHINE INJECTION SYRINGE 2 MG/ML	36	<i>nafacillin in dextrose iso-osm</i>	25
<i>metyrosine</i>	41	<i>morphine injection syringe 4 mg/ml</i>	36	NAGLAZYME	50
<i>mexiletine</i>	40	MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	36	<i>naloxone injection solution</i>	37
<i>mibelas 24 fe</i>	57	<i>morphine intravenous solution 10 mg/ml</i>	36	<i>naloxone injection syringe 1 mg/ml</i>	37
<i>microgestin 1.5/30 (21)</i>	57	<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	36	<i>naltrexone</i>	37
<i>microgestin 1/20 (21)</i>	57	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	36	NAMZARIC	35
<i>microgestin fe 1.5/30 (28)</i>	57	<i>morphine oral solution</i>	36	<i>naproxen oral suspension</i>	37
<i>microgestin fe 1/20 (28)</i>	57	MORPHINE ORAL TABLET	36	<i>naproxen oral tablet</i>	37
<i>midodrine</i>	47	<i>morphine oral tablet extended release</i>	36	<i>naproxen oral tablet, delayed release (dr/ec)</i>	37
<i>miglustat</i>	50	<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	36	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	37
<i>mili</i>	57	MOVANTIK	52	<i>naratriptan</i>	34
MINITRAN	43	<i>moxifloxacin ophthalmic (eye)</i>	58	NARCAN	37
<i>minocycline oral capsule</i>	25	<i>moxifloxacin oral</i>	25	NATACYN	58
<i>minoxidil oral</i>	41	MOXIFLOXACIN-SOD. ACE, SUL-WATER	25	<i>nateglinide oral tablet 60 mg</i>	49
<i>mirtazapine oral tablet</i>	39	<i>moxifloxacin-sod.chloride(iso)</i>	25	<i>nateglinide oral tablet 120 mg</i>	49
<i>mirtazapine oral tablet, disintegrating</i>	39	MOZOBIL	53	NATPARA	50
<i>misoprostol</i>	52	<i>mupirocin</i>	45	NAYZILAM	33
MITIGARE	54			<i>neбиволол</i>	41
<i>mitomycin intravenous</i>	29			<i>necon 0.5/35 (28)</i>	57
				NEEDLES, INSULIN DISP.,SAFETY	49
				<i>nefazodone</i>	39

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>neomycin</i>	24	<i>nitroglycerin intravenous</i>	43	NUPLAZID ORAL TABLET 10 MG ..	39
<i>neomycin-bacitracin-poly-hc</i>	59	<i>nitroglycerin sublingual</i>	43	NUZYRA INTRAVENOUS	25
<i>neomycin-bacitracin-polymyxin</i>	58	<i>nitroglycerin transdermal patch 24 hour</i>	43	NUZYRA ORAL	25
<i>neomycin-polymyxin b-dexameth</i> ..	59	<i>nitroglycerin translingual</i>	43	<i>nyamyc</i>	45
<i>neomycin-polymyxin b gu</i>	46	NIVESTYM	53	<i>nylia 7/7/7 (28)</i>	57
<i>neomycin-polymyxin-gramicidin</i> ..	58	<i>nora-be</i>	55	<i>nymyo</i>	57
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	59	<i>noreth-ethinyl estradiol-iron</i>	57	<i>nystatin oral suspension</i>	20
<i>neomycin-polymyxin-hc otic (ear)</i> ..	47	<i>norethindrone acetate</i>	55	<i>nystatin oral tablet</i>	20
<i>neo-polycin</i>	58	<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	57	<i>nystatin topical cream</i>	45
<i>neo-polycin hc</i>	59	<i>norethindrone (contraceptive)</i>	55	<i>nystatin topical ointment</i>	45
NERLYNX	30	<i>norethindrone-e.estradiol-iron oral capsule</i>	57	<i>nystatin topical powder</i>	45
NEUPRO	34	<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> ..	57	<i>nystatin-triamcinolone</i>	45
<i>nevirapine oral suspension</i>	21	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i> ..	57	<i>nystop</i>	45
<i>nevirapine oral tablet</i>	21	<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	57	O	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	21	NORTHERA ORAL CAPSULE 100 MG	47	OCALIVA	52
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	21	NORTHERA ORAL CAPSULE 200 MG, 300 MG	47	<i>ocella</i>	57
NEXAVAR	30	<i>nortrel 0.5/35 (28)</i>	57	OCREVUS	35
<i>niacin oral tablet extended release 24 hr</i>	43	<i>nortrel 1/35 (21)</i>	57	<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	30
<i>nicardipine intravenous solution</i> ..	41	<i>nortrel 1/35 (28)</i>	57	<i>octreotide acetate injection solution 50 mcg/ml</i>	30
<i>nicardipine oral</i>	41	<i>nortrel 7/7/7 (28)</i>	57	ODEFSEY	21
NICOTROL	47	<i>nortriptyline</i>	39	ODOMZO	30
<i>nifedipine oral tablet extended release</i>	41	NORVIR ORAL POWDER IN PACKET	21	OFEV	61
<i>nifedipine oral tablet extended release 24hr</i>	41	NORVIR ORAL SOLUTION	21	<i>ofloxacin ophthalmic (eye)</i>	58
<i>nikki (28)</i>	57	NOVOFINE PEN NEEDLE	49	OGIVRI	30
<i>nilutamide</i>	30	NOVOTWIST PEN NEEDLE	49	<i>olanzapine intramuscular</i>	39
<i>nimodipine</i>	41	NUBEQA	30	<i>olanzapine oral tablet</i>	39
NINLARO	30	NUEDEXTA	35	<i>olanzapine oral tablet, disintegrating</i>	39
NIPENT	30	NULOJIX	30	<i>olmesartan</i>	41
<i>nitazoxanide</i>	24	NUPLAZID ORAL CAPSULE	39	<i>olmesartan-hydrochlorothiazide</i> ..	41
<i>nitisinone</i>	47			<i>olopatadine ophthalmic (eye)</i>	59
<i>nitrofurantoin</i>	25			<i>omeprazole oral capsule, delayed release(dr/ec)</i>	52
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	26			OMNIPOD 5 PACK	49
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	26			OMNIPOD DASH 5 PACK	49
<i>nitrofurantoin monohyd/m-cryst</i> ..	26			OMNIPOD STARTER KIT	49

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>ondansetron</i>	52	<i>oxycodone oral tablet</i>		<i>penicillin v potassium</i>	25
<i>ondansetron hcl intravenous</i>	52	<i>10 mg, 15 mg, 20 mg, 30 mg</i>	36	PENTACEL (PF)	
ONDANSETRON HCL		<i>oxymorphone oral tablet</i>		INTRAMUSCULAR KIT 15LF-	
ORAL SOLUTION.....	52	<i>extended release 12 hr</i>	36	48MCG-62DU -10 MCG/0.5ML.....	53
<i>ondansetron hcl oral tablet</i>	52	OZEMPIC SUBCUTANEOUS		PENTAM.....	24
<i>ondansetron hcl (pf)</i>	52	PEN INJECTOR 0.25 MG OR		<i>pentamidine inhalation</i>	24
ONIVYDE.....	30	0.5 MG(2 MG/1.5 ML).....	49	<i>pentamidine injection</i>	24
ONUREG.....	30	OZEMPIC SUBCUTANEOUS		PENTASA.....	52
OPDIVO.....	30	PEN INJECTOR 1 MG/DOSE		<i>pentoxifylline</i>	43
OPSUMIT.....	61	(2 MG/1.5 ML), 1 MG/DOSE		PERFOROMIST.....	61
<i>oralone</i>	47	(4 MG/3 ML).....	50	PERIKABIVEN.....	63
ORENCIA CLICKJECT.....	55	P		<i>perindopril erbumine</i>	42
ORENCIA SUBCUTANEOUS		<i>pacerone oral tablet</i>		PERJETA.....	30
SYRINGE 50 MG/0.4 ML.....	55	<i>100 mg, 200 mg, 400 mg</i>	40	<i>permethrin</i>	46
ORENCIA SUBCUTANEOUS		<i>paclitaxel</i>	30	<i>perphenazine</i>	39
SYRINGE 87.5 MG/0.7 ML.....	55	PADCEV.....	30	<i>perphenazine-amitriptyline</i>	39
ORENCIA SUBCUTANEOUS		<i>paliperidone oral tablet extended</i>		PERSERIS.....	39
SYRINGE 125 MG/ML.....	55	<i>release 24hr 1.5 mg, 3 mg, 9 mg</i> ...	39	<i>pfizerpen-g</i>	25
ORGOVYX.....	30	<i>paliperidone oral tablet</i>		<i>phenelzine</i>	39
ORKAMBI ORAL		<i>extended release 24hr 6 mg</i>	39	<i>phenobarbital oral elixir</i>	33
GRANULES IN PACKET.....	61	<i>pamidronate intravenous solution</i> ...	51	<i>phenobarbital oral tablet</i>	33
ORKAMBI ORAL TABLET.....	61	PANRETIN.....	44	<i>phenobarbital sodium</i>	
<i>orsythia</i>	57	<i>pantoprazole oral tablet,</i>		<i>injection solution</i>	33
<i>oseltamivir oral capsule</i>	21	<i>delayed release (dr/ec) 20 mg</i>	53	<i>phenytoin oral suspension</i>	33
<i>oseltamivir oral suspension</i>		<i>pantoprazole oral tablet,</i>		<i>phenytoin oral tablet, chewable</i>	33
<i>for reconstitution</i>	21	<i>delayed release (dr/ec) 40 mg</i>	53	<i>phenytoin sodium extended</i>	33
<i>oxacillin injection</i>	25	<i>paricalcitol oral</i>	51	<i>phenytoin sodium</i>	
<i>oxaliplatin</i>	30	<i>parox oral rinse</i>	47	<i>intravenous solution</i>	33
<i>oxandrolone oral tablet 2.5 mg</i>	50	<i>paromomycin</i>	24	PHESGO.....	30
<i>oxandrolone oral tablet 10 mg</i>	50	<i>paroxetine hcl oral suspension</i>	39	<i>philith</i>	57
<i>oxaprozin</i>	37	<i>paroxetine hcl oral tablet</i>	39	PHOSLYRA.....	62
<i>oxcarbazepine oral suspension</i>	33	PASER.....	24	PICATO.....	44
<i>oxcarbazepine oral tablet</i>	33	PAXIL ORAL SUSPENSION.....	39	PIFELTRO.....	21
OXERVATE.....	59	PEDIARIX (PF).....	53	<i>pilocarpine hcl ophthalmic</i>	
<i>oxybutynin chloride oral syrup</i>	61	PEDVAX HIB (PF).....	53	<i>(eye) drops 1%, 2%, 4%</i>	59
<i>oxybutynin chloride oral tablet</i>	61	<i>peg 3350-electrolytes oral recon</i>		<i>pilocarpine hcl oral</i>	47
<i>oxybutynin chloride oral tablet</i>		<i>soln 236-22.74-6.74 -5.86 gram</i> ...	52	<i>pimozide</i>	39
<i>extended release 24hr</i>	61	<i>peg-electrolyte</i>	52	<i>pimtrea (28)</i>	57
<i>oxycodone-acetaminophen oral</i>		PEMAZYRE.....	30	<i>pindolol</i>	42
<i>tablet 10-325 mg, 2.5-325 mg,</i>		<i>penicillamine</i>	55	<i>pioglitazone</i>	50
<i>5-325 mg, 7.5-325 mg</i>	36	<i>penicillin g potassium</i>	25	<i>pioglitazone-metformin</i>	50
<i>oxycodone oral tablet 5 mg</i>	36				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	25	<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i>	62	<i>pregabalin oral solution</i>	33
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	25	<i>potassium chloride intravenous</i>	62	PREMARIN INJECTION	55
PIQRAY	30	<i>potassium chloride in water intravenous piggyback</i>	62	PREMARIN ORAL	55
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	57	<i>potassium chloride oral capsule, extended release</i>	62	PREMARIN VAGINAL	55
<i>pirmella oral tablet 1-35 mg-mcg</i>	57	<i>potassium chloride oral liquid</i>	62	PREMASOL 10%	63
PLENAMINE	63	<i>potassium chloride oral packet</i>	62	PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	55
PLENVU	52	<i>potassium chloride oral tablet, er particles/crystals</i>	62	PRENATAL VITAMIN ORAL TABLET	63
<i>podofilox</i>	44	<i>potassium chloride oral tablet extended release</i>	62	<i>prevalite oral powder</i>	43
POLIVY	30	<i>potassium citrate</i>	61	PREVALITE ORAL POWDER IN PACKET	43
<i>polycin</i>	58	POTELIGEO	30	<i>previfem</i>	57
<i>polymyxin b sulf-trimethoprim</i>	58	<i>pramipexole oral tablet</i>	34	PREVYMIS ORAL	21
POMALYST	30	<i>prasugrel</i>	43	PREZCOBIX	21
<i>portia 28</i>	57	<i>pravastatin</i>	43	PREZISTA ORAL SUSPENSION	21
PORTRAZZA	30	<i>praziquantel</i>	24	PREZISTA ORAL TABLET 75 MG	21
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	20	<i>prazosin</i>	42	PREZISTA ORAL TABLET 150 MG	21
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	62	<i>prednicarbate topical ointment</i>	46	PREZISTA ORAL TABLET 600 MG	21
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	62	<i>prednisolone acetate</i>	59	PREZISTA ORAL TABLET 800 MG	21
<i>potassium chloride-0.45% nacl</i>	62	<i>prednisolone oral solution</i>	48	PRIFTIN	24
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	62	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	59	PRIMAQUINE	24
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	62	<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>	48	<i>primidone</i>	33
POTASSIUM CHLORIDE-D5-0.9%NACL	62	<i>prednisone intensol</i>	48	<i>probenecid</i>	54
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	62	<i>prednisone oral solution</i>	48	<i>probenecid-colchicine</i>	54
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	62	<i>prednisone oral tablet</i>	48	PROCALAMINE 3%	63
		<i>prednisone oral tablets, dose pack 5 mg, 5 mg (48 pack)</i>	48	<i>prochlorperazine</i>	52
		<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack)</i>	48	<i>prochlorperazine edisylate</i>	52
		<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	33	<i>prochlorperazine maleate oral</i>	52
		<i>pregabalin oral capsule 225 mg, 300 mg</i>	33	PROCRT	53
				<i>procto-med hc</i>	52
				<i>procto-pak</i>	52
				<i>proctosol hc topical</i>	52
				<i>proctozone-hc</i>	52
				<i>progesterone micronized</i>	55
				PROGLYCEM	50
				PROGRAF ORAL GRANULES IN PACKET	30
				PROLASTIN-C INTRAVENOUS RECON SOLN	47

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
PROLASTIN-C INTRAVENOUS SOLUTION	47	<i>quinapril-hydrochlorothiazide</i>	42	<i>rifampin</i>	24
PROLENSA	59	<i>quinidine sulfate oral tablet</i>	40	<i>riluzole</i>	47
PROLIA	54	<i>quinine sulfate</i>	24	<i>rimantadine</i>	21
PROMACTA ORAL POWDER IN PACKET 12.5 MG	43	R		<i>ringer's intravenous</i>	62
PROMACTA ORAL POWDER IN PACKET 25 MG	43	RABAVERT (PF)	53	<i>ringer's irrigation</i>	46
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	43	<i>raloxifene</i>	54	RINVOQ	55
PROMACTA ORAL TABLET 75 MG	43	<i>ramelteon</i>	39	RISPERDAL CONSTA	39
<i>promethazine oral syrup</i>	60	<i>ramipril</i>	42	<i>risperidone oral solution</i>	39
<i>promethazine oral tablet</i>	60	<i>ranolazine</i>	43	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	39
<i>propafenone</i>	40	<i>rasagiline</i>	34	<i>risperidone oral tablet 4 mg</i>	39
<i>propranolol-hydrochlorothiazid</i>	42	<i>reclipsen (28)</i>	57	<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	39
<i>propranolol oral capsule, extended release 24 hr</i>	42	RECOMBIVAX HB (PF)	53	<i>risperidone oral tablet, disintegrating 4 mg</i>	39
<i>propranolol oral solution</i>	42	RECTIV	52	<i>ritonavir</i>	22
<i>propranolol oral tablet</i>	42	<i>regonol</i>	35	<i>rivastigmine</i>	35
<i>propylthiouracil</i>	48	REGRANEX	44	<i>rivastigmine tartrate</i>	35
PROQUAD (PF)	53	RELISTOR SUBCUTANEOUS SOLUTION	52	<i>rivelsa</i>	57
PROSOL 20%	63	RELISTOR SUBCUTANEOUS SYRINGE	52	<i>rizatriptan</i>	34
<i>protriptyline</i>	39	REMICADE	52	ROCKLATAN	59
PULMOZYME	61	RENACIDIN	61	ROMIDEPSIN INTRAVENOUS SOLUTION	30
PURIXAN	30	<i>repaglinide oral tablet 0.5 mg</i>	50	<i>ropinirole oral tablet</i>	34
<i>pyrazinamide</i>	24	<i>repaglinide oral tablet 1 mg</i>	50	<i>rosadan topical cream</i>	45
<i>pyridostigmine bromide oral syrup</i>	35	<i>repaglinide oral tablet 2 mg</i>	50	<i>rosadan topical gel</i>	45
<i>pyridostigmine bromide oral tablet 60 mg</i>	35	REPATHA	43	<i>rosuvastatin</i>	43
<i>pyridostigmine bromide oral tablet extended release</i>	35	REPATHA PUSHTRONEX	43	ROTARIX	53
<i>pyrimethamine</i>	24	REPATHA SURECLICK	43	ROTATEQ VACCINE	53
Q		RESTASIS	59	<i>roweepra</i>	33
QINLOCK	30	RESTASIS MULTIDOSE	59	ROZLYTREK ORAL CAPSULE 100 MG	30
QUADRACEL (PF)	53	RETEVMO	30	ROZLYTREK ORAL CAPSULE 200 MG	30
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	39	RETROVIR INTRAVENOUS	21	RUBRACA	30
<i>quetiapine oral tablet 300 mg, 400 mg</i>	39	REVLIMID	30	<i>rufinamide</i>	34
<i>quinapril</i>	42	REXULTI	39	RUKOBIA	22
		REYATAZ ORAL POWDER IN PACKET	21	RUXIENCE	30
		RHOPRESSA	59	RYBELSUS	50
		<i>ribavirin oral capsule</i>	21	RYBREVANT	30
		<i>ribavirin oral tablet 200 mg</i>	21		
		<i>rifabutin</i>	24		

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
RYDAPT	30	SIMULECT	30	SPRYCEL ORAL TABLET	
RYLAZE	30	<i>simvastatin oral tablet</i>	43	100 MG, 140 MG, 50 MG, 80 MG	30
RYTARY	34	<i>sirolimus oral solution</i>	30	<i>sps (with sorbitol)</i>	47
S		<i>sirolimus oral tablet</i>	30	<i>sronyx</i>	58
<i>sajazir</i>	61	SIRTURO	24	SSD	44
SAMSCA ORAL TABLET 15 MG	51	SIVEXTRO INTRAVENOUS	24	STAMARIL (PF)	54
SAMSCA ORAL TABLET 30 MG	51	SIVEXTRO ORAL	24	<i>stavudine oral capsule</i>	22
SANCUSO	52	SKYRIZI SUBCUTANEOUS		STELARA INTRAVENOUS	44
SANDIMMUNE ORAL SOLUTION	30	PEN INJECTOR	44	STELARA SUBCUTANEOUS	
SANTYL	44	SKYRIZI SUBCUTANEOUS		SOLUTION	44
SAPHRIS	39	SYRINGE 150 MG/ML	44	STELARA SUBCUTANEOUS	
<i>sapropterin</i>	51	SKYRIZI SUBCUTANEOUS		SYRINGE 45 MG/0.5 ML	44
SARCLISA	30	SYRINGE KIT	44	STELARA SUBCUTANEOUS	
<i>scopolamine base</i>	52	<i>sodium bicarbonate intravenous</i>		SYRINGE 90 MG/ML	44
SECUADO	39	<i>syringe 10 meq/10 ml (8.4%), 7.5%</i>	62	STIVARGA	30
<i>selegiline hcl</i>	34	<i>(0.9 meq/ml), 8.4% (1 meq/ml)</i>	62	<i>streptomycin</i>	24
<i>selenium sulfide topical lotion</i>	43	<i>sodium chloride 0.9% intravenous</i>	47	STRIBILD	22
SELZENTRY ORAL SOLUTION	22	<i>sodium chloride 0.45%</i>		SUBOXONE SUBLINGUAL	
SELZENTRY ORAL		<i>intravenous parenteral solution</i>	62	FILM 2-0.5 MG	37
TABLET 25 MG	22	<i>sodium chloride 3%</i>	62	SUBOXONE SUBLINGUAL	
SELZENTRY ORAL		<i>sodium chloride 5%</i>	62	FILM 4-1 MG, 8-2 MG	37
TABLET 150 MG, 75 MG	22	<i>sodium chloride intravenous</i>	62	SUBOXONE SUBLINGUAL	
SELZENTRY ORAL		<i>sodium chloride irrigation</i>	47	FILM 12-3 MG	37
TABLET 300 MG	22	<i>sodium phenylbutyrate</i>	47	<i>subvenite</i>	34
SEREVENT DISKUS	61	<i>sodium polystyrene sulfonate</i>		<i>subvenite starter (blue) kit</i>	34
<i>sertraline oral concentrate</i>	39	<i>oral powder</i>	47	<i>subvenite starter (green) kit</i>	34
<i>sertraline oral tablet</i>	39	<i>solifenacin</i>	61	<i>subvenite starter (orange) kit</i>	34
<i>setlakin</i>	57	SOLQUA 100/33	50	<i>sucralfate oral tablet</i>	53
<i>sevelamer carbonate</i>		SOLTAMOX	30	<i>sulfacetamide-prednisolone</i>	59
<i>oral powder in packet</i>	47	SOLU-CORTEF ACT-O-VIAL (PF)	48	<i>sulfacetamide sodium (acne)</i>	45
<i>sevelamer carbonate oral tablet</i>	47	SOMATULINE DEPOT	30	<i>sulfacetamide sodium</i>	
<i>sharobel</i>	55	SOMAVERT	51	<i>ophthalmic (eye) drops</i>	59
SHINGRIX (PF)	53	<i>sorine</i>	40	<i>sulfadiazine</i>	25
SIGNIFOR	30	<i>sotalol af</i>	40	<i>sulfamethoxazole-trimethoprim</i>	
<i>sildenafil (pulmonary arterial</i>		<i>sotalol oral</i>	40	<i>intravenous</i>	25
<i>hypertension) oral tablet</i>	61	SOTYLIZE	40	<i>sulfamethoxazole-trimethoprim</i>	
<i>silver sulfadiazine</i>	44	<i>spironolactone</i>	42	<i>oral suspension</i>	25
SIMBRINZA	59	<i>spironolacton-hydrochlorothiaz</i>	42	<i>sulfamethoxazole-trimethoprim</i>	
<i>simliya (28)</i>	57	<i>sprintec (28)</i>	57	<i>oral tablet</i>	25
<i>simpesse</i>	57	SPRITAM	34	<i>sulfasalazine</i>	52
		SPRYCEL ORAL TABLET		<i>sulindac</i>	37
		20 MG, 70 MG	30	<i>sumatriptan nasal spray,</i>	
				<i>non-aerosol 5 mg/actuation</i>	34

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	34	TALZENNA ORAL CAPSULE 0.25 MG	31	TENIVAC (PF) INTRAMUSCULAR SYRINGE	54
<i>sumatriptan succinate oral</i>	34	TALZENNA ORAL CAPSULE 1 MG	31	<i>tenofovir disoproxil fumarate</i>	22
<i>sumatriptan succinate subcutaneous cartridge</i>	34	<i>tamoxifen</i>	31	TEPMETKO	31
<i>sumatriptan succinate subcutaneous pen injector</i>	34	<i>tamsulosin</i>	61	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	42
<i>sumatriptan succinate subcutaneous solution</i>	34	TARGRETIN TOPICAL	31	<i>terazosin oral capsule 10 mg</i>	42
<i>sunitinib</i>	31	<i>tarina 24 fe</i>	58	<i>terbinafine hcl oral</i>	20
SUPREP BOWEL PREP KIT	52	<i>tarina fe 1/20 (28)</i>	58	<i>terbutaline</i>	61
SUTAB	52	<i>tarina fe 1-20 eq (28)</i>	58	<i>terconazole</i>	55
SUTENT	31	TASIGNA ORAL CAPSULE 50 MG	31	TERIPARATIDE	54
<i>syeda</i>	58	TASIGNA ORAL CAPSULE 150 MG, 200 MG	31	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	51
SYMDEKO	61	<i>taysofy</i>	58	<i>testosterone enanthate</i>	51
SYMFI	22	<i>tazarotene topical cream</i>	45	<i>testosterone transdermal gel</i>	51
SYMFI LO	22	<i>tazicef</i>	23	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	51
SYMPAZAN	34	TAZORAC TOPICAL CREAM 0.05%	45	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	51
SYMTUZA	22	TAZORAC TOPICAL GEL	45	TETANUS,DIPHThERIA	
SYNAREL	51	<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	42	TOX PED(PF)	54
SYNERCID	24	TAZVERIK	31	<i>tetrabenazine oral tablet 12.5 mg</i>	35
SYNJARDY	50	TDVAX	54	<i>tetrabenazine oral tablet 25 mg</i>	35
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	50	TECENTRIQ	31	THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	31
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	50	TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	35	THALOMID ORAL CAPSULE 200 MG	31
SYNRIBO	31	TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	35	<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	61
SYNTHROID	51	TECFIDERA ORAL CAPSULE, DELAYED RELEAS (DR/EC) 240 MG	35	<i>theophylline oral tablet extended release 24 hr</i>	61
T		TECHLITE PEN NEEDLE	50	<i>thioridazine</i>	39
TABLOID	31	TEFLARO	23	<i>thiotepa</i>	31
TABRECTA	31	<i>telmisartan</i>	42	<i>thiothixene</i>	39
<i>tacrolimus oral</i>	31	<i>telmisartan-amlodipine</i>	42	<i>tiadylt er</i>	42
<i>tacrolimus topical</i>	44	<i>telmisartan-hydrochlorothiazid</i>	42	<i>tiagabine</i>	34
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	61	TEMIXYS	22	TIBSOVO	31
TAFINLAR	31	TEMODAR INTRAVENOUS	31	<i>tigecycline</i>	24
TAGRISSE	31	<i>temsirrolimus</i>	31	<i>tilia fe</i>	58
TALTZ SYRINGE	44				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>timolol maleate ophthalmic (eye) drops</i>	58	TRECTOR.....	24	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG.....	50
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	58	TRELEGY ELLIPTA.....	61	TRIKAFTA.....	61
<i>timolol maleate oral</i>	42	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION.....	31	<i>tri-legest fe</i>	58
<i>tis-u-sol pentalyte</i>	46	TRESIBA FLEXTOUCH U-100.....	50	<i>tri-lynyah</i>	58
TIVDAK.....	31	TRESIBA FLEXTOUCH U-200.....	50	<i>tri-lo-estarylla</i>	58
TIVICAY ORAL TABLET 10 MG.....	22	TRESIBA U-100 INSULIN.....	50	<i>tri-lo-marzia</i>	58
TIVICAY ORAL TABLET 25 MG, 50 MG.....	22	<i>tretinoin (antineoplastic)</i>	31	<i>tri-lo-milli</i>	58
TIVICAY PD.....	22	<i>tretinoin microspheres topical gel 0.1%</i>	45	<i>tri-lo-sprintec</i>	58
<i>tizanidine oral tablet</i>	35	<i>tretinoin microspheres topical gel with pump 0.1%</i>	45	<i>trimethoprim</i>	26
<i>tobramycin-dexamethasone</i>	59	<i>tretinoin topical cream 0.025%, 0.05%, 0.1%</i>	45	<i>tri-milli</i>	58
<i>tobramycin in 0.225% nacl</i>	24	<i>tretinoin topical topical gel 0.01%</i>	45	<i>trimipramine</i>	40
<i>tobramycin ophthalmic (eye)</i>	58	<i>tretinoin topical topical gel 0.025%, 0.05%</i>	45	TRINTELLIX.....	40
<i>tobramycin sulfate</i>	24	<i>triamcinolone acetonide dental</i>	47	<i>tri-nymyo</i>	58
<i>tolterodine oral tablet</i>	61	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	48	<i>tri-previfem (28)</i>	58
<i>tolvaptan oral tablet 30 mg</i>	51	<i>triamcinolone acetonide topical cream</i>	46	TRIPTODUR.....	31
<i>topiramate oral capsule, sprinkle</i>	34	<i>triamcinolone acetonide topical lotion</i>	46	<i>tri-sprintec (28)</i>	58
<i>topiramate oral tablet</i>	34	<i>triamcinolone acetonide topical ointment</i>	46	<i>tritocin</i>	46
<i>toposar</i>	31	<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	42	TRIUMEQ.....	22
<i>topotecan intravenous recon soln</i>	31	<i>triamterene-hydrochlorothiazid oral tablet</i>	42	<i>trivora (28)</i>	58
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	31	<i>triderm topical cream 0.1%</i>	46	<i>tri-vylibra</i>	58
<i>toremifene</i>	31	<i>trientine</i>	47	<i>tri-vylibra lo</i>	58
<i>torse mide oral</i>	42	<i>tri-estarylla</i>	58	TRODELVY.....	31
TOUJEO MAX U-300 SOLOSTAR.....	50	<i>tri femynor</i>	58	TROGARZO.....	22
TOUJEO SOLOSTAR U-300 INSULIN.....	50	<i>trifluoperazine oral tablet 1 mg</i>	40	TROPHAMINE 10%.....	63
TOVIAZ.....	61	<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	40	TRULICITY.....	50
TRADJENTA.....	50	<i>trifluridine</i>	58	TRUMENBA.....	54
<i>tramadol-acetaminophen</i>	37	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG.....	50	TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3).....	31
<i>tramadol oral tablet 50 mg</i>	37			TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1).....	31
<i>trandolapril</i>	42			TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2).....	31
<i>tranexamic acid oral</i>	55			TRUVADA.....	22
<i>tranylcypromine</i>	40			TRUXIMA.....	31
TRAVASOL 10%.....	63			TUKYSA ORAL TABLET 50 MG.....	31
<i>travoprost</i>	59			TUKYSA ORAL TABLET 150 MG.....	31
TRAZIMERA.....	31			TURALIO.....	31
<i>trazodone</i>	40			TWINRIX (PF).....	54
TREANDA.....	31				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
TYBLUME	58	<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	24	<i>verapamil oral tablet extended release</i>	42
<i>tydemy</i>	58	VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	24	VERQUVO	43
TYKERB	31	<i>vancomycin oral capsule 125 mg</i>	24	VERSACLOZ	40
TYMLOS	54	<i>vancomycin oral capsule 250 mg</i>	24	VERZENIO	32
TYPHIM VI	54	<i>vancomycin oral recon soln</i>	24	<i>vestura (28)</i>	58
TYSABRI	35	VANCOMYCIN-WATER INJECT (PEG)	24	V-GO 20	50
U		<i>vandazole</i>	55	V-GO 30	50
UKONIQ	31	VAQTA (PF)	54	V-GO 40	50
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	51	<i>varenciline</i>	47	VICTOZA 2-PAK	50
<i>unithroid oral tablet 137 mcg</i>	51	VARIVAX (PF)	54	VICTOZA 3-PAK	50
UNITUXIN	31	VARIZIG	54	<i>vienna</i>	58
UPTRAVI ORAL	42	VASCEPA	43	<i>vigabatrin</i>	34
<i>ursodiol oral capsule 300 mg</i>	52	VECTIBIX	31	<i>vigadrone</i>	34
<i>ursodiol oral tablet</i>	52	VELCADE	31	VIIBRYD ORAL TABLET	40
V		<i>velivet triphasic regimen (28)</i>	58	VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	40
<i>valacyclovir oral tablet 1 gram</i>	22	VELPHORO	47	VIMPAT INTRAVENOUS	34
<i>valacyclovir oral tablet 500 mg</i>	22	VELTASSA	47	VIMPAT ORAL SOLUTION	34
VALCHLOR	44	VEMLIDY	22	VIMPAT ORAL TABLET 50 MG	34
<i>valganciclovir</i>	22	<i>venclexta oral tablet 10 mg</i>	31	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	34
<i>valproate sodium</i>	34	<i>venclexta oral tablet 50 mg</i>	31	<i>vinblastine</i>	32
<i>valproic acid</i>	34	VENCLEXTA ORAL TABLET 100 MG	31	<i>vincasar pfs</i>	32
<i>valproic acid (as sodium salt)</i>	34	VENCLEXTA STARTING PACK	32	<i>vincristine</i>	32
<i>valrubicin</i>	31	<i>venlafaxine oral capsule, extended release 24hr</i>	40	<i>vinorelbine</i>	32
<i>valsartan-hydrochlorothiazide</i>	42	<i>venlafaxine oral tablet</i>	40	VIOKACE	52
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	42	VENTAVIS	61	<i>viorele (28)</i>	58
<i>valsartan oral tablet 320 mg</i>	42	VENTOLIN HFA	61	VIRACEPT ORAL TABLET 250 MG	22
VALTOCO	34	<i>verapamil intravenous solution</i>	42	VIRACEPT ORAL TABLET 625 MG	22
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	24	<i>verapamil oral capsule, 24 hr er pellet ct</i>	42	VIREAD ORAL POWDER	22
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	24	<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	42	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	22
VANCOMYCIN INJECTION	24	VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	42	VITRAKVI ORAL CAPSULE 25 MG	32
		<i>verapamil oral tablet</i>	42	VITRAKVI ORAL CAPSULE 100 MG	32
				VITRAKVI ORAL SOLUTION	32
				VIVITROL	37
				VIZIMPRO	32

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>volnea (28)</i>	58	XIAFLEX.....	47	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	52
<i>voriconazole intravenous</i>	20	XIFAXAN ORAL TABLET 550 MG ..	24	ZEPZELCA	32
<i>voriconazole oral suspension for reconstitution</i>	20	XOLAIR SUBCUTANEOUS RECON SOLN	61	ZERVIAE	59
<i>voriconazole oral tablet 50 mg</i>	20	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML.....	61	<i>zidovudine oral capsule</i>	22
<i>voriconazole oral tablet 200 mg</i>	20	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML.....	61	<i>zidovudine oral syrup</i>	22
VOSEVI	22	XOSPATA.....	32	<i>zidovudine oral tablet</i>	22
VOTRIENT.....	32	XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)....	32	ZIEXTENZO	53
VRAYLAR ORAL CAPSULE.....	40	XTAMPZA ER.....	36	<i>ziprasidone hcl</i>	40
VRAYLAR ORAL CAPSULE, DOSE PACK	40	XTANDI ORAL CAPSULE.....	32	<i>ziprasidone mesylate</i>	40
<i>vyfemla (28)</i>	58	XTANDI ORAL TABLET 40 MG	32	ZIRABEV	32
<i>vylibra</i>	58	XTANDI ORAL TABLET 80 MG	32	ZIRGAN	58
VYNDAMAX	43	XULTOPHY 100/3.6	50	ZOLADEX	32
VYNDAQEL.....	43	XYREM.....	40	<i>zoledronic acid intravenous solution</i>	51
VYXEOS.....	32			<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	51
W		Y		<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	47
<i>warfarin</i>	43	YERVOY.....	32	ZOLEDRONIC AC- MANNITOL-0.9NACL.....	51
<i>water for irrigation, sterile</i>	47	YF-VAX (PF)	54	ZOLINZA	32
WELIREG.....	32	YONDELIS.....	32	<i>zolpidem oral tablet</i>	40
<i>wera (28)</i>	58	<i>yuvaferm</i>	55	<i>zonisamide</i>	34
<i>wymzya fe</i>	58			ZORTRESS ORAL TABLET 1 MG ..	32
X		Z		ZOSTAVAX (PF).....	54
XALKORI	32	<i>zafirlukast</i>	61	<i>zovia 1-35 (28)</i>	58
XARELTO.....	43	<i>zaleplon oral capsule 5 mg</i>	40	<i>zovia 1/35e (28)</i>	58
XARELTO DVT-PE TREAT 30D START.....	43	<i>zaleplon oral capsule 10 mg</i>	40	ZTLIDO.....	44
XATMEP	32	ZALTRAP	32	ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG.....	37
XCOPRI	34	ZANOSAR	32	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	37
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	34	<i>zarah</i>	58		
XCOPRI TITRATION PACK	34	ZARXIO	53		
XELJANZ ORAL SOLUTION	55	ZEJULA	32		
XELJANZ ORAL TABLET	55	ZELBORAF	32		
XELJANZ XR	55				
XGEVA	26				

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
<i>zumandimine (28)</i>	58				
ZYDELIG	32				
ZYKADIA ORAL TABLET	32				
ZYNLONTA	32				
ZYPREXA RELPREVV	40				

Cigna Medicare

Prescription Drug Plans



Notice of Nondiscrimination: Discrimination is Against the Law

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-222-6700 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cigna – Grievance
PO Box 269005
Weston, FL 33326-9927
Phone: 1-800-222-6700 (TTY 711) Fax: 1-800-735-1469

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-222-6700 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711), 8 a.m. a 8 p.m, 7 días de la semana. Cigna® Rx (PDP) is a Medicare Prescription Drug plan (PDP) with a Medicare contract. Enrollment in Cigna depends on contract renewal.

© 2017 Cigna

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

Arabic - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-222-6700** (رقم هاتف الصم والبكم 711).

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

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

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

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

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

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

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

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

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

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



1-800-222-6700 (TTY 711)

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



CignaMedicare.com