



Blue Cross Complete of Michigan LLC is an independent licensee
of the Blue Cross and Blue Shield Association.

Maintenance Drug List

Effective February 1, 2025

The Maintenance Drug List is a list of medicines covered by your pharmacy benefit for up to a 102-day supply. The list includes prescription and non-prescription medicines.

The Maintenance Drug List is also online at mibluccrosscomplete.com/pharmacy. Or use our online search tool to find out if your medicine has a 102-day supply.

If you have questions, call Blue Cross Complete's Pharmacy Customer Service at **1-888-288-3231**. We're available from 8:30 a.m. to 6 p.m. Monday through Friday.

Encl: Nondiscrimination Notice and Language Services

WEB-012Rev020425

CURRENT AS OF 2/1/2025

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antidote Therapeutics		
Antidotes (91:04)		
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
Anti-Infective Agents		
Adamantane Antivirals		
amantadine hcl oral capsule	P	102 day supply allowed
amantadine hcl oral solution	P	102 day supply allowed
amantadine hcl oral tablet	NP	PA; 102 day supply allowed
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	NP	PA; 102 day supply allowed
Aminopenicillin Antibiotics		
amoxicillin oral capsule	F	102 day supply allowed
amoxicillin oral suspension reconstituted	F	102 day supply allowed
amoxicillin oral tablet	F	102 day supply allowed
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed
Natural Penicillin Antibiotics		
penicillin v potassium	F	102 day supply allowed
Nucleoside And Nucleotide Antivirals		
acyclovir external	P	102 day supply allowed
acyclovir oral	P	102 day supply allowed
famciclovir oral	P	102 day supply allowed
valacyclovir hcl oral	P	102 day supply allowed
VALTREX	NP	PA; 102 day supply allowed
XERESE	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Antineoplastic Agents		
Antineoplastic Agents		
DROXIA	F	102 day supply allowed
HYDREA	F	102 day supply allowed
hydroxyurea oral	F	102 day supply allowed
SIKLOS	F	102 day supply allowed; AL
Autonomic Drugs		
Alpha-Adrenergic Agonists		
clonidine	P	102 day supply allowed; QL
clonidine hcl er oral tablet extended release 24 hour	P	102 day supply allowed
clonidine hcl oral	P	102 day supply allowed
methyldopa oral	P	102 day supply allowed
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL
ATROVENT HFA	P	102 day supply allowed; QL
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL
ipratropium bromide inhalation	P	102 day supply allowed
ipratropium-albuterol	P	102 day supply allowed
LONHALA MAGNAIR REFILL KIT	NP	PA; 102 day supply allowed
LONHALA MAGNAIR STARTER KIT	NP	PA; 102 day supply allowed
SPIRIVA HANDIHALER	P	102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed
Antiparkinsonian Agents		
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	NP	PA; 102 day supply allowed
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
BYSTOLIC	P	102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
nebivolol hcl	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
MINIPRESS	NP	PA; 102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Selective Alpha-1-Adrenergic Block.Agent		
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	NP	PA; 102 day supply allowed; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL
arformoterol tartrate	NP	PA; 102 day supply allowed
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
BREYNA	NP	PA; 102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
BROVANA	NP	PA; 102 day supply allowed
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
formoterol fumarate inhalation	NP	PA; 102 day supply allowed
ipratropium-albuterol	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
SYMBICORT	P	102 day supply allowed; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
VENTOLIN HFA	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XOPENEX	NP	PA; 102 day supply allowed
XOPENEX CONCENTRATE	NP	PA; 102 day supply allowed
XOPENEX HFA	P	102 day supply allowed; QL
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral	NP	PA; 102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
LOPRESSOR ORAL	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Blood Formation, Coagulation, Thrombosis		
Anticoagulants, Miscellaneous		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
Coumarin Derivatives		
JANTOVEN	P	102 day supply allowed
warfarin sodium oral	P	102 day supply allowed
Direct Factor Xa Inhibitors		
ELIQUIS	P	102 day supply allowed; QL
SAVAYSA	NP	PA; 102 day supply allowed
XARELTO	P	102 day supply allowed; QL
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate	NP	PA; 102 day supply allowed; QL
PRADAXA ORAL CAPSULE	P	102 day supply allowed; QL
PRADAXA ORAL PACKET	NP	PA; 102 day supply allowed; AL
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	P	Specialty Drug; 102 day supply allowed
enoxaparin sodium injection solution prefilled syringe	P	Specialty Drug; 102 day supply allowed
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	PA; Specialty Drug; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; 102 day supply allowed
LOVENOX INJECTION	NP	PA; Specialty Drug; 102 day supply allowed
Indirect Factor Xa Inhibitors		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
BRILINTA	P	102 day supply allowed
clopidogrel bisulfate oral	P	102 day supply allowed; QL
dipyridamole oral	NP	PA; 102 day supply allowed
EFFIENT	NP	PA; 102 day supply allowed; AL
PLAVIX ORAL TABLET 75 MG	NP	PA; 102 day supply allowed; QL
prasugrel hcl	P	102 day supply allowed; AL
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	NP	PA; 102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
MINIPRESS	NP	PA; 102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
carvedilol phosphate er	P	102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
MINIPRESS	NP	PA; 102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Angiotensin Ii Receptor Antagon.(Hypotn)		
ATACAND	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed
BENICAR	NP	PA; 102 day supply allowed
candesartan cilexetil	NP	PA; 102 day supply allowed
COZAAR	NP	PA; 102 day supply allowed
DIOVAN	NP	PA; 102 day supply allowed
EDARBI	NP	PA; 102 day supply allowed
irbesartan	NP	PA; 102 day supply allowed
losartan potassium oral	P	102 day supply allowed
MICARDIS	NP	PA; 102 day supply allowed
olmesartan medoxomil oral	P	102 day supply allowed
telmisartan	NP	PA; 102 day supply allowed
valsartan oral solution	NP	PA; 102 day supply allowed
valsartan oral tablet	P	102 day supply allowed
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND	NP	PA; 102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed
AZOR	NP	PA; 102 day supply allowed
BENICAR	NP	PA; 102 day supply allowed
BENICAR HCT	NP	PA; 102 day supply allowed
candesartan cilexetil	NP	PA; 102 day supply allowed
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed
COZAAR	NP	PA; 102 day supply allowed
DIOVAN	NP	PA; 102 day supply allowed
DIOVAN HCT	NP	PA; 102 day supply allowed
EDARBI	NP	PA; 102 day supply allowed
EDARBYCLOR	NP	PA; 102 day supply allowed
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
EXFORGE	NP	PA; 102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
HYZAAR	NP	PA; 102 day supply allowed
irbesartan	NP	PA; 102 day supply allowed
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed
losartan potassium oral	P	102 day supply allowed
losartan potassium-hctz	P	102 day supply allowed
MICARDIS	NP	PA; 102 day supply allowed
MICARDIS HCT	NP	PA; 102 day supply allowed
olmesartan medoxomil oral	P	102 day supply allowed
olmesartan medoxomil-hctz	P	102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
telmisartan	NP	PA; 102 day supply allowed
telmisartan-amlodipine	NP	PA; 102 day supply allowed
telmisartan-hctz	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
valsartan oral solution	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
valsartan oral tablet	P	102 day supply allowed
valsartan-hydrochlorothiazide	P	102 day supply allowed
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed
enalapril maleate oral solution	NP	PA; 102 day supply allowed
enalapril maleate oral tablet	P	102 day supply allowed
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed
fosinopril sodium	NP	PA; 102 day supply allowed
lisinopril oral	P	102 day supply allowed
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed
moexipril hcl	NP	PA; 102 day supply allowed
perindopril erbumine	NP	PA; 102 day supply allowed
quinapril hcl	NP	PA; 102 day supply allowed
ramipril	P	102 day supply allowed
trandolapril	NP	PA; 102 day supply allowed
VASOTEC	NP	PA; 102 day supply allowed
ZESTRIL	NP	PA; 102 day supply allowed
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	NP	PA; 102 day supply allowed
ACCURETIC	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
amlodipine besy-benazepril hcl	P	102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed
enalapril maleate oral solution	NP	PA; 102 day supply allowed
enalapril maleate oral tablet	P	102 day supply allowed
enalapril-hydrochlorothiazide	P	102 day supply allowed
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed
fosinopril sodium	NP	PA; 102 day supply allowed
fosinopril sodium-hctz	NP	PA; 102 day supply allowed
lisinopril oral	P	102 day supply allowed
lisinopril-hydrochlorothiazide	P	102 day supply allowed
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed
moexipril hcl	NP	PA; 102 day supply allowed
perindopril erbumine	NP	PA; 102 day supply allowed
QBRELIS	NP	PA; 102 day supply allowed
quinapril hcl	NP	PA; 102 day supply allowed
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed
ramipril	P	102 day supply allowed
trandolapril	NP	PA; 102 day supply allowed
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed
VASERETIC	NP	PA; 102 day supply allowed
VASOTEC	NP	PA; 102 day supply allowed
ZESTORETIC	NP	PA; 102 day supply allowed
ZESTRIL	NP	PA; 102 day supply allowed
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
atenolol-chlorthalidone	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral	NP	PA; 102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
BYSTOLIC	P	102 day supply allowed
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
LOPRESSOR ORAL	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
MINIPRESS	NP	PA; 102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
propranolol-hctz	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENORETIC 100	NP	PA; 102 day supply allowed
TENORETIC 50	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Bile Acid Sequestrants		
cholestyramine light	P	102 day supply allowed
cholestyramine oral	P	102 day supply allowed
colesevelam hcl	NP	PA; 102 day supply allowed
COLESTID	NP	PA; 102 day supply allowed
COLESTID FLAVORED	NP	PA; 102 day supply allowed
colestipol hcl oral granules	NP	PA; 102 day supply allowed
colestipol hcl oral packet	NP	PA; 102 day supply allowed
colestipol hcl oral tablet	P	102 day supply allowed
PREVALITE	P	102 day supply allowed
QUESTRAN	NP	PA; 102 day supply allowed
QUESTRAN LIGHT ORAL POWDER	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Calcium-Channel Blocking Agents		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Calcium-Channel Blocking Agents, Misc.		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Central Alpha-Agonists		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
atenolol-chlorthalidone	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral	NP	PA; 102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
BYSTOLIC	P	102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
clonidine	P	102 day supply allowed; QL
clonidine hcl er oral tablet extended release 24 hour	P	102 day supply allowed
clonidine hcl oral	P	102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
guanfacine hcl oral	P	102 day supply allowed
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
LOPRESSOR ORAL	NP	PA; 102 day supply allowed
methyldopa oral	P	102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
nebivolol hcl	P	102 day supply allowed
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
propranolol-hctz	NP	PA; 102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENEX	P	102 day supply allowed
TENORETIC 100	NP	PA; 102 day supply allowed
TENORETIC 50	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Class II Antiarrhythmics		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral	NP	PA; 102 day supply allowed
BYSTOLIC	P	102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
LOPRESSOR ORAL	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Class Iii Antiarrhythmics		
BETAPACE AF	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
Class Iv Antiarrhythmics		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYL T ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Dihydropyridines		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
amlodipine besy-benazepril hcl	P	102 day supply allowed
amlodipine besylate oral	P	102 day supply allowed
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
AZOR	NP	PA; 102 day supply allowed
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
EXFORGE	NP	PA; 102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nisoldipine er	NP	PA; 102 day supply allowed
NORLIQVA	NP	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed
telmisartan-amlodipine	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
Dihydropyridines (Antihypertensive)		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
amlodipine besylate oral	P	102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nisoldipine er	NP	PA; 102 day supply allowed
NORLIQVA	NP	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed
Direct Vasodilators		
clonidine	P	102 day supply allowed; QL
clonidine hcl er oral tablet extended release 24 hour	P	102 day supply allowed
clonidine hcl oral	P	102 day supply allowed
guanfacine hcl oral	P	102 day supply allowed
methyldopa oral	P	102 day supply allowed
methyldopa-hydrochlorothiazide	NP	PA; 102 day supply allowed
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed
TENEX	P	102 day supply allowed
Hmg-Coa Reductase Inhibitors		
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
Nitrates And Nitrites		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	P	102 day supply allowed
CORGARD	NP	PA; 102 day supply allowed
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
LOPRESSOR ORAL	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	NP	PA; 102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Phosphodiesterase Type 5 Inhibitors		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
dipyridamole oral	NP	PA; 102 day supply allowed
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
Renin Inhibitors		
aliskiren fumarate	NP	PA; 102 day supply allowed
TEKTRNA	NP	PA; 102 day supply allowed
TEKTRNA HCT	NP	PA; 102 day supply allowed
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Sodium-Gluc (Sgl) Cotransporter Inhib		
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day supply allowed
Vasodilating Agents, Miscellaneous		
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
amlodipine besylate oral	P	102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
dipyridamole oral	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
levamlodipine maleate	NP	PA; 102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
NORLIQVA	NP	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TIAZAC	NP	PA; 102 day supply allowed
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed

Central Nervous System Agents

Adamantanes (Cns)

amantadine hcl oral capsule	P	102 day supply allowed
amantadine hcl oral solution	P	102 day supply allowed
amantadine hcl oral tablet	NP	PA; 102 day supply allowed
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	NP	PA; 102 day supply allowed

Adenosine A2a Receptor Antagonists

NOURIANZ	NP	PA; 102 day supply allowed
----------	----	----------------------------

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Anorexigenic Agents, Miscellaneous		
liraglutide	NP	PA; 102 day supply allowed; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
Antimigraine Agents, Miscellaneous		
HEMANGEOL	NP	PA; Specialty Drug; 102 day supply allowed
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
Anxiolytics, Sedatives, And Hypnotics, Misc		
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	P-PA	PA; 102 day supply allowed; QL; AL
AJOVY	P-PA	PA; 102 day supply allowed; QL; AL
EMGALITY	P-PA	PA; 102 day supply allowed; QL; AL
EMGALITY (300 MG DOSE)	P-PA	PA; 102 day supply allowed; QL; AL
NURTEC	P-PA	PA; 102 day supply allowed; QL; AL
QULIPTA	NP	PA; 102 day supply allowed; QL; AL
Catechol-O-Methyltransferase(Comt)Inhib.		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	PA; 102 day supply allowed
COMTAN	NP	PA; 102 day supply allowed
entacapone	P	102 day supply allowed
ONGENTYS	NP	PA; 102 day supply allowed
STALEVO 100	NP	PA; 102 day supply allowed
STALEVO 125	NP	PA; 102 day supply allowed
STALEVO 150	NP	PA; 102 day supply allowed
STALEVO 200	NP	PA; 102 day supply allowed
STALEVO 50	NP	PA; 102 day supply allowed
STALEVO 75	NP	PA; 102 day supply allowed
TASMAR ORAL TABLET 100 MG	NP	PA; 102 day supply allowed
tolcapone	NP	PA; 102 day supply allowed
Central Nervous System Agents, Misc.		
guanfacine hcl oral	P	102 day supply allowed
NOURIANZ	NP	PA; 102 day supply allowed
TENEX	P	102 day supply allowed
Dopamine Precursors		
carbidopa oral	NP	PA; 102 day supply allowed
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	P	102 day supply allowed
carbidopa-levodopa oral tablet	P	102 day supply allowed
carbidopa-levodopa oral tablet dispersible	NP	PA; 102 day supply allowed
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	PA; 102 day supply allowed
DHIVY ORAL TABLET 25-100 MG	NP	PA; 102 day supply allowed
DUOPA ENTERAL	NP	PA; 102 day supply allowed
INBRIJA	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LODOSYN	NP	PA; 102 day supply allowed
RYTARY	NP	PA; 102 day supply allowed
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NP	PA; 102 day supply allowed
STALEVO 100	NP	PA; 102 day supply allowed
STALEVO 125	NP	PA; 102 day supply allowed
STALEVO 150	NP	PA; 102 day supply allowed
STALEVO 200	NP	PA; 102 day supply allowed
STALEVO 50	NP	PA; 102 day supply allowed
STALEVO 75	NP	PA; 102 day supply allowed
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	NP	PA; 102 day supply allowed
PARLODEL ORAL CAPSULE	NP	PA; 102 day supply allowed
Monoamine Oxidase B Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Monoamine Oxidase Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Nonergot-Deriv. Dopamine Receptor Agonist		
NEUPRO	NP	PA; 102 day supply allowed; QL
pramipexole dihydrochloride	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	NP	PA; 102 day supply allowed
ropinirole hcl	P	102 day supply allowed
ropinirole hcl er	NP	PA; 102 day supply allowed
Salicylates		
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
Diagnostic Agents		
Cardiac Function		
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
dipyridamole oral	NP	PA; 102 day supply allowed
Electrolytic, Caloric, And Water Balance		
Phosphate-Removing Agents		
AURYXIA	NP	PA; 102 day supply allowed
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed
lanthanum carbonate	NP	PA; 102 day supply allowed
PHOSLYRA	NP	PA; 102 day supply allowed
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
VELPHORO	NP	PA; 102 day supply allowed
XPHOZAH	NP	PA; 102 Day Supply Allowed
Potassium-Removing Agents		
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed
PHOSLYRA	NP	PA; 102 day supply allowed
Thiazide Diuretics		
ACCURETIC	NP	PA; 102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
BENICAR HCT	NP	PA; 102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed
DIOVAN HCT	NP	PA; 102 day supply allowed
EDARBYCLOR	NP	PA; 102 day supply allowed
enalapril-hydrochlorothiazide	P	102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
fosinopril sodium-hctz	NP	PA; 102 day supply allowed
HYZAAR	NP	PA; 102 day supply allowed
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed
lisinopril-hydrochlorothiazide	P	102 day supply allowed
losartan potassium-hctz	P	102 day supply allowed
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed
methyldopa-hydrochlorothiazide	NP	PA; 102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
MICARDIS HCT	NP	PA; 102 day supply allowed
olmesartan medoxomil-hctz	P	102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
propranolol-hctz	NP	PA; 102 day supply allowed
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TEKTURN HCT	NP	PA; 102 day supply allowed
telmisartan-hctz	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
valsartan-hydrochlorothiazide	P	102 day supply allowed
VASERETIC	NP	PA; 102 day supply allowed
ZESTORETIC	NP	PA; 102 day supply allowed
Thiazide-Like Diuretics		
atenolol-chlorthalidone	P	102 day supply allowed
TENORETIC 100	NP	PA; 102 day supply allowed
TENORETIC 50	NP	PA; 102 day supply allowed
Enzymes		
Enzymes		
CREON	P-PA	PA; 102 day supply allowed
PERTZYE	NP	PA; 102 day supply allowed
VIOKACE	NP	PA; 102 day supply allowed
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P-PA	PA; 102 day supply allowed
Eye, Ear, Nose And Throat (Eent) Preps.		
Corticosteroids (Eent)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AIRSUPRA	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act	P	102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	P	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL

Gastrointestinal Drugs

Antiulcer Agents And Acid Suppressants

amoxicillin oral capsule	F	102 day supply allowed
amoxicillin oral suspension reconstituted	F	102 day supply allowed
amoxicillin oral tablet	F	102 day supply allowed
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed

Cholelitholytic Agents

RELTONE	NP	PA; 102 day supply allowed
---------	----	----------------------------

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
URSO 250	NP	PA; 102 day supply allowed
URSO FORTE	NP	PA; 102 day supply allowed
ursodiol oral capsule 300 mg	P	102 day supply allowed
ursodiol oral capsule 400 mg	NP	PA; 102 day supply allowed
ursodiol oral tablet	P	102 day supply allowed
Digestants		
CREON	P-PA	PA; 102 day supply allowed
PERTZYE	NP	PA; 102 day supply allowed
VIOKACE	NP	PA; 102 day supply allowed
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P-PA	PA; 102 day supply allowed
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BREYNA	NP	PA; 102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act	P	102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	P	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
SYMBICORT	P	102 day supply allowed; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
Alpha-Glucosidase Inhibitors		
acarbose oral	P	102 day supply allowed
miglitol	P	102 day supply allowed
PRECOSE	NP	PA; 102 day supply allowed
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Antigonadotropins		
ECONTRA EZ	F	12 month supply allowed; OTC
MY WAY	F	12 month supply allowed; OTC
OPCICON ONE-STEP	F	12 month supply allowed; OTC
Biguanides		
ACTOPLUS MET	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUMETZA	NP	PA; 102 day supply allowed
glyburide-metformin	P	102 day supply allowed
INVOKAMET	NP	PA; 102 day supply allowed
INVOKAMET XR	NP	PA; 102 day supply allowed
JANUMET	P	102 day supply allowed; QL
JANUMET XR	P	102 day supply allowed
JENTADUETO	P	102 day supply allowed
JENTADUETO XR	NP	PA; 102 day supply allowed
KAZANO	NP	PA; 102 day supply allowed
KOMBIGLYZE XR	NP	PA; 102 day supply allowed
metformin hcl er	P	102 day supply allowed
metformin hcl er (mod)	NP	PA; 102 day supply allowed
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NP	PA; 102 day supply allowed
metformin hcl oral solution	NP	PA; 102 day supply allowed
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
metformin hcl oral tablet 625 mg	NP	PA; 102 day supply allowed
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed
RIOMET	NP	PA; 102 day supply allowed
saxagliptin-metformin er	NP	PA; 102 Day Supply allowed
SEGLUROMET	NP	PA; 102 day supply allowed
SYNJARDY	P	102 day supply allowed
SYNJARDY XR	P	102 day supply allowed
XIGDUO XR	P	102 day supply allowed
Contraceptives		
AFIRMELLE	F	12 month supply allowed
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed
briellyn	F	12 month supply allowed
CAMILA	F	12 month supply allowed
CAZIAN	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CHATEAL EQ	F	12 month supply allowed
CRYSSELLE-28	F	12 month supply allowed
CYCLAFEM 1/35	F	12 month supply allowed
CYCLAFEM 7/7/7	F	12 month supply allowed
CYRED	F	12 month supply allowed
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed
DASETTA 7/7/7	F	12 month supply allowed
DEBLITANE	F	12 month supply allowed
desogestrel-ethinyl estradiol	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ECONTRA EZ	F	12 month supply allowed; OTC
ELINEST	F	12 month supply allowed
ELLA	F	12 month supply allowed
EMOQUETTE	F	12 month supply allowed
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
ERRIN	F	12 month supply allowed
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FEMYNOR	F	12 month supply allowed
FINZALA	F	12 month supply allowed
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HEATHER	F	12 month supply allowed
ICLEVIA	F	12 month supply allowed
INCASSIA	F	12 month supply allowed
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
JASMIEL	F	12 month supply allowed
JENCYCLA	F	12 month supply allowed
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed
JUNEL 1/20	F	12 month supply allowed
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LARISSIA	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LILLOW	F	12 month supply allowed
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LYLEQ	F	12 month supply allowed
LYZA	F	12 month supply allowed
marlissa	F	12 month supply allowed
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MY WAY	F	12 month supply allowed; OTC
NIKKI	F	12 month supply allowed
NORA-BE	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone oral	F	12 month supply allowed
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORLYDA	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
OCELLA	F	12 month supply allowed
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPILL	F	12 month supply allowed; OTC
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 1/35	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SHAROBEL	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TARINA FE 1/20	F	12 month supply allowed
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
TULANA	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZOVIA 1/35E (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed

Dipeptidyl Peptidase-4(Dpp-4) Inhibitors

alogliptin benzoate	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
alogliptin-pioglitazone	NP	PA; 102 day supply allowed
GLYXAMBI	NP	PA; 102 day supply allowed
JANUMET	P	102 day supply allowed; QL
JANUMET XR	P	102 day supply allowed
JANUVIA	P	102 day supply allowed; QL
JENTADUETO	P	102 day supply allowed
JENTADUETO XR	NP	PA; 102 day supply allowed
KAZANO	NP	PA; 102 day supply allowed
KOMBIGLYZE XR	NP	PA; 102 day supply allowed
NESINA	NP	PA; 102 day supply allowed
ONGLYZA	NP	PA; 102 day supply allowed
OSENI	NP	PA; 102 day supply allowed
QTERN	NP	PA; 102 day supply allowed
saxagliptin hcl	NP	PA; 102 Day Supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
saxagliptin-metformin er	NP	PA; 102 Day Supply allowed
sitagliptin	NP	PA; 102 Day Supply Allowed
STEGLUJAN	NP	PA; 102 day supply allowed
TRADJENTA	P	102 day supply allowed
ZITUVIO	NP	PA; 102 Day Supply Allowed
Estrogens		
AFIRMELLE	F	12 month supply allowed
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed
briellyn	F	12 month supply allowed
CAZIAN	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL	F	12 month supply allowed
CHATEAL EQ	F	12 month supply allowed
CRYSSELLE-28	F	12 month supply allowed
CYCLAFEM 1/35	F	12 month supply allowed
CYCLAFEM 7/7/7	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CYRED	F	12 month supply allowed
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed
DASETTA 7/7/7	F	12 month supply allowed
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed
desogestrel-ethinyl estradiol	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ELINEST	F	12 month supply allowed
EMOQUETTE	F	12 month supply allowed
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FEMYNOR	F	12 month supply allowed
FINZALA	F	12 month supply allowed
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
ICLEVIA	F	12 month supply allowed
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed
JASMIEL	F	12 month supply allowed
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed
JUNEL 1/20	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LARISSIA	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LILLOW	F	12 month supply allowed
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
marlissa	F	12 month supply allowed
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
NIKKI	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 1/35	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TARINA FE 1/20	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZOVIA 1/35E (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Incretin Mimetics		
BYDUREON BCISE	NP	PA; 102 day supply allowed; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
liraglutide	NP	PA; 102 day supply allowed; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; 102 day supply allowed; QL
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	NP	PA; 102 day supply allowed; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE)	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (1 MG/DOSE)	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (2 MG/DOSE)	P-PA	PA; 102 day supply allowed; QL
RYBELSUS	NP	PA; 102 day supply allowed; QL
SOLIQUA	NP	PA; 102 day supply allowed; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; 102 day supply allowed; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
XULTOPHY	NP	PA; 102 day supply allowed; QL
Intermediate-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN N	P	102 day supply allowed; OTC; QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN N	P	102 day supply allowed; OTC; QL
NOVOLIN N FLEXPEN	P	102 day supply allowed; QL
NOVOLIN N FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN N RELION	P	102 day supply allowed; OTC
Long-Acting Insulins		
BASAGLAR KWIKPEN	NP	PA; 102 day supply allowed; QL
BASAGLAR TEMPO PEN	NP	PA; 102 day supply allowed; QL
insulin degludec	NP	PA; 102 day supply allowed; QL
insulin degludec flextouch	NP	PA; 102 day supply allowed; QL
insulin glargine max solostar	NP	PA; 102 day supply allowed; QL
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NP	PA; 102 day supply allowed; QL
insulin glargine-yfgn	NP	PA; 102 day supply allowed; QL
LANTUS	P	102 day supply allowed; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
LEVEMIR	P	102 day supply allowed; QL
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
LEVEMIR FLEXTOUCH	P	102 day supply allowed; QL
REZVOGLAR KWIKPEN	NP	PA; 102 day supply allowed
SEMGLEE	NP	PA; 102 day supply allowed
SEMGLEE (YFGN)	NP	PA; 102 day supply allowed; QL
SOLIQUA	NP	PA; 102 day supply allowed; QL
TOUJEO MAX SOLOSTAR	NP	PA; 102 day supply allowed; QL
TOUJEO SOLOSTAR	NP	PA; 102 day supply allowed; QL
TRESIBA	NP	PA; 102 day supply allowed; QL
TRESIBA FLEXTOUCH	NP	PA; 102 day supply allowed; QL
XULTOPHY	NP	PA; 102 day supply allowed; QL
Meglitinides		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
nateglinide	P	102 day supply allowed
repaglinide	P	102 day supply allowed
Progestins		
AFIRMELLE	F	12 month supply allowed
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed
briellyn	F	12 month supply allowed
CAMILA	F	12 month supply allowed
CAZIAN	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL	F	12 month supply allowed
CHATEAL EQ	F	12 month supply allowed
CRINONE VAGINAL GEL 4 %	NP	PA; 102 day supply allowed
CRYSELLE-28	F	12 month supply allowed
CYCLAFEM 1/35	F	12 month supply allowed
CYCLAFEM 7/7/7	F	12 month supply allowed
CYRED	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed
DASETTA 7/7/7	F	12 month supply allowed
DEBLITANE	F	12 month supply allowed
desogestrel-ethinyl estradiol	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ECONTRA EZ	F	12 month supply allowed; OTC
ELINEST	F	12 month supply allowed
ELLA	F	12 month supply allowed
EMOQUETTE	F	12 month supply allowed
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
ERRIN	F	12 month supply allowed
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FEMYNOR	F	12 month supply allowed
FINZALA	F	12 month supply allowed
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HEATHER	F	12 month supply allowed
ICLEVIA	F	12 month supply allowed
INCASSIA	F	12 month supply allowed
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed
JASMIEL	F	12 month supply allowed
JENCYCLA	F	12 month supply allowed
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
JUNEL 1/20	F	12 month supply allowed
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LARISSIA	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LILLOW	F	12 month supply allowed
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
LYLEQ	F	12 month supply allowed
LYZA	F	12 month supply allowed
marlissa	F	12 month supply allowed
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL
medroxyprogesterone acetate oral	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MY WAY	F	12 month supply allowed; OTC
NIKKI	F	12 month supply allowed
NORA-BE	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acetate oral	P	102 day supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone oral	F	12 month supply allowed
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORLYDA	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPILL	F	12 month supply allowed; OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 1/35	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
progesterone intramuscular	NP	PA; 102 day supply allowed
progesterone oral	P	102 day supply allowed
PROMETRIUM	NP	PA; 102 day supply allowed
PROVERA	NP	PA; 102 day supply allowed
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SHAROBEL	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TARINA FE 1/20	F	12 month supply allowed
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TULANA	F	12 month supply allowed
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZOVIA 1/35E (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Rapid-Acting Insulins		
ADMELOG INJECTION	NP	PA; 102 day supply allowed; QL
ADMELOG SOLOSTAR	NP	PA; 102 day supply allowed; QL
AFREZZA INHALATION POWDER 12 UNIT, 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NP	PA; 102 day supply allowed
AFREZZA INHALATION POWDER 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT	NP	PA; 102 day supply allowed; QL
APIDRA	P	102 day supply allowed; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
FIASP FLEXTOUCH	NP	PA; 102 day supply allowed; QL
FIASP INJECTION	NP	PA; 102 day supply allowed; QL
FIASP PENFILL	NP	PA; 102 day supply allowed; QL
FIASP PUMPCART	NP	PA; 102 day supply allowed; QL
HUMALOG INJECTION	P	102 day supply allowed; QL
HUMALOG JUNIOR KWIKPEN	P	102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	102 day supply allowed; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	NP	PA; 102 day supply allowed; QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; QL
HUMALOG MIX 75/25	P	102 day supply allowed; QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	P	102 day supply allowed; QL
HUMALOG TEMPO PEN	P	102 day supply allowed; QL
insulin asp prot & asp flexpen	P	102 day supply allowed; QL
insulin aspart flexpen	P	102 day supply allowed; QL
insulin aspart injection	P	102 day supply allowed; QL
insulin aspart penfill	NP	PA; 102 day supply allowed; QL
insulin aspart prot & aspart	P	102 day supply allowed; QL
insulin lispro (1 unit dial)	P	102 day supply allowed; QL
insulin lispro injection	P	102 day supply allowed; QL
insulin lispro junior kwikpen	P	102 day supply allowed; QL
insulin lispro prot & lispro	NP	PA; 102 day supply allowed; QL
LYUMJEV	NP	PA; 102 day supply allowed; QL
LYUMJEV KWIKPEN	NP	PA; 102 day supply allowed; QL
LYUMJEV TEMPO PEN	NP	PA; 102 day supply allowed; QL
NOVOLOG 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed
NOVOLOG FLEXPEN RELION	NP	PA; 102 day supply allowed
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; 102 day supply allowed; QL
NOVOLOG INJECTION	NP	PA; 102 day supply allowed; QL
NOVOLOG MIX 70/30	NP	PA; 102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	NP	PA; 102 day supply allowed
NOVOLOG MIX 70/30 RELION	NP	PA; 102 day supply allowed
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	P	102 day supply allowed; QL
Short-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN R	P	102 day supply allowed; OTC; QL
HUMULIN R U-500 (CONCENTRATED)	P	102 day supply allowed; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	P	102 day supply allowed; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN R	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN R RELION	P	102 day supply allowed; OTC
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
dapagliflozin propanediol	NP	PA; 102 Day Supply Allowed
FARXIGA	P	102 day supply allowed
GLYXAMBI	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day supply allowed
INVOKAMET	NP	PA; 102 day supply allowed
INVOKAMET XR	NP	PA; 102 day supply allowed
INVOKANA	NP	PA; 102 day supply allowed
JARDIANCE	P	102 day supply allowed
QTERN	NP	PA; 102 day supply allowed
SEGLUROMET	NP	PA; 102 day supply allowed
STEGLATRO	NP	PA; 102 day supply allowed
STEGLUJAN	NP	PA; 102 day supply allowed
SYNJARDY	P	102 day supply allowed
SYNJARDY XR	P	102 day supply allowed
XIGDUO XR	P	102 day supply allowed
Sulfonylureas		
DUETACT	NP	PA; 102 day supply allowed
glimepiride oral tablet 1 mg, 2 mg, 4 mg	P	102 day supply allowed
glipizide er	P	102 day supply allowed
glipizide oral tablet 10 mg, 5 mg	P	102 day supply allowed
glipizide xl	P	102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUCOTROL XL	NP	PA; 102 day supply allowed
glyburide micronized	P	102 day supply allowed
glyburide oral	P	102 day supply allowed
glyburide-metformin	P	102 day supply allowed
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed
Thiazolidinediones		
ACTOPLUS MET	NP	PA; 102 day supply allowed
ACTOS	NP	PA; 102 day supply allowed
alogliptin-pioglitazone	NP	PA; 102 day supply allowed
DUETACT	NP	PA; 102 day supply allowed
OSENI	NP	PA; 102 day supply allowed
pioglitazone hcl	P	102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed
Miscellaneous Therapeutic Agents		
Antidotes (92:12)		
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed
lanthanum carbonate	NP	PA; 102 day supply allowed
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
Bone Resorption Inhibitors		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed
Respiratory Tract Agents		
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA	P	102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL
ipratropium bromide inhalation	P	102 day supply allowed
ipratropium-albuterol	P	102 day supply allowed
LONHALA MAGNAIR REFILL KIT	NP	PA; 102 day supply allowed
LONHALA MAGNAIR STARTER KIT	NP	PA; 102 day supply allowed
SPIRIVA HANDIHALER	P	102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act	P	102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	P	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
Endothelin Receptor Antagonists		
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
Leukotriene Modifiers		
ACCOLATE	NP	PA; 102 day supply allowed
montelukast sodium oral packet	NP	PA; 102 day supply allowed; AL
montelukast sodium oral tablet	P	102 day supply allowed
montelukast sodium oral tablet chewable 4 mg, 5 mg	P	102 day supply allowed; AL
SINGULAIR ORAL PACKET	NP	PA; 102 day supply allowed; AL
SINGULAIR ORAL TABLET	NP	PA; 102 day supply allowed
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	NP	PA; 102 day supply allowed; AL
zafirlukast	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
zileuton er	NP	PA; 102 day supply allowed
ZYFLO	NP	PA; 102 day supply allowed
Orally Inhaled Preparations (Steroids)		
AIRSUPRA	NP	PA; 102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act	P	102 day supply allowed; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	P	PA; 102 day supply allowed; QL
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
Respiratory Tract Agents, Miscellaneous		
WINREVAIR	NP	PA; Specialty Drug; 102 day supply allowed
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA	NP	PA; 102 day supply allowed; QL
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	NP	PA; 102 day supply allowed; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed
arformoterol tartrate	NP	PA; 102 day supply allowed
BROVANA	NP	PA; 102 day supply allowed
formoterol fumarate inhalation	NP	PA; 102 day supply allowed
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
VENTOLIN HFA	P	102 day supply allowed; QL
XOPENEX	NP	PA; 102 day supply allowed
XOPENEX CONCENTRATE	NP	PA; 102 day supply allowed
XOPENEX HFA	P	102 day supply allowed; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
Vasodilating Agents, Misc		
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed
Skin And Mucous Membrane Agents		
Antivirals (Skin And Mucous Membrane)		
acyclovir external	P	102 day supply allowed
acyclovir oral	P	102 day supply allowed
DENAVIR	P	102 day supply allowed
penciclovir	NP	PA; 102 day supply allowed
XERESE	NP	PA; 102 day supply allowed
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Astringents (84:12)		
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
LONHALA MAGNAIR REFILL KIT	NP	PA; 102 day supply allowed
LONHALA MAGNAIR STARTER KIT	NP	PA; 102 day supply allowed
Corticosteroids (Skin, Mucous Membrane)		
XERESE	NP	PA; 102 day supply allowed

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Smooth Muscle Relaxants		
Respiratory Smooth Muscle Relaxants		
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
Vitamins		
Vitamin B Complex		
kp niacin	P	102 day supply allowed; OTC
niacin oral tablet 100 mg, 500 mg	P	102 day supply allowed; OTC
ra niacin oral tablet 100 mg	P	102 day supply allowed; OTC
ra no flush niacin	F	102 day supply allowed; OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

BCC Formulary

A

acarbose.....	31
ACCOLATE.....	53
ACCUPRIL.....	9, 10
ACCURETIC.....	10, 27
acebutolol hcl ...	6, 11, 15, 16, 20
ACTOPLUS MET.....	31, 51
ACTOS.....	51
acyclovir.....	1, 57
ADCIRCA.....	21, 54, 55
ADEMPAS.....	55, 57
ADMELOG.....	48
ADMELOG SOLOSTAR.....	48
ADVAIR DISKUS.....	4, 28, 30, 52
ADVAIR HFA.....	4, 28, 30, 52
AFIRMELLE.....	32, 37, 43
AFREZZA.....	48
AIMOVIG.....	24
AIRDUO DIGIHALER.....	4, 28, 30, 52
AIRDUO RESPICLICK 113/14.....	4, 28, 30, 52
AIRDUO RESPICLICK 232/14.....	4, 28, 30, 52
AIRDUO RESPICLICK 55/144.....	28, 30, 52
AIRSUPRA.....	4, 28, 30, 52, 54, 55
AJOVY.....	24
albuterol sulfate.....	4, 55
albuterol sulfate hfa.....	4, 55
aliskiren fumarate.....	21
alogliptin benzoate.....	37
alogliptin-metformin hcl ..	31, 37
alogliptin-pioglitazone.....	37, 51
ALTACE.....	9, 10
alyacen 1/35.....	32, 37, 43
alyacen 7/7/7.....	32, 37, 43
ALYQ.....	21, 54, 55
amantadine hcl.....	1, 23
ambrisentan.....	21, 53, 56
amlodipine besy-benazepril hcl.....	10, 18
amlodipine besylate....	18, 19, 21
amlodipine besylate-valsartan ..	8, 18
amlodipine-atorvastatin....	18, 20
amlodipine-olmesartan.....	8, 18
amlodipine-valsartan-hctz ..	8, 18, 27
amoxicillin.....	1, 29
ANORO ELLIPTA.....	2, 4
APIDRA.....	48
APIDRA SOLOSTAR.....	48
APRI.....	32, 37, 43
ARANELLE.....	32, 37, 43
arformoterol tartrate.....	4, 55
ARIXTRA.....	6, 7
aspirin-dipyridamole er	7, 21, 26
ATACAND.....	8
ATACAND HCT.....	8, 27
atenolol.....	6, 11, 15, 16, 20
atenolol-chlorthalidone....	11, 15, 28
ATROVENT HFA.....	2, 52
AUBRA EQ.....	32, 37, 43
AUROVELA 1.5/30... ..	32, 37, 43
AUROVELA 1/20.....	32, 37, 43
AUROVELA FE 1.5/30 ..	32, 37, 43
AUROVELA FE 1/20.....	32, 38, 44
AURYXIA.....	26
AVALIDE.....	8, 27
AVAPRO.....	8
AVIANE.....	32, 38, 44
AYUNA.....	32, 38, 44
AZILECT.....	25
AZOR.....	8, 18
AZURETTE.....	32, 38, 44
B	
BALZIVA.....	32, 38, 44
BASAGLAR KWIKPEN.....	42
BASAGLAR TEMPO PEN ...	43
benazepril hcl.....	9, 10
benazepril-hydrochlorothiazide.....	10, 27
BENICAR.....	8, 9
BENICAR HCT.....	9, 27
BETAPACE3, 11, 15, 16, 17, 20	
BETAPACE AF	3, 11, 15, 16, 17, 20
betaxolol hcl.....	6, 11, 15, 16, 20
BEVESPI AEROSPHERE..	2, 4, 57
bisoprolol fumarate	6, 11, 15, 16, 20
bisoprolol-hydrochlorothiazide.....	11, 15, 27
BLISOVI 24 FE.....	33, 38, 44
BLISOVI FE 1.5/30....	33, 38, 44
BLISOVI FE 1/20.....	33, 38, 44
bosentan.....	21, 53, 56
BREO ELLIPTA	4, 28, 30, 52
BREYNA.....	4, 30
BREZTRI AEROSPHERE..	2, 4, 30
briellyn.....	33, 38, 44
BRILINTA.....	7
bromocriptine mesylate.....	25
BROVANA.....	4, 55
budesonide-formoterol fumarate.....	5, 30
BYDUREON BCISE.....	41
BYETTA 10 MCG PEN.....	41
BYETTA 5 MCG PEN.....	41
BYSTOLIC.....	3, 11, 15, 16
C	
CADUET.....	18, 20
calcium acetate.....	26, 27
calcium acetate (phos binder)	26, 27
CAMILA.....	33, 44
candesartan cilexetil.....	8, 9
candesartan cilexetil-hctz ...	9, 27
captopril.....	9, 10
captopril-hydrochlorothiazide	10, 27
carbidopa.....	25
carbidopa-levodopa.....	25
carbidopa-levodopa er.....	25
carbidopa-levodopa-entacapone.....	24, 25
CARDIZEM.....	13, 14, 17, 21
CARDIZEM CD... ..	13, 14, 17, 21
CARDIZEM LA... ..	13, 14, 17, 21
CARDURA.....	3, 7, 11
CARDURA XL.....	3, 7, 11
CARTIA XT.....	13, 14, 17, 21
carvedilol ..	3, 4, 8, 11, 15, 16, 20
carvedilol phosphate er....	3, 4, 8, 11, 15, 16, 20
CAZIENT.....	33, 38, 44
CHARLOTTE 24 FE..	33, 38, 44
CHATEAL.....	33, 38, 44

CHATEAL EQ.....	33, 38, 44	DROXIA	1	fondaparinux sodium.....	6, 7
cholestyramine	12	DUETACT	51	formoterol fumarate.....	5, 55
cholestyramine light.....	12	DULERA.....	5, 30	fosinopril sodium.....	10
clonidine.....	2, 15, 19	DUOPA	25	fosinopril sodium-hctz.....	10, 27
clonidine hcl.....	2, 15, 19	E		FOSRENOL	26, 51
clonidine hcl er.....	2, 15, 19	ECONTRA EZ	31, 33, 44	FRAGMIN.....	7
clopidogrel bisulfate.....	7	EDARBI	8, 9	G	
colesevelam hcl	12, 31	EDARBYCLOR.....	9, 27	glimepiride.....	51
COLESTID.....	12	EFFIENT	7	glipizide	51
COLESTID FLAVORED	12	ELINEST.....	33, 38, 44	glipizide er.....	51
colestipol hcl	12	ELIQUIS	6	glipizide xl.....	51
COMBIVENT RESPIMAT 2, 5,	52	ELLA.....	33, 44	glipizide-metformin hcl....	31, 51
COMTAN.....	24	EMGALITY	24	GLUCOTROL XL.....	51
CORGARD ...	3, 6, 7, 11, 15, 16,	EMGALITY (300 MG DOSE)	24	GLUMETZA	31
20		.....	24	glyburide.....	51
COZAAR	8, 9	EMOQUETTE.....	33, 38, 44	glyburide micronized.....	51
CREON	28, 29	enalapril maleate.....	9, 10	glyburide-metformin.....	31, 51
CRINONE	44	enalapril-hydrochlorothiazide	10,	GLYXAMBI.....	37, 50
CRYSELLE-28	33, 38, 44	27		GOCOVRI.....	1, 3, 23
CYCLAFEM 1/35.....	33, 38, 44	enoxaparin sodium	7	guanfacine hcl.....	15, 19, 24
CYCLAFEM 7/7/7.....	33, 38, 44	ENPRESSE-28.....	33, 38, 44	H	
CYRED	33, 38, 44	ENSKYCE.....	33, 38, 44	HAILEY 1.5/30	33, 39, 45
CYRED EQ.....	33, 38, 44	entacapone.....	24	HAILEY FE 1.5/30	33, 39, 45
D		ENTRESTO.....	8, 9, 21	HAILEY FE 1/20	33, 39, 45
dabigatran etexilate mesylate ...	6	EPANED	10	HEATHER	33, 45
dapagliflozin pro-metformin er	.....	ERRIN.....	33, 44	HEMANGEOL 3, 11, 15, 16, 20,	23
.....	31, 50	estradiol valerate.....	38, 52	HUMALOG.....	48, 49
dapagliflozin propanediol.....	50	ethynodiol diac-eth estradiol .	33,	HUMALOG JUNIOR	
DASETTA 1/35 (28)..	33, 38, 44	38, 44		KWIKPEN.....	48
DASETTA 7/7/7	33, 38, 44	etonogestrel-ethinyl estradiol	33,	HUMALOG KWIKPEN	48
DEBLITANE	33, 44	38, 44		HUMALOG MIX 50/50	
DELESTROGEN	38, 51	EXFORGE.....	9, 18	KWIKPEN.....	49
DENAVIR.....	57	EXFORGE HCT.....	9, 18, 27	HUMALOG MIX 75/25.....	49
desogestrel-ethinyl estradiol..	33,	F		HUMALOG MIX 75/25	
38, 44		FALMINA.....	33, 38, 44	KWIKPEN.....	49
DHIVY.....	25	famciclovir.....	1	HUMALOG TEMPO PEN....	49
diltiazem hcl	13, 14, 18, 22	FARXIGA	50	HUMULIN 70/30	42, 49
diltiazem hcl er	13, 14, 17, 18, 22	felodipine er.....	18, 19	HUMULIN 70/30 KWIKPEN	
diltiazem hcl er beads	13, 14, 17,	FEMYNOR	33, 38, 44	.....	42, 50
21		FIASP	48	HUMULIN N	42
diltiazem hcl er coated beads	13,	FIASP FLEXTOUCH	48	HUMULIN N KWIKPEN	42
14, 17, 22		FIASP PENFILL	48	HUMULIN R.....	50
dilt-xr.....	13, 14, 18, 22	FIASP PUMPCART.....	48	HUMULIN R U-500	
DIOVAN	8, 9	FINZALA.....	33, 39, 45	(CONCENTRATED)	50
DIOVAN HCT	9, 27	fluticasone furoate-vilanterol ..	5,	HUMULIN R U-500	
dipyridamole.....	7, 21, 22, 26	29, 30, 53		KWIKPEN.....	50
doxazosin mesylate	3, 7, 8, 11	fluticasone propionate hfa	29, 30,	HYDREA	2
drospirenone-ethinyl estradiol	.....	53, 54		hydroxyurea	2
.....	33, 38, 44	fluticasone-salmeterol .	5, 29, 30,	HYZAAR	9, 27
		31, 53			

I		
ICLEVIA.....	33, 39, 45	
INBRIJA.....	25	
INCASSIA.....	34, 45	
INCRUSE ELLIPTA.....	2, 52	
INDERAL LA.3, 11, 15, 16, 20, 23		
INDERAL XL.3, 11, 15, 16, 20, 23		
INNOPRAN XL.....	3, 11, 15, 17, 20, 23	
INPEFA.....	21, 50	
insulin asp prot & asp flexpen	49	
insulin aspart.....	49	
insulin aspart flexpen.....	49	
insulin aspart penfill.....	49	
insulin aspart prot & aspart....	49	
insulin degludec.....	43	
insulin degludec flextouch.....	43	
insulin glargine max solostar..	43	
insulin glargine solostar.....	43	
insulin glargine-yfgn.....	43	
insulin lispro.....	49	
insulin lispro (1 unit dial).....	49	
insulin lispro junior kwikpen..	49	
insulin lispro prot & lispro.....	49	
INTROVALE.....	34, 39, 45	
INVOKAMET.....	31, 50	
INVOKAMET XR.....	31, 50	
INVOKANA.....	50	
ipratropium bromide.....	2, 52	
ipratropium-albuterol.....	2, 5, 52	
irbesartan.....	8, 9	
irbesartan-hydrochlorothiazide	9, 27	
ISIBLOOM.....	34, 39, 45	
isradipine.....	18, 19	
J		
JANTOVEN.....	6	
JANUMET.....	32, 37	
JANUMET XR.....	32, 37	
JANUVIA.....	37	
JARDIANCE.....	50	
JASMIEL.....	34, 39, 45	
JENCYCLA.....	34, 45	
JENTADUETO.....	32, 37	
JENTADUETO XR.....	32, 37	
JOLESSA.....	34, 39, 45	
JULEBER.....	34, 39, 45	
JUNEL 1.5/30.....	34, 39, 45	
JUNEL 1/20.....	34, 39, 45	
JUNEL FE 1.5/30.....	34, 39, 45	
JUNEL FE 1/20.....	34, 39, 45	
K		
KALLIGA.....	34, 39, 45	
KAPSPARGO SPRINKLE.....	6, 11, 15, 17, 20	
KARIVA.....	34, 39, 45	
KATERZIA.....	18, 19, 22	
KAZANO.....	32, 37	
KELNOR 1/35.....	34, 39, 45	
KELNOR 1/50.....	34, 39, 45	
KOMBIGLYZE XR.....	32, 37	
kp niacin.....	57	
KURVELO.....	34, 39, 45	
L		
labetalol hcl...3, 4, 8, 11, 15, 17, 20		
lanthanum carbonate.....	26, 51	
LANTUS.....	43	
LANTUS SOLOSTAR.....	43	
LARIN 1.5/30.....	34, 39, 45	
LARIN 1/20.....	34, 39, 45	
LARIN FE 1.5/30.....	34, 39, 45	
LARIN FE 1/20.....	34, 39, 45	
LARISSIA.....	34, 39, 45	
LEENA.....	34, 39, 45	
LESSINA.....	34, 39, 45	
LETAIRIS.....	22, 53, 56	
levalbuterol hcl.....	5, 55	
levalbuterol tartrate.....	5, 55	
levamlodipine maleate	18, 19, 22	
LEVEMIR.....	43	
LEVEMIR FLEXPEN.....	43	
LEVEMIR FLEXTOUCH.....	43	
LEVONEST.....	34, 39, 45	
levonorgest-eth estrad 91-day	34, 39, 45	
levonorgestrel-ethinyl estrad.	34, 39, 45	
levonorg-eth estrad triphasic.	34, 39, 45	
LILLOW.....	34, 39, 45	
liraglutide.....	23, 41	
lisinopril.....	10	
lisinopril-hydrochlorothiazide.....	10, 27	
LODOSYN.....	25	
LONHALA MAGNAIR REFILL KIT.....	2, 52, 57	
LONHALA MAGNAIR STARTER KIT.....	2, 52, 57	
LOPRESSOR...6, 12, 15, 17, 20		
LORYNA.....	34, 39, 46	
losartan potassium.....	8, 9	
losartan potassium-hctz.....	9, 27	
LOTENSIN.....	10	
LOTENSIN HCT.....	10, 27	
LOTREL.....	10, 18	
LOVENOX.....	7	
LOW-OGESTREL.....	34, 39, 46	
LO-ZUMANDIMINE	34, 39, 46	
LUTERA.....	34, 40, 46	
LYLEQ.....	34, 46	
LYUMJEV.....	49	
LYUMJEV KWIKPEN.....	49	
LYUMJEV TEMPO PEN.....	49	
LYZA.....	34, 46	
M		
marlissa.....	35, 40, 46	
MATZIM LA.....	13, 14, 18, 22	
medroxyprogesterone acetate	35, 46	
metformin hcl.....	32	
metformin hcl er.....	32	
metformin hcl er (mod).....	32	
metformin hcl er (osm).....	32	
methyl dopa.....	2, 15, 19	
methyl dopa-hydrochlorothiazide.....	19, 27	
metoprolol succinate er	6, 12, 16, 17, 20	
metoprolol tartrate.	6, 12, 16, 17, 20	
metoprolol-hydrochlorothiazide.....	12, 16, 27	
MIBELAS 24 FE.....	35, 40, 46	
MICARDIS.....	8, 9	
MICARDIS HCT.....	9, 27	
MICROGESTIN 1.5/30...35, 40, 46		
MICROGESTIN 1/20.35, 40, 46		
MICROGESTIN FE 1.5/30...35, 40, 46		
MICROGESTIN FE 1/20	35, 40, 46	
miglitol.....	31	
MILI.....	35, 40, 46	
MINIPRESS.....	4, 7, 8, 12	
moexipril hcl.....	10, 11	

MONO-LINYAH.....	35, 40, 46	NOVOLIN N FLEXPEN	42	perindopril erbumine	10, 11
montelukast sodium.....	53	NOVOLIN N FLEXPEN		PERTZYE.....	28, 29
MOUNJARO.....	42	RELION	42	PHILITH.....	35, 40, 47
MY WAY.....	31, 35, 46	NOVOLIN N RELION	42	PHOSLYRA.....	26, 27
N		NOVOLIN R.....	50	PIMTREA.....	35, 40, 47
nadolol.....	3, 6, 7, 12, 16, 17, 20	NOVOLIN R FLEXPEN.....	50	pindolol.....	3, 12, 16, 17, 20
nateglinide	43	NOVOLIN R FLEXPEN		pioglitazone hcl	51
nebivolol hcl.....	3, 12, 16, 17	RELION	50	pioglitazone hcl-glimepiride...	51
NESINA	37	NOVOLIN R RELION	50	pioglitazone hcl-metformin hcl	
NEUPRO.....	26	NOVOLOG	49	.....	32, 51
NEXICLON XR.....	2, 16, 19	NOVOLOG 70/30 FLEXPEN		PIRMELLA 1/35.....	36, 40, 47
niacin	57	RELION	49	PIRMELLA 7/7/7.....	36, 40, 47
nicardipine hcl	18, 19, 22	NOVOLOG FLEXPEN.....	49	PLAVIX	7
nifedipine.....	18, 19, 22	NOVOLOG FLEXPEN		PORTIA-28	36, 40, 47
nifedipine er.....	18, 19, 22	RELION	49	PRADAXA.....	6
nifedipine er osmotic release.	18,	NOVOLOG MIX 70/30	49	pramipexole dihydrochloride..	26
19, 22		NOVOLOG MIX 70/30		pramipexole dihydrochloride er	
NIKKI.....	35, 40, 46	FLEXPEN	49	.....	26
nisoldipine er	19	NOVOLOG MIX 70/30		prasugrel hcl	7
NORA-BE	35, 46	RELION	49	prazosin hcl.....	4, 7, 8, 12
norethin ace-eth estrad-fe	35, 40,	NOVOLOG PENFILL	49	PRECOSE.....	31
46		NURTEC.....	24	PREVALITE	12
norethindrone	35, 46	NYLIA 1/35	35, 40, 46	PROAIR DIGIHALER.....	5, 55
norethindrone acetate	46	NYLIA 7/7/7	35, 40, 47	PROAIR RESPICLICK.....	5, 55
norethindrone acet-ethinyl est	35,	NYMYO.....	35, 40, 47	PROCARDIA XL.....	19, 22
40, 46		O		progesterone	47
norethindron-ethinyl estrad-fe		OCELLA	35, 40, 47	PROMETRIUM	47
.....	35, 40, 46	olmesartan medoxomil	8, 9	propranolol hcl.3, 12, 16, 17, 20,	
norethin-eth estradiol-fe ..	35, 40,	olmesartan medoxomil-hctz	9, 27	23	
46		olmesartan-amlodipine-hctz	9,	propranolol hcl er ..	3, 12, 16, 17,
norgestimate-eth estradiol	35, 40,	19, 27		20, 23	
46		ONGENTYS	24	propranolol-hctz	12, 16, 27
norgestim-eth estrad triphasic	35,	ONGLYZA.....	37	PROVERA	47
40, 46		OPCICON ONE-STEP....	31, 35,	Q	
NORLIQVA.....	19, 22	47		QBRELIS	11
NORLYDA	35, 46	OPILL.....	35, 47	QTERN.....	37, 50
NORTREL 0.5/35 (28)....	35, 40,	OPSUMIT	22, 53, 56	QUESTRAN.....	12
46		ORENITRAM	22, 54, 56	QUESTRAN LIGHT	12
NORTREL 1/35 (28)..	35, 40, 46	ORSYTHIA.....	35, 40, 47	quinapril hcl.....	10, 11
NORTREL 7/7/7	35, 40, 46	OSENI	37, 51	quinapril-hydrochlorothiazide	
NORVASC.....	19, 22	OSMOLEX ER.....	1, 3, 23	.....	11, 27
NOURIANZ.....	23, 24	OZEMPIC (0.25 OR 0.5		QULIPTA	24
NOVOLIN 70/30.....	42, 50	MG/DOSE).....	42	R	
NOVOLIN 70/30 FLEXPEN	42,	OZEMPIC (1 MG/DOSE).....	42	ra niacin	57
50		OZEMPIC (2 MG/DOSE).....	42	ra no flush niacin	57
NOVOLIN 70/30 FLEXPEN		P		ramipril	10, 11
RELION	42, 50	PARLODEL	25	rasagiline mesylate	25
NOVOLIN 70/30 RELION...	42,	penciclovir	57	RECLIPSEN.....	36, 40, 47
50		penicillin v potassium.....	1	RELTONE	29
NOVOLIN N.....	42	PERFOROMIST	5, 55	REVELA	1, 26, 51

repaglinide.....	43	SYNJARDY XR.....	32, 50	TRI-VYLIBRA LO	36, 41, 47
REVATIO	21, 54, 56, 57	T		TRULICITY	42
REZVOGLAR KWIKPEN	43	tadalafil (pah)	21, 54, 56	TUDORZA PRESSAIR	3, 52
RIOMET.....	32	TARINA FE 1/20	36, 41, 47	TULANA.....	36, 48
ropinirole hcl	26	TARINA FE 1/20 EQ.....	36, 41, 47	TYVASO	22, 54, 56
ropinirole hcl er	26	TASMAR	24	TYVASO DPI	
RYBELSUS	42	TAZTIA XT	13, 14, 18, 22	MAINTENANCE KIT	22, 54, 56
RYTARY	25	TEKTURNA	21	TYVASO DPI TITRATION	
S		TEKTURNA HCT	21, 27	KIT	23, 54, 56
SAVAYSA.....	6	telmisartan	8, 9	TYVASO REFILL KIT...23, 54, 56	
saxagliptin hcl	37	telmisartan-amlodipine.....	9, 19	TYVASO STARTER KIT ....23, 54, 56	
saxagliptin-metformin er ..	32, 37	telmisartan-hetz	9, 27	U	
SEGLUROMET	32, 50	TENEX.....	16, 19, 24	UPTRAVI.....	56, 57
selegiline hcl.....	25, 26	TENORETIC 100.....	12, 16, 28	UPTRAVI TITRATION ..	56, 57
SEMGLEE	43	TENORETIC 50.....	12, 16, 28	URSO 250	29
SEMGLEE (YFGN).....	43	TENORMIN.....	6, 12, 16, 17, 20	URSO FORTE.....	29
SEREVENT DISKUS	5, 55	terazosin hcl.....	4, 7, 8, 12	ursodiol.....	29
SETLAKIN	36, 40, 47	TIADYLT ER.....	13, 14, 15, 18, 22	V	
sevelamer carbonate	1, 26, 51	TIAZAC	13, 14, 15, 18, 22	valacyclovir hcl	1
sevelamer hcl.....	1, 26, 51	TILIA FE.....	36, 41, 47	valsartan.....	8, 9
SHAROBEL.....	36, 47	timolol maleate	3, 12, 16, 17, 20, 24	valsartan-hydrochlorothiazide ..	9, 28
SIKLOS.....	2	tiotropium bromide		VALTREX	1
sildenafil citrate	21, 54, 56, 57	monohydrate.....	2, 52	VASERETIC	11, 28
SIMLIYA	36, 40, 47	tolcapone	24	VASOTEC.....	10, 11
SINEMET.....	25	TOPROL XL	6, 12, 16, 17, 20	VELIVET	36, 41, 48
SINGULAIR	53, 54	TOUJEO MAX SOLOSTAR.....	43	VELPHORO.....	26
sitagliptin.....	37	TOUJEO SOLOSTAR	43	VENTAVIS	23, 54, 56
SOLQUA	42, 43	TRACLEER	22, 53, 56	VENTOLIN HFA	5, 55
sotalol hcl	3, 12, 16, 17, 20	TRADJENTA	37	verapamil hcl ..	13, 14, 15, 18, 23
sotalol hcl (af)...	3, 12, 16, 17, 20	trandolapril	10, 11	verapamil hcl er ...	13, 14, 15, 18, 23
SOTYLIZE.....	3, 12, 16, 17, 20	trandolapril-verapamil hcl er ..	11, 15	VERELAN PM....	13, 14, 15, 18, 23
SPIRIVA HANDIHALER ..	2, 52	TRELEGY ELLIPTA....	2, 5, 29, 31, 53	VESTURA.....	36, 41, 48
SPIRIVA RESPIMAT	2, 52	TRESIBA	43	VICTOZA.....	23, 42
SPRINTEC 28.....	36, 40, 47	TRESIBA FLEXTOUCH.....	43	VIOKACE	28, 29
SRONYX	36, 41, 47	TRIBENZOR.....	9, 19, 27	violele.....	36, 41, 48
STALEVO 100.....	24, 25	TRI-LEGEST FE.....	36, 41, 47	VOLNEA.....	36, 41, 48
STALEVO 125.....	24, 25	TRI-LINYAH.....	36, 41, 47	VYFEMLA.....	36, 41, 48
STALEVO 150.....	24, 25	TRI-LO-ESTARYLLA ...	36, 41, 47	VYLIBRA	36, 41, 48
STALEVO 200.....	24, 25	47		W	
STALEVO 50.....	24, 25	TRI-LO-MARZIA.....	36, 41, 47	warfarin sodium.....	6
STALEVO 75.....	24, 25	TRI-LO-MILI.....	36, 41, 47	WELCHOL.....	12, 31
STEGLATRO.....	50	TRI-LO-SPRINTEC...36, 41, 47		WERA	36, 41, 48
STEGLUJAN	37, 50	TRI-MILI.....	36, 41, 47	WINREVAIR	55
STIOLTO RESPIMAT	2, 5	TRI-NYMYO	36, 41, 47	WIXELA INHUB...5, 29, 31, 53	
STRIVERDI RESPIMAT ..	5, 55	TRI-SPRINTEC	36, 41, 47		
SULAR.....	19	TRIVORA (28).....	36, 41, 47		
SYMBICORT.....	5, 31	TRI-VYLIBRA	36, 41, 47		
SYMLINPEN 120	31				
SYMLINPEN 60	31				
SYNJARDY	32, 50				

WYMZYA FE.....36, 41, 48
X
XADAGO.....25, 26
XARELTO6
XERESE.....1, 57
XIGDUO XR.....32, 50
XOPENEX6, 55
XOPENEX CONCENTRATE 6,
55

XOPENEX HFA6, 55
XPHOZAH.....26, 27, 30
XULANE.....36, 41, 48
XULTOPHY42, 43
Z
ZAFEMY.....36, 41, 48
zafirlukast54
ZELAPAR.....25, 26
ZENPEP28, 30

ZESTORETIC11, 28
ZESTRIL10, 11
zileuton er54
ZITUVIO.....37
ZOVIA 1/35 (28).....36, 41, 48
ZOVIA 1/35E (28)37, 41, 48
ZOVIRAX1, 57
ZUMANDIMINE.....37, 41, 48
ZYFLO54



Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and,
 - Information in other formats (large print, audio, accessible electronic formats).
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters; and,
 - Information written in other languages.

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

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

- **Blue Cross Complete of Michigan**
Attn: Civil Rights Coordinator
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: 1-888-987-5832)
grievance@mibluecrosscomplete.com
- If you need help filing a grievance, Blue Cross Complete of Michigan Civil Rights Coordinator 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, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, 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
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

mibluecrosscomplete.com

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

