

**Please read: This document contains information
about the drugs we cover in these plans.**

2012 Formulary

List of Covered Drugs for Priority Health **Medicaid** plans.

Important: Priority Health requires the use of an A rated generic drug when one is available. This list changes frequently. For the most current information, please refer to our drug list at priorityhealth.com.

Last Updated: January 2012



Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ABILIFY	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ABILIFY	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ACANYA	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
acarbose	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
ACCOLATE	Tablet	Respiratory Tract Agents; Anti-inflammatory Agents	Not Covered	
acebutolol hcl	Capsule	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
acetaminophen	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
acetaminophen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
acetaminophen/codeine	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
acetaminophen/codeine	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
acetaminophen/codeine #3	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
acetazol hc	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
acetazolamide	Tablet	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
acetazolamide er	Capsule Extended Release 12	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Not Covered	
acetic acid	Solution	Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ACID JELLY	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ACIPHEX	Tablet Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	QL ST
acne medication 10	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ACTONEL	Tablet	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Not Covered	
ACTOPLUS MET	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
ACTOPLUS MET XR	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
ACTOS	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
ACULAR	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
ACUVAIL	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
acyclovir	Capsule	Anti-infective Agents; Antivirals	Covered	
acyclovir	Suspension	Anti-infective Agents; Antivirals	Covered	
acyclovir	Tablet	Anti-infective Agents; Antivirals	Covered	
ACZONE	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	QL
adapalene	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
ADCIRCA	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	PA

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ADDERALL XR	Capsule Extended Release 24	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ADOXA	Capsule	Anti-infective Agents; Antibacterials	Not Covered	
ADOXA	Tablet	Anti-infective Agents; Antibacterials	Not Covered	
ADVAIR DISKUS	Aerosol Powder Breath	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
ADVAIR HFA	Aerosol	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
ADVICOR	Tablet Extended Release 24	Cardiovascular Drugs; Antilipemic Agents	Covered	
AEROCHAMBER PLUS	Miscellaneous	Devices	Covered	QL
AEROCHAMBER PLUS/LARGE MASK	Miscellaneous	Devices	Covered	QL
AEROCHAMBER PLUS/MASK	Miscellaneous	Devices	Covered	QL
AEROCHAMBER PLUS/SMALL MASK	Miscellaneous	Devices	Covered	QL
afeditab cr	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
AFINITOR	Tablet	Antineoplastic Agents	Covered	QL ST
AFLURIA PF 2011- 2012	Suspension	Serums, Toxoids and Vaccines; Vaccines	Covered	
AGGRENOX	Capsule Extended Release 12	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Not Covered	
AK-CON	Solution	Eye, Ear, Nose & Throat Preparations; Vasoconstrictors	Covered	

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ak-dilate	Solution	Eye, Ear, Nose & Throat Preparations; Vasoconstrictors	Covered	
alavert	Tablet	Antihistamine Drugs; Second Generation Antihistamines	Covered	
alavert allergy/sinus	Tablet Extended Release 12	Antihistamine Drugs; Second Generation Antihistamines	Covered	
alaway	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Not Covered	
ALBUSTIX	Strip	Diagnostic Agents; Urine and Feces Contents	Covered	
albuterol sulfate	Nebulization Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
albuterol sulfate	Syrup	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
albuterol sulfate	Tablet	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
ALCOHOL PREPS	Pad	Devices	Covered	
ALDARA	Cream	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	QL
alendronate sodium	Tablet	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Covered	
ALINIA	Suspension Reconstituted	Anti-infective Agents; Antiprotozoals	Not Covered	
ALINIA	Tablet	Anti-infective Agents; Antiprotozoals	Not Covered	
ALLEGRA ALLERGY CHILDRENS	Suspension	Antihistamine Drugs; Second Generation Antihistamines	Covered	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	Tablet Extended Release 12	Antihistamine Drugs; Second Generation Antihistamines	Not Covered	

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ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	Tablet Extended Release 24	Antihistamine Drugs; Second Generation Antihistamines	Not Covered	
allergy relief	Syrup	Antihistamine Drugs; Second Generation Antihistamines	Covered	
allopurinol	Tablet	Miscellaneous Therapeutic Agents; Antigout Agents	Covered	
ALOMIDE	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
ALPHAGAN P	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
alprazolam	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
alprazolam er	Tablet Extended Release 24	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ALPRAZOLAM INTENSOL	Concentrate	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
alprazolam odt	Tablet Dispersible	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ALSUMA	Solution	Central Nervous System Agents; Antimigraine Agents	Not Covered	
ALTABAX	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
ALTOPREV	Tablet Extended Release 24	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
ALVESCO	Aerosol Solution	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
amantadine hcl	Capsule	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
amantadine hcl	Syrup	Central Nervous System Agents; Antiparkinsonian Agents	Covered	

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AMBIEN CR	Tablet Extended Release	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
amcinonide	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
AMCINONIDE	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
AMCINONIDE	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
amiloride hcl	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
amiloride/hydrochlor othiazide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
aminocaproic acid	Syrup	Blood Formation,Coagulation & Thrombosis; Antihemorrhagic Agents	Covered	
aminocaproic acid	Tablet	Blood Formation,Coagulation & Thrombosis; Antihemorrhagic Agents	Covered	
amiodarone hcl	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
AMITIZA	Capsule	Gastrointestinal Drugs; GI Drugs, Miscellaneous	Covered	ST
amitriptyline hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
amlodipine besylate	Tablet	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
amlodipine besylate/benazepril hydrochloride	Capsule	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
ammonium lactate	Cream	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	
ammonium lactate	Lotion	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	

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amnestem	Capsule	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
AMOXAPINE	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
amoxicillin	Capsule	Anti-infective Agents; Antibacterials	Covered	
amoxicillin	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
amoxicillin	Tablet	Anti-infective Agents; Antibacterials	Covered	
amoxicillin	Tablet Chewable	Anti-infective Agents; Antibacterials	Covered	
amoxicillin/clavulanate potassium	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
amoxicillin/clavulanate potassium	Tablet Chewable	Anti-infective Agents; Antibacterials	Covered	
amoxicillin/potassium clavulanate	Tablet	Anti-infective Agents; Antibacterials	Covered	
AMPHETAMINE/DEXTRORAMPHETAMINE	Capsule Extended Release 24	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
amphetamine/dextroamphetamine	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ampicillin	Capsule	Anti-infective Agents; Antibacterials	Covered	
AMPICILLIN	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
AMPYRA	Tablet Extended Release 12	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	PA
AMRIX	Capsule Extended Release 24	Autonomic Drugs; Skeletal Muscle Relaxants	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
AMTURNIDE	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	QL
anagrelide hydrochloride	Capsule	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
ANALPRAM-HC	Cream	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Not Covered	
ANALPRAM-HC	Lotion	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
ANALPRAM-HC SINGLES	Cream	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
ANDRODERM	Patch 24 Hour	Hormones and Synthetic Substitutes; Androgens	Covered	
ANDROGEL	Gel	Hormones and Synthetic Substitutes; Androgens	Covered	
ANDROGEL PUMP	Gel	Hormones and Synthetic Substitutes; Androgens	Covered	
ANDROID	Capsule	Hormones and Synthetic Substitutes; Androgens	Not Covered	
ANTABUSE	Tablet	Miscellaneous Therapeutic Agents; Alcohol Deterrents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
antacid	Suspension	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
antacid iii	Suspension	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
antipyrine/benzocaine	Solution	Eye, Ear, Nose & Throat Preparations; Local Anesthetics	Covered	
apap drops	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
APIDRA	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
APIDRA SOLOSTAR	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
APLENZIN	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
apri	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
APRISO	Capsule Extended Release 24	Gastrointestinal Drugs; Anti-inflammatory Agents	Not Covered	
APTIVUS	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ARANESP ALBUMIN FREE	Solution	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	PA
ARCALYST	Solution Reconstituted	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	
ARICEPT	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
ARICEPT ODT	Tablet Dispersible	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
ARIMIDEX	Tablet	Antineoplastic Agents	Covered	
ARMOUR THYROID	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
AROMASIN	Tablet	Antineoplastic Agents	Covered	
ARTHROTEC 50	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
ARTHROTEC 75	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
artificial tears	Solution	Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ASACOL	Tablet Delayed Release	Gastrointestinal Drugs; Anti-inflammatory Agents	Covered	
ASACOL HD	Tablet Delayed Release	Gastrointestinal Drugs; Anti-inflammatory Agents	Covered	QL
ASMANEX 120 METERED DOSES	Aerosol Powder Breath	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
ASMANEX 14 METERED DOSES	Aerosol Powder Breath	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
ASMANEX 30 METERED DOSES	Aerosol Powder Breath	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
ASMANEX 60 METERED DOSES	Aerosol Powder Breath	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
aspirin	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
aspirin ec	Tablet Delayed Release	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ASTELIN	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
ATELVIA	Tablet Delayed Release	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Not Covered	
atenolol	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
atenolol/chlorthalidone	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
atorvastatin calcium	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
ATRALIN	Gel	Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants	Covered	ST
ATRIPLA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
atropine sulfate	Ointment	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
atropine sulfate	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
ATROVENT HFA	Aerosol Solution	Autonomic Drugs; Anticholinergic Agents	Covered	
augmented betamethasone dipropionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
augmented betamethasone dipropionate	Gel	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
augmented betamethasone dipropionate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
AVANDAMET	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
AVANDARYL	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
AVANDIA	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
AVASTIN	Solution	Antineoplastic Agents	Covered	
AVELOX	Tablet	Anti-infective Agents; Antibacterials	Not Covered	
aviane	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
AVONEX	Kit	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Not Covered	
AXIRON	Solution	Hormones and Synthetic Substitutes; Androgens	Not Covered	
AZASITE	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Not Covered	

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azathioprine	Tablet	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
azelastine hcl	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
azithromycin	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
azithromycin	Tablet	Anti-infective Agents; Antibacterials	Covered	
AZOR	Tablet	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	ST
bacitracin/neomycin/ polymyxin	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
baclofen	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
balsalazide disodium	Capsule	Gastrointestinal Drugs; Anti- inflammatory Agents	Covered	
balziva	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
BANZEL	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
BARACLUDE	Solution	Anti-infective Agents; Antivirals	Not Covered	
BARACLUDE	Tablet	Anti-infective Agents; Antivirals	Not Covered	
BAYER BREEZE 2 TEST DISC	Disk	Diagnostic Agents; Diabetes Mellitus	Covered	
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	Strip	Diagnostic Agents; Diabetes Mellitus	Covered	
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X	Miscellaneous	Devices	Covered	

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BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X	Miscellaneous	Devices	Covered	
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	Miscellaneous	Devices	Covered	
belladonna alkaloids/phenobarbital	Tablet	Autonomic Drugs; Anticholinergic Agents	Covered	
benazepril hcl	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
benazepril hcl/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
BENICAR	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
BENICAR HCT	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
BENZACLIN	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
benzoyl peroxide	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
BENZOYL PEROXIDE	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
benztropine mesylate	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
BEPREVE	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	ST
BESIVANCE	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	ST
betamethasone dipropionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
betamethasone dipropionate	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	

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betamethasone valerate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
betamethasone valerate	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
betamethasone valerate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
betaxolol hcl	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
BETAXOLOL HCL	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
bethanechol chloride	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
BETOPTIC-S	Suspension	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
BEYAZ	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	
bicalutamide	Tablet	Antineoplastic Agents	Covered	
BIDIL	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
bisacodyl	Suppository	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
bisacodyl ec	Tablet Delayed Release	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
bismatrol	Suspension	Gastrointestinal Drugs; Antidiarrhea Agents	Covered	
bismuth	Tablet Chewable	Gastrointestinal Drugs; Antidiarrhea Agents	Covered	
bisoprolol fumarate	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	

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bisoprolol fumarate/hydrochlorothiazide	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
BLEPHAMIDE	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
BONIVA	Tablet	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Covered	ST
BPO	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
BREATHERITE VALVED MDI CHAMBER/RIGID	Device	Devices	Covered	QL
BREATHERITE W/SMALL MASK	Miscellaneous	Devices	Covered	QL
BREVICON-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
BRILINTA	Tablet	Blood Formation, Coagulation & Thrombosis; Antithrombotic Agents	Covered	
brimonidine tartrate	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
bromaline	Solution	Antihistamine Drugs; First Generation Antihistamines	Covered	
BROMDAY	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
bromocriptine mesylate	Capsule	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
bromocriptine mesylate	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
broncho saline	Aerosol Solution	Respiratory Tract Agents; Mucolytic Agents	Covered	
BROVANA	Nebulization Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	

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budeprion sr	Tablet Extended Release 12	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
budeprion xl	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
budesonide	Suspension	Hormones and Synthetic Substitutes; Adrenals	Covered	
buffered aspirin	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
bumetanide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
buprenorphine hcl	Tablet Sublingual	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
buproban	Tablet Extended Release 12	Central Nervous System Agents; Psychotherapeutic Agents	Covered	
bupropion hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
bupropion hcl sr	Tablet Extended Release 12	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
bupirone hcl	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
butalbital/acetamino phen/caffeine	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
butalbital/acetamino phen/caffeine/codein e	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
butalbital/asa/caffein e	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
butalbital/aspirin/caff eine	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
butalbital/aspirin/caff eine/codeine	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
BUTISOL SODIUM	Elixir	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
BUTISOL SODIUM	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
butorphanol tartrate	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL
BUTRANS	Patch Weekly	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL ST
BYETTA	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	ST
BYSTOLIC	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Not Covered	
cabergoline	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
CALAMINE	Lotion	Skin and Mucous Membrane Preparations; Astringents	Covered	
calcarb 600	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
calciferol	Solution	Vitamins; Vitamin D	Covered	
calcipotriene	Solution	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
calcitonin-salmon	Solution	Hormones and Synthetic Substitutes; Parathyroid	Covered	
calcitriol	Capsule	Vitamins; Vitamin D	Covered	
calcitriol	Solution	Vitamins; Vitamin D	Covered	
calcium acetate	Capsule	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
calcium antacid extra strength	Tablet Chewable	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
calcium carbonate	Suspension	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
calcium carbonate	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
CALCIUM CARBONATE	Tablet	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
calcium citrate	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
camila	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
CAMPRAL	Tablet Delayed Release	Central Nervous System Agents; Central Nervous System Agents, Misc	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CAPRELSA	Tablet	Antineoplastic Agents	Covered	PA
capsaicin	Cream	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
captopril	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
captopril/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
CARAFATE	Suspension	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
CARBAGLU	Tablet	Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants	Covered	PA
carbamazepine	Suspension	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
carbamazepine	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
carbamazepine	Tablet Chewable	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
carbamazepine er	Tablet Extended Release 12	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CARBATROL	Capsule Extended Release 12	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
carbidopa/levodopa	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
carbidopa/levodopa er	Tablet Extended Release	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
carbidopa/levodopa odt	Tablet Dispersible	Central Nervous System Agents; Antiparkinsonian Agents	Covered	PA
CARDIZEM LA	Tablet Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
carisoprodol	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
carisoprodol/aspirin	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
carteolol hcl	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Not Covered	
cartia xt	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
carvedilol	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
CASODEX	Tablet	Antineoplastic Agents	Not Covered	
CAVAN PRENATAL/EC CALCIUM	Tablet Delayed Release	Vitamins; Multivitamin Preparations	Covered	
CAYSTON	Solution Reconstituted	Anti-infective Agents; Antibacterials	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
cefaclor	Capsule	Anti-infective Agents; Antibacterials	Covered	
CEFACLOR ER	Tablet Extended Release 12	Anti-infective Agents; Antibacterials	Covered	
cefadroxil	Capsule	Anti-infective Agents; Antibacterials	Covered	
cefadroxil	Tablet	Anti-infective Agents; Antibacterials	Covered	
cefdinir	Capsule	Anti-infective Agents; Antibacterials	Covered	
cefdinir	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
cefprozil	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
cefprozil	Tablet	Anti-infective Agents; Antibacterials	Covered	
cefuroxime axetil	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
cefuroxime axetil	Tablet	Anti-infective Agents; Antibacterials	Covered	
CELEBREX	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	PA
CELEXA	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CELONTIN	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
cephalexin	Capsule	Anti-infective Agents; Antibacterials	Covered	
cephalexin	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
CESAMET	Capsule	Gastrointestinal Drugs; Antiemetics	Not Covered	
cetirizine hcl	Tablet	Antihistamine Drugs; Second Generation Antihistamines	Covered	
cetirizine hcl	Tablet Chewable	Antihistamine Drugs; Second Generation Antihistamines	Covered	
cetirizine hcl childrens allergy	Syrup	Antihistamine Drugs; Second Generation Antihistamines	Covered	
cetirizine hcl/pseudoephedrine hcl er	Tablet Extended Release 12	Antihistamine Drugs; Second Generation Antihistamines	Covered	
CETRAXAL	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Not Covered	
CHANTIX	Tablet	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
CHEMSTRIP BG LOG BOOK	Miscellaneous	Devices	Covered	
CHEMSTRIP-K	Strip	Diagnostic Agents; Urine and Feces Contents	Covered	
chewable antacid	Tablet Chewable	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
chlordiazepoxide hcl	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
chlordiazepoxide/clid inium	Capsule	Autonomic Drugs; Anticholinergic Agents	Covered	
chlorhexidine gluconate oral rinse	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
chloroquine phosphate	Tablet	Anti-infective Agents; Antiprotozoals	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
chlorothiazide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
chlorpheniramine maleate	Tablet	Antihistamine Drugs; First Generation Antihistamines	Covered	
CHLORPROMAZINE HCL	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
chlorpromazine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
chlorpropamide	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
chlorthalidone	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
chlorzoxazone	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	QL
cholestyramine	Powder	Cardiovascular Drugs; Antilipemic Agents	Covered	
cholestyramine light	Packet	Cardiovascular Drugs; Antilipemic Agents	Covered	
cholestyramine light	Powder	Cardiovascular Drugs; Antilipemic Agents	Covered	
choline magnesium trisalicylate	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ciclopirox	Suspension	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ciclopirox nail lacquer	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ciclopirox olamine	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
cilostazol	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
cimetidine	Tablet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
cimetidine hcl	Solution	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
CIPRO HC	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
CIPRODEX	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
ciprofloxacin er	Tablet Extended Release 24	Anti-infective Agents; Antibacterials	Covered	
ciprofloxacin hcl	Tablet	Anti-infective Agents; Antibacterials	Covered	
ciprofloxacin hcl	Tablet	Anti-infective Agents; Antibacterials	Covered	
ciprofloxacin hcl	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
citalopram hydrobromide	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
citalopram hydrobromide	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
claravis	Capsule	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
clarithromycin	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
clarithromycin	Tablet	Anti-infective Agents; Antibacterials	Covered	
clarithromycin er	Tablet Extended Release 24	Anti-infective Agents; Antibacterials	Covered	
CLARITIN	Tablet Chewable	Antihistamine Drugs; Second Generation Antihistamines	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
CLARITIN REDITABS	Tablet Dispersible	Antihistamine Drugs; Second Generation Antihistamines	Covered	
clear-atadine d	Tablet Extended Release 24	Antihistamine Drugs; Second Generation Antihistamines	Covered	
clemastine fumarate	Syrup	Antihistamine Drugs; First Generation Antihistamines	Covered	
clemastine fumarate	Tablet	Antihistamine Drugs; First Generation Antihistamines	Covered	
CLEOCIN PEDIATRIC GRANULES	Solution Reconstituted	Anti-infective Agents; Antibacterials	Not Covered	
clindamycin hcl	Capsule	Anti-infective Agents; Antibacterials	Covered	
clindamycin palmitate hcl	Solution Reconstituted	Anti-infective Agents; Antibacterials	Covered	
clindamycin phosphate	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clindamycin phosphate	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clindamycin phosphate	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clindamycin phosphate	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clindamycin/benzoyl peroxide	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clobetasol propionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
clobetasol propionate	Foam	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
clobetasol propionate	Gel	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
clobetasol propionate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
clobetasol propionate	Solution	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
clobetasol propionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
clomipramine hcl	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
clonazepam	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
clonazepam odt	Tablet Dispersible	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
clonidine hcl	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
clorazepate dipotassium	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
clotrimazole	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clotrimazole	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clotrimazole	Troche	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clotrimazole/betametasone dipropionate	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
clozapine	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CLOZARIL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
COAL TAR	Solution	Skin and Mucous Membrane Preparations; Keratoplastic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
COAL TAR BASE	Ointment	Skin and Mucous Membrane Preparations; Keratoplastic Agents	Covered	
COLESTID	Granules	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
COLESTID	Packet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
COLESTID	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
colestipol hcl	Granules	Cardiovascular Drugs; Antilipemic Agents	Covered	
colestipol hcl	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
colestipol hcl for oral suspension	Packet	Cardiovascular Drugs; Antilipemic Agents	Covered	
COMBIVENT	Aerosol	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
COMBIVIR	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
COMPLERA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
COMPLETENATE	Tablet Chewable	Vitamins; Multivitamin Preparations	Covered	
CONCERTA	Tablet Extended Release	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
CONDOMS-PREM LUBRICATED	Miscellaneous	Contraceptives	Covered	
controlrx	Cream	Miscellaneous Therapeutic Agents; Cariostatic Agents	Covered	
COPAXONE	Kit	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Covered	

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COREG CR	Capsule Extended Release 24	Cardiovascular Drugs; beta- Adrenergic Blocking Agents	Covered	ST
COUMADIN	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
cpm-pe	Liquid	Antihistamine Drugs; First Generation Antihistamines	Covered	
CREON	Capsule Delayed Release	Gastrointestinal Drugs; Digestants	Covered	
CRESTOR	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
CRIXIVAN	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
cromolyn sodium	Aerosol Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
cromolyn sodium	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	ST
cromolyn sodium	Nebulization Solution	Respiratory Tract Agents; Anti- inflammatory Agents	Covered	
cryselle-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
CUVPOSA	Solution	Autonomic Drugs; Anticholinergic Agents	Covered	
cyclobenzaprine hcl	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
cyclopentolate hcl	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
CYCLOPHOSPHAMIDE	Tablet	Antineoplastic Agents	Covered	
CYCLOSET	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	

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cyclosporine	Solution	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
cyclosporine modified	Capsule	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
CYMBALTA	Capsule Delayed Release	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
cyproheptadine hcl	Syrup	Antihistamine Drugs; First Generation Antihistamines	Covered	
cyproheptadine hcl	Tablet	Antihistamine Drugs; First Generation Antihistamines	Covered	
cytra-2	Solution	Electrolytic, Caloric, and Water Balance; Alkalinizing Agents	Covered	
d.o.s.	Capsule	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
DALIRESP	Tablet	Respiratory Tract Agents; Phosphodiesterase Type 4 Inhibitors	Not Covered	
danazol	Capsule	Hormones and Synthetic Substitutes; Androgens	Covered	
DARAPRIM	Tablet	Anti-infective Agents; Antiprotozoals	Covered	
DAYTRANA	Patch	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
demeclocycline hcl	Tablet	Anti-infective Agents; Antibacterials	Covered	
denta 5000 plus	Cream	Miscellaneous Therapeutic Agents; Cariostatic Agents	Covered	
DEPAKOTE	Tablet Delayed Release	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DEPAKOTE ER	Tablet Extended Release 24	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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DEPAKOTE SPRINKLES	Capsule Sprinkle	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DERMATOP	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Not Covered	
desipramine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
desmopressin acetate	Solution	Hormones and Synthetic Substitutes; Pituitary	Covered	
desmopressin acetate	Tablet	Hormones and Synthetic Substitutes; Pituitary	Covered	
desonide	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
desonide	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
desonide	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
desoximetasone	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
desoximetasone	Gel	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
desoximetasone	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
DETROL	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Not Covered	
DETROL LA	Capsule Extended Release 24	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Not Covered	
dexamethasone	Elixir	Hormones and Synthetic Substitutes; Adrenals	Covered	
DEXAMETHASONE	Solution	Hormones and Synthetic Substitutes; Adrenals	Covered	

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dexamethasone	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
DEXAMETHASONE INTENSOL	Concentrate	Hormones and Synthetic Substitutes; Adrenals	Covered	
dexamethasone sodium phosphate	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
DEXILANT	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	QL ST
dexmethylphenidate hcl	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
dextroamphetamine sulfate	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
dextroamphetamine sulfate er	Capsule Extended Release 24	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DIAMOX	Capsule Extended Release 12	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Not Covered	
DIASTAT ACUDIAL	Gel	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DIASTAT PEDIATRIC	Gel	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DIASTIX	Strip	Diagnostic Agents; Urine and Feces Contents	Covered	
DIAZEPAM	Solution	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
diazepam	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DIAZEPAM INTENSOL	Concentrate	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
diclofenac potassium	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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diclofenac sodium	Tablet Delayed Release	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
diclofenac sodium ec	Tablet Delayed Release	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
diclofenac sodium er	Tablet Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
dicloxacillin sodium	Capsule	Anti-infective Agents; Antibacterials	Covered	
dicyclomine hcl	Capsule	Autonomic Drugs; Anticholinergic Agents	Covered	
dicyclomine hcl	Solution	Autonomic Drugs; Anticholinergic Agents	Covered	
dicyclomine hcl	Tablet	Autonomic Drugs; Anticholinergic Agents	Covered	
DIFICID	Tablet	Anti-infective Agents; Antibacterials	Covered	ST
DIFLORASONE DIACETATE	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
diflorasone diacetate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
DIFLUNISAL	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
DIGOXIN	Solution	Cardiovascular Drugs; Cardiac Drugs	Covered	
digoxin	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
DILANTIN	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DILANTIN INFATABS	Tablet Chewable	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
DILATRATE SR	Capsule Extended Release	Cardiovascular Drugs; Vasodilating Agents	Covered	
dilt-cd	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diltiazem cd	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diltiazem hcl	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diltiazem hcl	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diltiazem hcl er	Capsule Extended Release 12	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
dilt-xr	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diltzac	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
diocto	Syrup	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
DIOVAN	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
DIOVAN HCT	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
diphenhist	Tablet	Antihistamine Drugs; First Generation Antihistamines	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
diphenhydramine hcl	Capsule	Antihistamine Drugs; First Generation Antihistamines	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
diphenhydramine hcl	Tablet	Antihistamine Drugs; First Generation Antihistamines	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
DIPHENOXYLATE/ATR OPINE	Liquid	Gastrointestinal Drugs; Antidiarrhea Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
diphenoxylate/atropine	Tablet	Gastrointestinal Drugs; Antidiarrhea Agents	Covered	
DIPROLENE	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
dipyridamole	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
disopyramide phosphate	Capsule	Cardiovascular Drugs; Cardiac Drugs	Covered	
DIURIL	Suspension	Electrolytic, Caloric, and Water Balance; Diuretics	Not Covered	
divalproex sodium	Capsule Sprinkle	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
divalproex sodium	Tablet Delayed Release	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
divalproex sodium er	Tablet Extended Release 24	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
doc-q-lax	Tablet	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
docusate calcium	Capsule	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
docusate sodium	Capsule	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
donepezil hcl	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
donepezil hcl	Tablet Dispersible	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
DONNATAL	Elixir	Autonomic Drugs; Anticholinergic Agents	Covered	
DORAL	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
DORYX	Tablet Delayed Release	Anti-infective Agents; Antibacterials	Not Covered	
dorzolamide hcl	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
double antibiotic	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
DOVONEX	Cream	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
doxazosin mesylate	Tablet	Cardiovascular Drugs; alpha- Adrenergic Blocking Agents	Covered	
doxepin hcl	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
doxepin hcl	Concentrate	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
doxycycline hyclate	Capsule	Anti-infective Agents; Antibacterials	Covered	
doxycycline hyclate	Tablet	Anti-infective Agents; Antibacterials	Covered	
DOXYCYCLINE HYCLATE	Tablet Delayed Release	Anti-infective Agents; Antibacterials	Covered	
doxycycline monohydrate	Capsule	Anti-infective Agents; Antibacterials	Covered	
doxycycline monohydrate	Tablet	Anti-infective Agents; Antibacterials	Covered	
dss	Capsule	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
DUETACT	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
DUEXIS	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	ST

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
DULERA	Aerosol	Hormones and Synthetic Substitutes; Adrenals	Covered	
DUREZOL	Emulsion	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	ST
DYNACIRC CR	Tablet Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
ear wax drops	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Not Covered	
EASIVENT	Miscellaneous	Devices	Covered	QL
econazole nitrate	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
EDARBI	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Not Covered	
EDECIN	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
EDLUAR	Tablet Sublingual	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
EDURANT	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
effervescent potassium/chloride	Tablet Effervescent	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
EFFEXOR XR	Capsule Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
EFFIENT	Tablet	Blood Formation, Coagulation & Thrombosis; Antithrombotic Agents	Covered	
EGRIFTA	Solution Reconstituted	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Not Covered	
ELESTAT	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ELIDEL	Cream	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	QL
ELLA	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
ELMIRON	Capsule	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	QL
EMADINE	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
EMCYT	Capsule	Antineoplastic Agents	Covered	
EMEND	Capsule	Gastrointestinal Drugs; Antiemetics	Covered	QL
EMSAM	Patch 24 Hour	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
EMTRIVA	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ENABLEX	Tablet Extended Release 24	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Not Covered	
enalapril maleate	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
enalapril maleate/hydrochloro thiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
ENBREL	Kit	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
ENBREL	Solution	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
enoxaparin sodium	Solution	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
enpresse-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ENTOCORT EC	Capsule Extended Release 24	Hormones and Synthetic Substitutes; Adrenals	Covered	QL
enulose	Solution	Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants	Covered	
EPIDUO	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Not Covered	
EPIFOAM	Foam	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
epinastine hcl	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
EPINEPHRINE	Device	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
EPIPEN 2-PAK	Device	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
EPIPEN-JR 2-PAK	Device	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
EPIVIR	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
eplerenone	Tablet	Cardiovascular Drugs; Renin- Angiotensin-Aldosterone Sys Inhib	Covered	QL
EPOGEN	Solution	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	
EPZICOM	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
EQUETRO	Capsule Extended Release 12	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ergotamine tartrate/caffeine	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	
errin	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ery	Pad	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ERYPED 400	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
ERYTHROCIN STEARATE	Tablet	Anti-infective Agents; Antibacterials	Covered	
ERYTHROMYCIN	Capsule Delayed Release	Anti-infective Agents; Antibacterials	Covered	
erythromycin	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
erythromycin	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ERYTHROMYCIN BASE	Tablet	Anti-infective Agents; Antibacterials	Covered	
erythromycin ethylsuccinate	Tablet	Anti-infective Agents; Antibacterials	Covered	
erythromycin/benzoyl peroxide	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
erythromycin/sulfisoxazole	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
estazolam	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
estradiol	Patch Weekly	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
estradiol	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
estradiol/norethindrone acetate	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
ESTRING	Ring	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	

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estropipate	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
ethambutol hcl	Tablet	Anti-infective Agents; Antimycobacterials	Covered	
ethosuximide	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ethosuximide	Solution	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
etodolac	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
etodolac	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
etodolac er	Tablet Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
EVISTA	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	QL
EXALGO	Tablet Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Covered	ST
EXELON	Capsule	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
EXELON	Patch 24 Hour	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
EXELON	Solution	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
EXFORGE	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	ST
EXFORGE HCT	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	ST
famciclovir	Tablet	Anti-infective Agents; Antivirals	Covered	QL

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famotidine	Tablet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
FAZACLO	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
FC FEMALE CONDOM	Miscellaneous	Contraceptives	Covered	
FELBATOL	Suspension	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
FELBATOL	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
felodipine er	Tablet Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
FEMARA	Tablet	Antineoplastic Agents	Covered	QL
FEMCON FE	Tablet Chewable	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	ST
FEMHRT LOW DOSE	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
FEMRING	Ring	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
fenofibrate	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
fenofibrate micronized	Capsule	Cardiovascular Drugs; Antilipemic Agents	Covered	
FENOFIBRIC ACID	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
FENOGLIDE	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
fentanyl	Patch 72 Hour	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ferrex 150	Capsule	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Not Covered	
ferrex 150 forte	Capsule	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Not Covered	
FERREX 150 FORTE PLUS	Capsule	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Not Covered	
FERREX 150 PLUS	Capsule	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Not Covered	
FERREX 28	Tablet	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Not Covered	
ferrous gluconate	Tablet	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Covered	
ferrous sulfate	Elixir	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Covered	
ferrous sulfate	Tablet	Blood Formation,Coagulation & Thrombosis; Antianemia Drugs	Covered	
FIBRICOR	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
FINACEA	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	ST
finasteride	Tablet	Miscellaneous Therapeutic Agents; 5-alpha-Reductase Inhibitors	Covered	
FLAGYL ER	Tablet Extended Release 24	Anti-infective Agents; Antiprotozoals	Covered	ST
flavoxate hcl	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	
flecainide acetate	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
FLECTOR	Patch	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	ST

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
FLOVENT HFA	Aerosol	Hormones and Synthetic Substitutes; Adrenals	Covered	
FLUARIX 2011-2012	Suspension	Serums, Toxoids and Vaccines; Vaccines	Covered	
fluconazole	Suspension Reconstituted	Anti-infective Agents; Antifungals	Covered	
fluconazole	Tablet	Anti-infective Agents; Antifungals	Covered	
fludrocortisone acetate	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
FLULAVAL 2011-2012	Injectable	Serums, Toxoids and Vaccines; Vaccines	Covered	
FLUMIST NASAL VACCINE 2011-2012	Liquid	Serums, Toxoids and Vaccines; Vaccines	Covered	
FLUNISOLIDE	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
FLUNISOLIDE	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
FLUOCINOLONE ACETONIDE	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
FLUOCINOLONE ACETONIDE	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
FLUOCINOLONE ACETONIDE	Solution	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
fluocinonide	Gel	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
fluocinonide	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
fluocinonide-e	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	

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fluorometholone	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
fluorouracil	Solution	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
fluoxetine hcl	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
fluoxetine hcl	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
fluoxetine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
fluphenazine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
flurazepam hcl	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
flurbiprofen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
flurbiprofen sodium	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
fluticasone propionate	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
fluticasone propionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
fluticasone propionate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
fluvoxamine maleate	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
FLUZONE HIGH-DOSE PF 2011-2012	Suspension	Serums, Toxoids and Vaccines; Vaccines	Covered	
FLUZONE PF 2011-2012	Suspension	Serums, Toxoids and Vaccines; Vaccines	Covered	

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FLUZONE SPLIT 2011-2012	Injectable	Serums, Toxoids and Vaccines; Vaccines	Covered	
FML	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
FML FORTE	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
FOCALIN XR	Capsule Extended Release 24	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
folbic	Tablet	Vitamins; Vitamin B Complex	Covered	
folic acid	Tablet	Vitamins; Vitamin B Complex	Covered	
FORADIL AEROLIZER	Capsule	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
FORTAMET	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
FORTEO	Solution	Hormones and Synthetic Substitutes; Parathyroid	Covered	PA
FORTESTA	Gel	Hormones and Synthetic Substitutes; Androgens	Not Covered	
FORTICAL	Solution	Hormones and Synthetic Substitutes; Parathyroid	Covered	ST
FOSAMAX	Tablet	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Not Covered	
fosinopril sodium	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
fosinopril sodium/hydrochlorot hiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
FOSRENOL	Tablet Chewable	Electrolytic, Caloric, and Water Balance; Ion-removing Agents	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
FREESTYLE LITE TEST STRIPS	Strip	Diagnostic Agents; Diabetes Mellitus	Covered	
FREESTYLE TEST STRIPS	Strip	Diagnostic Agents; Diabetes Mellitus	Covered	
FURADANTIN	Suspension	Anti-infective Agents; Urinary Anti-infectives	Covered	
furosemide	Solution	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
furosemide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
FUZEON	Kit	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
gabapentin	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
gabapentin	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
GABITRIL	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
galantamine hydrobromide	Capsule Extended Release 24	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
galantamine hydrobromide	Solution	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
galantamine hydrobromide	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
gavilyte-g	Solution Reconstituted	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
gemfibrozil	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
genac	Tablet	Antihistamine Drugs; First Generation Antihistamines	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
GENERESS FE	Tablet Chewable	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	
gentamicin sulfate	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
gentamicin sulfate	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
gentamicin sulfate	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
GEODON	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
GILENYA	Capsule	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Covered	PA
GLASSIA	Solution	Respiratory Tract Agents; Respiratory Tract Agents, Miscellaneous	Not Covered	
GLEEVEC	Tablet	Antineoplastic Agents	Covered	
glimepiride	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glipizide	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glipizide er	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glipizide xl	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glipizide/metformin hcl	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
GLUCAGON EMERGENCY KIT	Kit	Hormones and Synthetic Substitutes; Antihypoglycemic Agents	Covered	
GLUCOVANCE	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
GLUMETZA	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
glyburide	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glyburide micronized	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glyburide/metformin hcl	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
glycopyrrolate	Tablet	Autonomic Drugs; Anticholinergic Agents	Covered	
GOLYTELY	Solution Reconstituted	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
granisetron hcl	Tablet	Gastrointestinal Drugs; Antiemetics	Covered	QL
GRIFULVIN V	Tablet	Anti-infective Agents; Antifungals	Covered	
griseofulvin microsize	Suspension	Anti-infective Agents; Antifungals	Covered	
GRIS-PEG	Tablet	Anti-infective Agents; Antifungals	Covered	
guanfacine hcl	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
GYNOL II	Gel	Contraceptives	Covered	
GYNOL II EXTRA STRENGTH	Gel	Contraceptives	Covered	
HALAVEN	Solution	Antineoplastic Agents	Not Covered	
halobetasol propionate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
halobetasol propionate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
HALOG	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
HALOG	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
haloperidol	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
HECTOROL	Capsule	Vitamins; Vitamin D	Covered	
HELIDAC	Miscellaneous	Anti-infective Agents; Anti-infectives, Miscellaneous	Covered	
heparin sodium	Solution	Blood Formation, Coagulation & Thrombosis; Antithrombotic Agents	Covered	
HEPSERA	Tablet	Anti-infective Agents; Antivirals	Covered	ST
homatropaire	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
HORIZANT	Tablet Extended Release 24	Central Nervous System Agents; Anticonvulsants	Covered	ST
HUMALOG	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMALOG KWIKPEN	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMALOG MIX 50/50	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMALOG MIX 50/50 KWIKPEN	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMALOG MIX 75/25	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
HUMALOG MIX 75/25 KWIKPEN	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMIRA	Kit	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
HUMIRA PEN	Kit	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
HUMIRA PEN-CROHNS DISEASESTARTER	Kit	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
HUMULIN 70/30	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMULIN 70/30 PEN	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMULIN N	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMULIN N U-100 PEN	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
HUMULIN R	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
hydralazine hcl	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
hydrochlorothiazide	Capsule	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
hydrochlorothiazide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
hydrocodone bitartrate/acetaminophen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
hydrocodone/acetaminophen	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
hydrocodone/acetaminophen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
hydrocodone/ibuprofen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL
hydrocortisone	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
hydrocortisone	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
hydrocortisone	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone	Enema	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone acetate/pramoxine	Cream	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
hydrocortisone butyrate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone butyrate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone butyrate	Solution	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone valerate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
hydrocortisone valerate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
HYDROMORPHONE HCL	Suppository	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
hydromorphone hcl	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
hydroquinone	Cream	Skin and Mucous Membrane Preparations; Depigmenting and Pigmenting Agents	Covered	
hydroxychloroquine sulfate	Tablet	Anti-infective Agents; Antiprotozoals	Covered	
hydroxyurea	Capsule	Antineoplastic Agents	Covered	
hydroxyzine hcl	Syrup	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Covered	
hydroxyzine hcl	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Covered	
hydroxyzine pamoate	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Covered	
hyoscyamine sulfate	Elixir	Autonomic Drugs; Anticholinergic Agents	Covered	
hyoscyamine sulfate	Solution	Autonomic Drugs; Anticholinergic Agents	Covered	
hyoscyamine sulfate	Tablet	Autonomic Drugs; Anticholinergic Agents	Covered	
hyoscyamine sulfate	Tablet Sublingual	Autonomic Drugs; Anticholinergic Agents	Covered	
hyoscyamine sulfate sr	Tablet Extended Release 12	Autonomic Drugs; Anticholinergic Agents	Covered	
hypotears	Solution	Eye, Ear, Nose & Throat Preparations; EENT Drugs, Miscellaneous	Covered	
ibuprofen	Suspension	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ibuprofen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
imipramine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
IMITREX	Solution	Central Nervous System Agents; Antimigraine Agents	Not Covered	QL
IMITREX	Tablet	Central Nervous System Agents; Antimigraine Agents	Not Covered	QL
IMITREX STATDOSE REFILL	Solution	Central Nervous System Agents; Antimigraine Agents	Not Covered	QL
IMITREX STATDOSE SYSTEM	Solution	Central Nervous System Agents; Antimigraine Agents	Not Covered	QL
INATAL ADVANCE	Tablet	Vitamins; Multivitamin Preparations	Covered	
INATAL GT	Tablet	Vitamins; Multivitamin Preparations	Covered	
INATAL ULTRA	Tablet	Vitamins; Multivitamin Preparations	Covered	
INCIVEK	Tablet	Anti-infective Agents; Antivirals	Covered	PA
indapamide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
indomethacin	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
indomethacin er	Capsule Extended Release	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
infants mapap	Suspension	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
INNOPRAN XL	Capsule Extended Release 24	Cardiovascular Drugs; beta- Adrenergic Blocking Agents	Not Covered	
INTELENCE	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
INTRON-A	Kit	Antineoplastic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
INTRON-A	Solution	Antineoplastic Agents	Covered	
INTRON-A W/DILUENT	Solution Reconstituted	Antineoplastic Agents	Covered	
INTUNIV	Tablet Extended Release 24	Central Nervous System Agents; Central Nervous System Agents, Misc	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
INVEGA	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
INVIRASE	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
INVIRASE	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
IPECAC	Syrup	Gastrointestinal Drugs; Emetics	Covered	
ipratropium bromide	Solution	Autonomic Drugs; Anticholinergic Agents	Covered	
ipratropium bromide/albuterol sulfate	Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
IRESSA	Tablet	Antineoplastic Agents	Covered	PA
ISENTRESS	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
isometheptene/dichl oralphenazone/aceta minophen	Capsule	Central Nervous System Agents; Antimigraine Agents	Covered	
isoniazid	Tablet	Anti-infective Agents; Antimycobacterials	Covered	
ISOPTO HOMATROPINE	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
ISOPTO HYOSCINE	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
isosorbide dinitrate	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
isosorbide dinitrate	Tablet Sublingual	Cardiovascular Drugs; Vasodilating Agents	Covered	
isosorbide mononitrate	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
isosorbide mononitrate er	Tablet Extended Release 24	Cardiovascular Drugs; Vasodilating Agents	Covered	
itraconazole	Capsule	Anti-infective Agents; Antifungals	Covered	
IXEMPRA KIT	Solution Reconstituted	Antineoplastic Agents	Not Covered	
jantoven	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
JANUMET	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	PA
JANUVIA	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
jinteli	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
jolivette	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
junel 1.5/30	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
junel 1/20	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
junel fe 1.5/30	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
junel fe 1/20	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
KADIAN	Capsule Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
KALETRA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
kariva	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
k-effervescent	Tablet Effervescent	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
KEPPRA	Solution	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
KEPPRA	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
KEPPRA XR	Tablet Extended Release 24	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
KETEK	Tablet	Anti-infective Agents; Antibacterials	Not Covered	
ketoconazole	Tablet	Anti-infective Agents; Antifungals	Covered	
ketoconazole	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ketoconazole	Shampoo	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ketoprofen	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
KETOPROFEN ER	Capsule Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ketorolac tromethamine	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL
KETOSTIX	Strip	Diagnostic Agents; Urine and Feces Contents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
KINERET	Solution	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	PA
kionex	Suspension	Electrolytic, Caloric, and Water Balance; Ion-removing Agents	Covered	
KOMBIGLYZE XR	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	QL
KUVAN	Tablet Soluble	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	
labetalol hcl	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
lactic acid	Lotion	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	
lactic acid e	Cream	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	
LACTOCAL-F	Tablet	Vitamins; Multivitamin Preparations	Covered	
lactulose	Solution	Electrolytic, Caloric, and Water Balance; Ammonia Detoxicants	Covered	
LAMICTAL	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL ODT	Kit	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL ODT	Tablet Dispersible	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL STARTER/NOT TAKING	Kit	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NO	Kit	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL STARTER/TAKING VALPROATE	Kit	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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LAMICTAL XR	Kit	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMICTAL XR	Tablet Extended Release 24	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LAMISIL AT	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
lamotrigine	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
lamotrigine	Tablet Chewable	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LANCETS	Miscellaneous	Devices	Covered	
lansoprazole	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
lansoprazole odt	Tablet Dispersible	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
LANTUS	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
LANTUS SOLOSTAR	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
LATUDA	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
leflunomide	Tablet	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Covered	
LESCOL	Capsule	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
LESCOL XL	Tablet Extended Release 24	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
lessina-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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LETAIRIS	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
leucovorin calcium	Tablet	Miscellaneous Therapeutic Agents; Antidotes	Covered	
LEUKERAN	Tablet	Antineoplastic Agents	Covered	
LEUKINE	Solution	Blood Formation, Coagulation & Thrombosis; Hematopoietic Agents	Covered	
LEVATOL	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
LEVEMIR	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
LEVEMIR FLEXPEN	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
levetiracetam	Solution	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
levetiracetam	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LEVOBUNOLOL HCL	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
levocarnitine	Solution	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	
levofloxacin	Solution	Anti-infective Agents; Antibacterials	Covered	
levofloxacin	Tablet	Anti-infective Agents; Antibacterials	Covered	
levofloxacin	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
levora 0.15/30-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
levothyroxine sodium	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
levoxyl	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
LEXAPRO	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LEXAPRO	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LEXIVA	Suspension	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LEXIVA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LIALDA	Tablet Delayed Release	Gastrointestinal Drugs; Anti-inflammatory Agents	Not Covered	
licide	Shampoo	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
lidocaine	Cream	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
lidocaine	Ointment	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
lidocaine hcl jelly	Gel	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
lidocaine viscous	Solution	Eye, Ear, Nose & Throat Preparations; Local Anesthetics	Covered	
lindane	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
lindane	Shampoo	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
liothyronine sodium	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	

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LIPITOR	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
LIPOFEN	Capsule	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
lisinopril	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
lisinopril/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
lithium carbonate	Capsule	Central Nervous System Agents; Antimanic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
lithium carbonate er	Tablet Extended Release	Central Nervous System Agents; Antimanic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LITHIUM CITRATE	Syrup	Central Nervous System Agents; Antimanic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LOESTRIN 24 FE	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	ST
LOFIBRA	Capsule	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
LOFIBRA	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
loperamide hcl	Capsule	Gastrointestinal Drugs; Antidiarrhea Agents	Covered	
loratadine	Tablet	Antihistamine Drugs; Second Generation Antihistamines	Covered	
loratadine hives relief	Solution	Antihistamine Drugs; Second Generation Antihistamines	Covered	
loratadine-d 24hr	Tablet Extended Release 24	Antihistamine Drugs; Second Generation Antihistamines	Covered	
lorazepam	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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LORAZEPAM INTENSOL	Concentrate	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
losartan potassium	Tablet	Cardiovascular Drugs; Renin- Angiotensin-Aldosterone Sys Inhib	Covered	
losartan potassium/hydrochloro thiazide	Tablet	Cardiovascular Drugs; Renin- Angiotensin-Aldosterone Sys Inhib	Covered	
LOSEASONIQUE	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	
LOTEMAX	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
LOTEMAX	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
LOTREL	Capsule	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
LOTRONEX	Tablet	Gastrointestinal Drugs; Anti- inflammatory Agents	Covered	
lovastatin	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
LOVAZA	Capsule	Cardiovascular Drugs; Antilipemic Agents	Covered	PA
LOVENOX	Solution	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Not Covered	
low-ogestrel	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
loxapine succinate	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LOXITANE	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LUNESTA	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
LURIDE	Solution	Miscellaneous Therapeutic Agents; Cariostatic Agents	Covered	
Iutera	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
LUVOX CR	Capsule Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LYBREL	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	ST
LYRICA	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
LYSTEDA	Tablet	Blood Formation,Coagulation & Thrombosis; Antihemorrhagic Agents	Covered	ST
MACRODANTIN	Capsule	Anti-infective Agents; Urinary Anti- infectives	Covered	QL
MAGNEBIND 200	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
magnesium oxide	Tablet	Gastrointestinal Drugs; Antacids and Adsorbents	Covered	
MAKENA	Oil	Hormones and Synthetic Substitutes; Progestins	Not Covered	
MAPROTILINE HCL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
MARPLAN	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
matzim la	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
MAXAIR AUTOHALER	Aerosol Breath Activated	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Not Covered	
MAXALT	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	QL

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
MAXALT-MLT	Tablet Dispersible	Central Nervous System Agents; Antimigraine Agents	Covered	QL
MCT OIL	Oil	Electrolytic, Caloric, and Water Balance; Caloric Agents	Covered	
meclizine hcl	Tablet	Gastrointestinal Drugs; Antiemetics	Covered	
MEDROL	Tablet	Hormones and Synthetic Substitutes; Adrenals	Not Covered	
medroxyprogesteron e acetate	Tablet	Hormones and Synthetic Substitutes; Progestins	Covered	
mefloquine hcl	Tablet	Anti-infective Agents; Antiprotozoals	Covered	
megestrol acetate	Suspension	Antineoplastic Agents	Covered	
megestrol acetate	Tablet	Antineoplastic Agents	Covered	
MELOXICAM	Suspension	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
meloxicam	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
MEPERIDINE HCL	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
MEPHYTON	Tablet	Vitamins; Vitamin K Activity	Covered	
meprobamate	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
mercaptopurine	Tablet	Antineoplastic Agents	Covered	
mesalamine	Enema	Gastrointestinal Drugs; Anti- inflammatory Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
MESNEX	Tablet	Miscellaneous Therapeutic Agents; Protective Agents	Covered	
METADATE CD	Capsule Extended Release	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
metamucil smooth texture	Powder	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
metaproterenol sulfate	Syrup	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
METAPROTERENOL SULFATE	Tablet	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
metaxalone	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
metformin hcl	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
metformin hcl er	Tablet Extended Release 24	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
METHADONE HCL	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
methadone hcl	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
methazolamide	Tablet	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
METHERGINE	Tablet	Oxytocics	Covered	
methimazole	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
methocarbamol	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
methotrexate	Tablet	Antineoplastic Agents	Covered	

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methotrexate sodium	Solution	Antineoplastic Agents	Covered	
METHOTREXATE SODIUM	Solution Reconstituted	Antineoplastic Agents	Covered	
methscopolamine bromide	Tablet	Autonomic Drugs; Anticholinergic Agents	Covered	QL
METHYCLOTHIAZIDE	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Not Covered	
methyl dopa	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
METHYLDOPA/HYDR OCHLOROTHIAZIDE	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
METHYLIN	Solution	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
METHYLIN	Tablet Chewable	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
methylphenidate hcl	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
METHYLPHENIDATE HCL ER	Tablet Extended Release	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
methylphenidate hcl sr	Tablet Extended Release	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
methylprednisolone	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
methyltestosterone/ esterified estrogens	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
methyltestosterone/ esterified estrogens hs	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
metoclopramide hcl	Solution	Gastrointestinal Drugs; Prokinetic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
metoclopramide hcl	Tablet	Gastrointestinal Drugs; Prokinetic Agents	Covered	
metolazone	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
metoprolol succinate er	Tablet Extended Release 24	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
metoprolol tartrate	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
metoprolol/hydrochlorothiazide	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
metronidazole	Tablet	Anti-infective Agents; Antiprotozoals	Covered	
metronidazole	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
metronidazole	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
metronidazole	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
metronidazole vaginal	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
MEXILETINE HCL	Capsule	Cardiovascular Drugs; Cardiac Drugs	Covered	
miconazole nitrate	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
miconazole nitrate	Suppository	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
microgestin 1.5/30	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
microgestin 1/20	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
microgestin fe	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
microgestin fe 1.5/30	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
MICROZIDE	Capsule	Electrolytic, Caloric, and Water Balance; Diuretics	Not Covered	
MIDAMOR	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Not Covered	
midodrine hcl	Tablet	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
migraine formula	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
MIGRANAL	Solution	Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents	Covered	QL
MINERAL OIL	Oil	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
minerin	Lotion	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	
MINI WRIGHT PEAK FLOW METER	Device	Devices	Covered	QL
minocycline hcl	Capsule	Anti-infective Agents; Antibacterials	Covered	
minocycline hcl	Tablet	Anti-infective Agents; Antibacterials	Covered	
minoxidil	Tablet	Cardiovascular Drugs; Hypotensive Agents	Covered	
MIRAPEX	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered	
MIRAPEX ER	Tablet Extended Release 24	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
mirtazapine	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
mirtazapine	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
mirtazapine odt	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
misoprostol	Tablet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
moexipril hcl	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
moexipril/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
mometasone furoate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
mometasone furoate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
mometasone furoate	Solution	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
mononessa	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
MONUROL	Packet	Anti-infective Agents; Urinary Anti-infectives	Covered	QL
MORPHINE SULFATE	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
MORPHINE SULFATE	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
morphine sulfate er	Tablet Extended Release 12	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
MOXATAG	Tablet Extended Release 24	Anti-infective Agents; Antibacterials	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
MOXEZA	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
MULTAQ	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
multi-vit/fluoride	Solution	Vitamins; Multivitamin Preparations	Covered	
multi-vit/iron/fluoride	Solution	Vitamins; Multivitamin Preparations	Covered	
multivitamins/fluoride	Tablet Chewable	Vitamins; Multivitamin Preparations	Covered	
mupirocin	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
M-VIT	Tablet	Vitamins; Multivitamin Preparations	Covered	
mycophenolate mofetil	Capsule	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
mycophenolate mofetil	Tablet	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
MYNATAL ADVANCE	Tablet	Vitamins; Multivitamin Preparations	Covered	
MYNATAL PLUS	Tablet	Vitamins; Multivitamin Preparations	Covered	
MYNATAL ULTRACAPLET	Tablet	Vitamins; Multivitamin Preparations	Covered	
MYNATAL-Z	Tablet	Vitamins; Multivitamin Preparations	Covered	
MYNATE 90 PLUS	Tablet Extended Release	Vitamins; Multivitamin Preparations	Covered	
nabumetone	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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nadolol	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
naltrexone hcl	Tablet	Central Nervous System Agents; Opiate Antagonists	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NAMENDA	Solution	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	
NAMENDA	Tablet	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	
NAMENDA TITRATION PAK	Tablet	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	
naproxen	Suspension	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
naproxen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
naproxen dr	Tablet Delayed Release	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
naproxen sodium	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
naratriptan hcl	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	QL
NARDIL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NASACORT AQ	Aerosol Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
nasal decongestant	Syrup	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
NASONEX	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
NATACYN	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
NATAZIA	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	ST
NATROBA	Suspension	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	ST
natural fiber therapy	Powder	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
NATURE-THROID	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
NAVANE	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NEBUPENT	Solution Reconstituted	Anti-infective Agents; Antiprotozoals	Covered	
necon 0.5/35-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
necon 1/35-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
NECON 1/50-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
NECON 10/11-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
necon 7/7/7	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
NEFAZODONE HCL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
neomycin sulfate	Tablet	Anti-infective Agents; Antibacterials	Covered	
neomycin/polymyxin /bacitracin/hydrocortisone	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
neomycin/polymyxin /dexamethasone	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	ST

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
neomycin/polymyxin /dexamethasone	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	ST
neomycin/polymyxin /gramicidin	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
neomycin/polymyxin /hc	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
NEOMYCIN/POLYMYX IN/HYDROCORTISONE	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
NEULASTA	Solution	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	PA
NEUMEGA	Solution Reconstituted	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	
NEUPOGEN	Solution	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	PA
NEURONTIN	Solution	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NEVANAC	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	ST
NEXAVAR	Tablet	Antineoplastic Agents	Covered	
NEXICLON XR	Liquid Extended Release	Cardiovascular Drugs; Hypotensive Agents	Not Covered	
NEXICLON XR	Tablet Extended Release 24	Cardiovascular Drugs; Hypotensive Agents	Not Covered	
NEXIUM	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	QL ST
next choice	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
niacin	Tablet	Vitamins; Vitamin B Complex	Covered	

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niacin sr	Capsule Extended Release	Vitamins; Vitamin B Complex	Covered	
niacinamide	Tablet	Vitamins; Vitamin B Complex	Covered	
nicardipine hcl	Capsule	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
nicotine	Patch 24 Hour	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
nicotine polacrilex	Gum	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
nicotine polacrilex	Lozenge	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
nicotine polacrilex refill	Gum	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
NICOTROL INHALER	Inhaler	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
NICOTROL NS	Solution	Autonomic Drugs; Autonomic Drugs, Miscellaneous	Covered	
nifedical xl	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
nifedipine	Capsule	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
nifedipine er	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
NIRAVAM	Tablet Dispersible	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
nisoldipine	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	
nisoldipine er	Tablet Extended Release 24	Cardiovascular Drugs; Calcium- Channel Blocking Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
nitrofurantoin macrocrystalline	Capsule	Anti-infective Agents; Urinary Anti-infectives	Covered	
nitroglycerin er	Capsule Extended Release	Cardiovascular Drugs; Vasodilating Agents	Covered	
nitroglycerin transdermal	Patch 24 Hour	Cardiovascular Drugs; Vasodilating Agents	Covered	
NITROLINGUAL PUMPSPRAY	Solution	Cardiovascular Drugs; Vasodilating Agents	Covered	
nora-be	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
NORDITROPIN FLEXPPO	Solution	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Covered	PA
norethindrone acetate	Tablet	Hormones and Synthetic Substitutes; Progestins	Covered	
nortrel 1/35 (21)	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
nortrel 7/7/7	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
nortriptyline hcl	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
nortriptyline hcl	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NORVIR	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NOVOLIN 70/30	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLIN N	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLIN R	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	

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NOVOLOG	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLOG FLEXPEN	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLOG MIX 70/30	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Suspension	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOVOLOG PENFILL	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
NOXAFIL	Suspension	Anti-infective Agents; Antifungals	Not Covered	
NUCYNTA	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
NUCYNTA ER	Tablet Extended Release 12	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
NUDEXTA	Capsule	Central Nervous System Agents; Central Nervous System Agents, Misc	Not Covered	
NUTROPIN	Solution Reconstituted	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Not Covered	
NUTROPIN AQ	Solution	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Not Covered	
NUTROPIN AQ PEN	Solution	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Not Covered	
NUVARING	Ring	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	ST
NUVIGIL	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
NYSTATIN	Powder	Anti-infective Agents; Antifungals	Covered	

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nystatin	Suspension	Anti-infective Agents; Antifungals	Covered	
nystatin	Tablet	Anti-infective Agents; Antifungals	Covered	
nystop	Powder	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
OB-NATAL ONE	Capsule	Vitamins; Multivitamin Preparations	Covered	
ocella	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
octreotide acetate	Solution	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	
ofloxacin	Tablet	Anti-infective Agents; Antibacterials	Covered	
ofloxacin	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
OGESTREL	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
OLEPTRO	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
omeprazole	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	QL
OMEPRAZOLE	Tablet Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	QL
omeprazole 40mg	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	QL
omeprazole/sodium bicarbonate	Capsule	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
OMNARIS	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	ST

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OMNITROPE	Solution	Hormones and Synthetic Substitutes; Somatotropin Agonists and Antagonists	Not Covered	
ondansetron hcl	Solution	Gastrointestinal Drugs; Antiemetics	Covered	QL
ondansetron hcl	Tablet	Gastrointestinal Drugs; Antiemetics	Covered	QL
ondansetron odt	Tablet Dispersible	Gastrointestinal Drugs; Antiemetics	Covered	QL
ONGLYZA	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	ST
OPANA	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
OPANA ER	Tablet Extended Release 12	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
OPERAND POVIDONE/IODINE	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
OPTICHAMBER ADVANTAGE	Miscellaneous	Devices	Covered	QL
OPTICHAMBER ADVANTAGE/LARGE MASK	Miscellaneous	Devices	Covered	QL
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	Miscellaneous	Devices	Covered	QL
OPTICHAMBER ADVANTAGE/SMALL FACE MASK	Miscellaneous	Devices	Covered	QL
OPTICHAMBER FACE MASK/LARGE	Miscellaneous	Devices	Covered	QL
OPTICHAMBER FACE MASK/MEDIUM	Miscellaneous	Devices	Covered	QL
OPTICHAMBER FACE MASK/SMALL	Miscellaneous	Devices	Covered	QL

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
opti-clear	Solution	Eye, Ear, Nose & Throat Preparations; Vasoconstrictors	Not Covered	
OPTIVAR	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	ST
ORAP	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
orphenadrine citrate er	Tablet Extended Release 12	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
ORPHENADRINE COMPOUND DS	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ORTHO DIAPHRAGM ALL-FLEX/65MM	Diaphragm	Contraceptives	Covered	
ORTHO DIAPHRAGM COIL SPRING KIT 100	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM COIL SPRING KIT 105	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM COIL SPRING KIT 50	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 55	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 60	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 65	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 70	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 75	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 80	Kit	Contraceptives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ORTHO DIAPHRAGM FLAT SPRING KIT 85	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 90	Kit	Contraceptives	Covered	
ORTHO DIAPHRAGM FLAT SPRING KIT 95	Kit	Contraceptives	Covered	
ORTHO EVRA	Patch Weekly	Hormones and Synthetic Substitutes; Contraceptives	Covered	ST
OVCON-50 28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	ST
oxaprozin	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
oxazepam	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
oxcarbazepine	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
oxybutynin chloride	Syrup	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	
oxybutynin chloride	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	
oxybutynin chloride er	Tablet Extended Release 24	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	
OXYCODONE HCL	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
OXYCODONE HCL	Concentrate	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
oxycodone hcl	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
oxycodone/acetamin ophen	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
oxycodone/acetaminophen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
oxycodone/aspirin	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
OXYCONTIN	Tablet Extended Release 12	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL PA
oxymorphone hydrochloride	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
OXYMORPHONE HYDROCHLORIDE ER	Tablet Extended Release 12	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL
oyster calcium	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
oyster shell calcium/vitamin d	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
oyster shell/vitamin d	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
oyster-d	Tablet	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
pacerone	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
pantoprazole sodium	Tablet Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	QL
PARCOPA	Tablet Dispersible	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered	PA
paroxetine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
paroxetine hcl er	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PATANASE	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
PATANOL	Solution	Eye, Ear, Nose & Throat Preparations; Antiallergic Agents	Covered	
PAXIL	Suspension	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PAXIL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PAXIL CR	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PEAK FLOW METER	Device	Devices	Covered	QL
pediatric electrolyte	Solution	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
peg 3350/electrolytes	Solution Reconstituted	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
PEGANONE	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PEGASYS	Kit	Anti-infective Agents; Antivirals	Covered	
PEGASYS	Solution	Anti-infective Agents; Antivirals	Covered	
PEG-INTRON	Kit	Anti-infective Agents; Antivirals	Covered	PA
penicillin v potassium	Solution Reconstituted	Anti-infective Agents; Antibacterials	Covered	
penicillin v potassium	Tablet	Anti-infective Agents; Antibacterials	Covered	
PENTASA	Capsule Extended Release	Gastrointestinal Drugs; Anti-inflammatory Agents	Covered	QL
pentazocine/acetaminophen	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
pentazocine/naloxone hcl	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
pentoxifylline er	Tablet Extended Release	Blood Formation,Coagulation & Thrombosis; Hemorrhologic Agents	Covered	
PERFOROMIST	Nebulization Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
permethrin	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
permethrin	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
perphenazine	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PERPHENAZINE/AMITRIPTYLINE	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PEXEVA	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
phenazopyridine hcl	Tablet	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
phenobarbital	Elixir	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
phenobarbital	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
phentermine hcl	Capsule	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered	
phentermine hcl	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered	
phenylephrine hcl	Solution	Eye, Ear, Nose & Throat Preparations; Vasoconstrictors	Covered	
PHENYTEK	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
phenytoin	Suspension	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
phenytoin sodium extended	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PHISOHEX	Liquid	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
PHOSLO	Capsule	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Not Covered	
PHOSLYRA	Solution	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Not Covered	
pilocarpine hcl	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
pilocarpine hcl	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
pilocarpine hydrochloride	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
PINDOLOL	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
piroxicam	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
PLAN B	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	
PLAN B ONE-STEP	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
PLAVIX	Tablet	Blood Formation, Coagulation & Thrombosis; Antithrombotic Agents	Covered	
podofilox	Solution	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
polyethylene glycol 3350	Powder	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
POLYTRIM	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
PONSTEL	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL
portia-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
potassium bicarbonate	Tablet Effervescent	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
potassium chloride	Liquid	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
potassium chloride er	Capsule Extended Release	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
potassium chloride er	Tablet Extended Release	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
potassium chloride sr	Tablet Extended Release	Electrolytic, Caloric, and Water Balance; Replacement Preparations	Covered	
potassium citrate	Tablet Extended Release	Electrolytic, Caloric, and Water Balance; Alkalinizing Agents	Covered	
povidone-iodine	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
povidone-iodine	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
povidone-iodine	Swab	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
PRADAXA	Capsule	Blood Formation, Coagulation & Thrombosis; Antithrombotic Agents	Covered	QL
pramipexole dihydrochloride	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Covered	
PRAMOSONE	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
PRAMOSONE	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
PRAMOSONE	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
PRANDIMET	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
PRANDIN	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
pravastatin sodium	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
prazosin hcl	Capsule	Cardiovascular Drugs; alpha-Adrenergic Blocking Agents	Covered	
PRECOSE	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
PRED MILD	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
PRED-G	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
PRED-G S.O.P.	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
prednicarbate	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
prednicarbate	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
prednisolone acetate	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
prednisolone sodium phosphate	Solution	Hormones and Synthetic Substitutes; Adrenals	Covered	
PREDNISON	Solution	Hormones and Synthetic Substitutes; Adrenals	Covered	

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prednisone	Tablet	Hormones and Synthetic Substitutes; Adrenals	Covered	
PREMARIN	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
PREMARIN W/APPLICATOR	Cream	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
PREMPHASE	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
PREMPRO	Tablet	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	
PRENAFIRST	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATABS FA	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATABS RX	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATAL 19	Tablet Chewable	Vitamins; Multivitamin Preparations	Covered	
PRENATAL AD	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATAL PLUS	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATAL PLUS/IRON	Tablet	Vitamins; Multivitamin Preparations	Covered	
PRENATAL VITAMINS	Tablet	Vitamins; Multivitamin Preparations	Covered	
PREVACID	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	
PREVACID 24HR	Capsule Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
PREVACID SOLUTAB	Tablet Dispersible	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	QL ST
prevalite	Packet	Cardiovascular Drugs; Antilipemic Agents	Covered	
prevalite	Powder	Cardiovascular Drugs; Antilipemic Agents	Covered	
PREVPAC	Miscellaneous	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
PRILOSEC OTC	Tablet Delayed Release	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	QL
PRIMAQUINE PHOSPHATE	Tablet	Anti-infective Agents; Antiprotozoals	Covered	
primidone	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PRISTIQ	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PROAIR HFA	Aerosol Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
probenecid	Tablet	Electrolytic, Caloric, and Water Balance; Uricosuric Agents	Covered	
prochlorperazine	Suppository	Central Nervous System Agents; Psychotherapeutic Agents	Covered	
prochlorperazine maleate	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Covered	
PROCRIT	Solution	Blood Formation, Coagulation & Thrombosis; Hematopoietic Agents	Covered	
PROCTOCORT	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
PROCTOFOAM HC	Foam	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
proctosol hc	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
PROMACTA	Tablet	Blood Formation,Coagulation & Thrombosis; Hematopoietic Agents	Covered	PA
promethazine hcl	Suppository	Antihistamine Drugs; First Generation Antihistamines	Covered	
promethazine hcl	Tablet	Antihistamine Drugs; First Generation Antihistamines	Covered	
promethazine hcl plain	Syrup	Antihistamine Drugs; First Generation Antihistamines	Covered	
promethazine vc	Syrup	Antihistamine Drugs; First Generation Antihistamines	Covered	
promethegan	Suppository	Antihistamine Drugs; First Generation Antihistamines	Covered	
propafenone hcl	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	
PROPRANOLOL HCL	Solution	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
propranolol hcl	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
propranolol hcl er	Capsule Extended Release 24	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
propylthiouracil	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
PROTOPIC	Ointment	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
protriptyline hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
PROVENTIL HFA	Aerosol Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Not Covered	
PROVIGIL	Tablet	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PROZAC	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
PROZAC WEEKLY	Capsule Delayed Release	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
pseudoephedrine hcl	Tablet	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
PULMICORT	Suspension	Hormones and Synthetic Substitutes; Adrenals	Covered	
PULMICORT FLEXHALER	Aerosol Powder Breath	Hormones and Synthetic Substitutes; Adrenals	Covered	
PULMOZYME	Solution	Enzymes	Covered	
PYLERA	Capsule	Anti-infective Agents; Anti-infectives, Miscellaneous	Not Covered	
pyridostigmine bromide	Tablet	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Covered	
QUALAQUIN	Capsule	Anti-infective Agents; Antiprotozoals	Not Covered	
quinapril hcl	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
quinapril/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
quinidine gluconate cr	Tablet Extended Release	Cardiovascular Drugs; Cardiac Drugs	Covered	
quinidine sulfate	Tablet	Cardiovascular Drugs; Cardiac Drugs	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
QUINIDINE SULFATE ER	Tablet Extended Release	Cardiovascular Drugs; Cardiac Drugs	Covered	
QVAR	Aerosol Solution	Hormones and Synthetic Substitutes; Adrenals	Covered	
ramipril	Capsule	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	QL
ranitidine hcl	Capsule	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
ranitidine hcl	Syrup	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
ranitidine hcl	Tablet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
RAPAFLO	Capsule	Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents	Not Covered	
RAZADYNE ER	Capsule Extended Release 24	Autonomic Drugs; Parasympathomimetic (Cholinergic) Agents	Not Covered	
REBIF	Solution	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Covered	
REBIF TITRATION PACK	Solution	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Covered	
reclipsen	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
REGRANEX	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	PA
RELENZA DISKHALER	Aerosol Powder Breath	Anti-infective Agents; Antivirals	Not Covered	
RELISTOR	Kit	Gastrointestinal Drugs; GI Drugs, Miscellaneous	Not Covered	
RELISTOR	Solution	Gastrointestinal Drugs; GI Drugs, Miscellaneous	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
RELPAK	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	QL ST
RENAGEL	Tablet	Electrolytic, Caloric, and Water Balance; Ion-removing Agents	Covered	ST
renal	Capsule	Vitamins; Multivitamin Preparations	Covered	
RENVELA	Tablet	Electrolytic, Caloric, and Water Balance; Ion-removing Agents	Covered	QL ST
REQUIP	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered	
REQUIP XL	Tablet Extended Release 24	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered	
RESCRIPTOR	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RESTASIS	Emulsion	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
RESTORIL	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RETROVIR	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RETROVIR	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
REVATIO	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	PA
REVIA	Tablet	Central Nervous System Agents; Opiate Antagonists	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
REVLIMID	Capsule	Antineoplastic Agents	Covered	
REYATAZ	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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REZIRA	Solution	Respiratory Tract Agents; Antitussives	Not Covered	
RHINOCORT AQUA	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Not Covered	
ribavirin	Capsule	Anti-infective Agents; Antivirals	Covered	
ribavirin	Tablet	Anti-infective Agents; Antivirals	Covered	
RID LICE KILLING MOUSSE	Foam	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
rifampin	Capsule	Anti-infective Agents; Antimycobacterials	Covered	
RILUTEK	Tablet	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	QL
rimantadine hcl	Tablet	Anti-infective Agents; Antivirals	Covered	
RISPERDAL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RISPERDAL M-TAB	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
risperidone	Solution	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
risperidone	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
risperidone m-tab	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RITALIN LA	Capsule Extended Release 24	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ropinirole hcl	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
ROWASA	Kit	Gastrointestinal Drugs; Anti-inflammatory Agents	Not Covered	
roxicet	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
ROZEREM	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
RYBIX ODT	Tablet Soluble	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
SAFYRAL	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Not Covered	
salicylic acid	Cream	Skin and Mucous Membrane Preparations; Keratolytic Agents	Covered	
salicylic acid	Lotion	Skin and Mucous Membrane Preparations; Keratolytic Agents	Covered	
salicylic acid	Shampoo	Skin and Mucous Membrane Preparations; Keratolytic Agents	Covered	
salicylic acid cream	Kit	Skin and Mucous Membrane Preparations; Keratolytic Agents	Covered	
salicylic acid lotion	Kit	Skin and Mucous Membrane Preparations; Keratolytic Agents	Covered	
salsalate	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
SAMSCA	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	PA
SANCTURA	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	QL ST
SANCTURA XR	Capsule Extended Release 24	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	QL ST
SANCUSO	Patch	Gastrointestinal Drugs; Antiemetics	Not Covered	QL

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
SAVELLA	Tablet	Central Nervous System Agents; Fibromyalgia Agents	Covered	ST
SAVELLA TITRATION PACK	Miscellaneous	Central Nervous System Agents; Fibromyalgia Agents	Covered	ST
SECONAL	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
selegiline hcl	Capsule	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
selegiline hcl	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
selenium sulfide	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
SELZENTRY	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
senna laxative	Tablet	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
senna plus	Tablet	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
senna-gen	Tablet	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
SEREVENT DISKUS	Aerosol Powder Breath	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Not Covered	
SEROQUEL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SEROQUEL XR	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
sertraline hcl	Concentrate	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
sertraline hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
sf 5000 plus	Cream	Miscellaneous Therapeutic Agents; Cariostatic Agents	Covered	
SILENOR	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
silver sulfadiazine	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
SIMCOR	Tablet Extended Release 24	Cardiovascular Drugs; Antilipemic Agents	Covered	QL
simethicone	Suspension	Gastrointestinal Drugs; Antiflatulents	Covered	
simethicone	Tablet Chewable	Gastrointestinal Drugs; Antiflatulents	Covered	
SIMPONI	Solution	Miscellaneous Therapeutic Agents; Disease-modifying Antirheumatic Agents	Not Covered	QL
simvastatin	Tablet	Cardiovascular Drugs; Antilipemic Agents	Covered	
SINGULAIR	Packet	Respiratory Tract Agents; Anti- inflammatory Agents	Covered	QL
SINGULAIR	Tablet	Respiratory Tract Agents; Anti- inflammatory Agents	Covered	QL
SINGULAIR	Tablet Chewable	Respiratory Tract Agents; Anti- inflammatory Agents	Covered	QL
sodium fluoride	Tablet Chewable	Miscellaneous Therapeutic Agents; Cariostatic Agents	Covered	
sodium sulfacetamide	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Not Covered	
solia	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
SOMATULINE DEPOT	Solution	Miscellaneous Therapeutic Agents; Other Miscellaneous Therapeutic Agents	Covered	

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SOMNOTE	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SONATA	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SORBITOL	Solution	Gastrointestinal Drugs; Cathartics and Laxatives	Covered	
sotalol hcl	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
sotret	Capsule	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	
SPECTRACEF	Tablet	Anti-infective Agents; Antibacterials	Not Covered	
SPIRIVA HANDIHALER	Capsule	Autonomic Drugs; Anticholinergic Agents	Covered	
spironolactone	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
spironolactone/hydrochlorothiazide	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
sprintec 28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
SPRIX	Solution	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
SPRYCEL	Tablet	Antineoplastic Agents	Covered	ST
SPS	Suspension	Electrolytic, Caloric, and Water Balance; Ion-removing Agents	Not Covered	
sronyx	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
SSKI	Solution	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
STARLIX	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Not Covered	
STAXYN	Tablet Dispersible	Cardiovascular Drugs; Vasodilating Agents	Not Covered	
STIMATE	Solution	Hormones and Synthetic Substitutes; Pituitary	Covered	QL
STRATTERA	Capsule	Central Nervous System Agents; Central Nervous System Agents, Misc	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
STROMEKTOL	Tablet	Anti-infective Agents; Anthelmintics	Covered	QL
SUBOXONE	Tablet Sublingual	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SUBUTEX	Tablet Sublingual	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
sucralfate	Tablet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
sulfacetamide sodium/prednisolone sodium phosphate	Solution	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
sulfamethoxazole/tri methoprim	Suspension	Anti-infective Agents; Antibacterials	Covered	
sulfamethoxazole/tri methoprim	Tablet	Anti-infective Agents; Antibacterials	Covered	
sulfamethoxazole/tri methoprim ds	Tablet	Anti-infective Agents; Antibacterials	Covered	
sulfasalazine	Tablet	Anti-infective Agents; Antibacterials	Covered	
sulindac	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
SUMATRIPTAN	Solution	Central Nervous System Agents; Antimigraine Agents	Covered	QL

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
sumatriptan succinate	Solution	Central Nervous System Agents; Antimigraine Agents	Covered	QL
sumatriptan succinate	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	QL
sumatriptan succinate refill	Solution	Central Nervous System Agents; Antimigraine Agents	Covered	QL
SUPRAX	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	
SUPREP BOWEL PREP	Solution	Gastrointestinal Drugs; Cathartics and Laxatives	Not Covered	
SURMONTIL	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SUSTIVA	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SUSTIVA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SUTENT	Capsule	Antineoplastic Agents	Covered	
SYLATRON	Kit	Antineoplastic Agents	Covered	PA
SYMBICORT	Aerosol	Hormones and Synthetic Substitutes; Adrenals	Covered	
SYMBYAX	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
SYMLIN	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	PA
SYMLINPEN 120	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
SYMLINPEN 60	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
SYNAREL	Solution	Hormones and Synthetic Substitutes; Gonadotropins	Covered	
TACLONEX SCALP	Suspension	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Not Covered	
tacrolimus	Capsule	Miscellaneous Therapeutic Agents; Immunosuppressive Agents	Covered	
TAMIFLU	Capsule	Anti-infective Agents; Antivirals	Covered	QL
TAMIFLU	Suspension Reconstituted	Anti-infective Agents; Antivirals	Covered	QL
tamoxifen citrate	Tablet	Antineoplastic Agents	Covered	
TARCEVA	Tablet	Antineoplastic Agents	Covered	
TARGRETIN	Capsule	Antineoplastic Agents	Covered	
TARKA	Tablet Extended Release	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
TASIGNA	Capsule	Antineoplastic Agents	Covered	
TEGRETOL-XR	Tablet Extended Release 12	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TEKAMLO	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
TEKTURNA	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
TEKTURNA HCT	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
temazepam	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
TEMODAR	Capsule	Antineoplastic Agents	Covered	PA
terazosin hcl	Capsule	Cardiovascular Drugs; alpha-Adrenergic Blocking Agents	Covered	
terbinafine hcl	Tablet	Anti-infective Agents; Antifungals	Covered	
terbinafine hcl	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Not Covered	
terbutaline sulfate	Tablet	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
terconazole	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
terconazole	Suppository	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
TESTRED	Capsule	Hormones and Synthetic Substitutes; Androgens	Not Covered	
tetracycline hcl	Capsule	Anti-infective Agents; Antibacterials	Covered	
THALOMID	Capsule	Miscellaneous Therapeutic Agents; Biologic Response Modifiers	Covered	
theophylline er	Tablet Extended Release 12	Smooth Muscle Relaxants; Respiratory Smooth Muscle Relaxants	Covered	
thiamine hcl	Tablet	Vitamins; Vitamin B Complex	Covered	
thioridazine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
thiothixene	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ticlopidine hcl	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
TIMOLOL MALEATE	Tablet	Cardiovascular Drugs; beta-Adrenergic Blocking Agents	Covered	
timolol maleate	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
timolol maleate ophthalmic gel forming	Gel Forming Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
TIROSINT	Capsule	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Not Covered	
tizanidine hcl	Tablet	Autonomic Drugs; Skeletal Muscle Relaxants	Covered	
TOBI	Nebulization Solution	Anti-infective Agents; Antibacterials	Covered	
TOBRADEX	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
TOBRADEX	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
tobramycin sulfate	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
tobramycin/dexamet hasone	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
TOBREX	Ointment	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
TOFRANIL-PM	Capsule	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TOLAZAMIDE	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
TOLBUTAMIDE	Tablet	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	
TOLMETIN SODIUM	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
tolnaftate	Powder	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
tolnaftate	Solution	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
tolnaftate 1% antifungal	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
TOPAMAX	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TOPAMAX SPRINKLE	Capsule Sprinkle	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
topiramate	Capsule Sprinkle	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
topiramate	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
toremide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
total b/c	Tablet	Vitamins; Multivitamin Preparations	Covered	
TOVIAZ	Tablet Extended Release 24	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	QL ST
TRACLEER	Tablet	Cardiovascular Drugs; Vasodilating Agents	Covered	
tramadol hcl	Tablet	Central Nervous System Agents; Analgesics and Antipyretics	Covered	
trandolapril	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	
tranlycypromine sulfate	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TRAVATAN Z	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	

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trazodone hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TREANDA	Solution Reconstituted	Antineoplastic Agents	Not Covered	
tretinoin	Cream	Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants	Covered	
tretinoin	Gel	Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants	Covered	
TRETIN-X	Kit	Skin and Mucous Membrane Preparations; Cell Stimulants and Proliferants	Not Covered	
TREXIMET	Tablet	Central Nervous System Agents; Antimigraine Agents	Not Covered	QL
triamcinolone acetonide	Cream	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
triamcinolone acetonide	Lotion	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
triamcinolone acetonide	Ointment	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
triamcinolone in orabase	Paste	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Covered	
triamterene/hydrochlorothiazide	Tablet	Electrolytic, Caloric, and Water Balance; Diuretics	Covered	
triazolam	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TRIBENZOR	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Not Covered	
TRICARE	Tablet	Vitamins; Multivitamin Preparations	Covered	
TRICOR	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
trifluoperazine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
trifluridine	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
trihexyphenidyl hcl	Elixir	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
trihexyphenidyl hcl	Tablet	Central Nervous System Agents; Antiparkinsonian Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TRILEPTAL	Suspension	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TRILEPTAL	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
TRILIPIX	Capsule Delayed Release	Cardiovascular Drugs; Antilipemic Agents	Covered	
trimethobenzamide hcl	Capsule	Gastrointestinal Drugs; Antiemetics	Covered	
trimethobenzamide hcl	Solution	Gastrointestinal Drugs; Antiemetics	Covered	
trimethoprim	Tablet	Anti-infective Agents; Urinary Anti-infectives	Covered	
trinessa	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
tri-previfem	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
tri-sprintec	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
tri-vit/fluoride	Solution	Vitamins; Multivitamin Preparations	Covered	
trivora-28	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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TRIZIVIR	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
tropicamide	Solution	Eye, Ear, Nose & Throat Preparations; Mydriatics	Covered	
tropium chloride	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Covered	
TRUETRACK TEST	Strip	Diagnostic Agents; Diabetes Mellitus	Not Covered	
TRUSOPT	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
TRUVADA	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
tussin	Syrup	Respiratory Tract Agents; Expectorants	Covered	
TWYNSTA	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Not Covered	
TYKERB	Tablet	Antineoplastic Agents	Covered	PA
TYVASO	Solution	Cardiovascular Drugs; Vasodilating Agents	Covered	PA
TYZEKA	Tablet	Anti-infective Agents; Antivirals	Covered	ST
ULESFIA	Lotion	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ULORIC	Tablet	Miscellaneous Therapeutic Agents; Antigout Agents	Covered	ST
ULTRA TABS	Tablet	Vitamins; Multivitamin Preparations	Covered	
ULTRAM ER	Tablet Extended Release 24	Central Nervous System Agents; Analgesics and Antipyretics	Covered	QL ST

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
urelief plus	Tablet	Skin and Mucous Membrane Preparations; Antipruritics and Local Anesthetics	Covered	
UROXATRAL	Tablet Extended Release 24	Autonomic Drugs; Sympatholytic (Adrenergic Blocking) Agents	Covered	
ursodiol	Capsule	Gastrointestinal Drugs; Cholelitholytic Agents	Covered	
ursodiol	Tablet	Gastrointestinal Drugs; Cholelitholytic Agents	Covered	
valacyclovir hcl	Tablet	Anti-infective Agents; Antivirals	Covered	
VALCYTE	Tablet	Anti-infective Agents; Antivirals	Covered	QL
valproic acid	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
valproic acid	Solution	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VALTREX	Tablet	Anti-infective Agents; Antivirals	Covered	
VALTURNA	Tablet	Cardiovascular Drugs; Renin-Angiotensin-Aldosterone Sys Inhib	Covered	ST
VALVED HOLDING CHAMBER	Device	Devices	Covered	QL
vandazole	Gel	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
VCF VAGINAL CONTRACEPTIVE FOAM	Foam	Contraceptives	Covered	
VECTICAL	Ointment	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	ST
velivet	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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venlafaxine hcl	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VENTAVIS	Solution	Cardiovascular Drugs; Vasodilating Agents	Covered	PA
VENTOLIN HFA	Aerosol Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	
VERAMYST	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	
verapamil hcl	Tablet	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
verapamil hcl er	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Not Covered	
verapamil hcl er	Tablet Extended Release	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
verapamil hcl sr	Capsule Extended Release 24	Cardiovascular Drugs; Calcium-Channel Blocking Agents	Covered	
VERDESO	Foam	Skin and Mucous Membrane Preparations; Anti-inflammatory Agents	Not Covered	
VESICARE	Tablet	Smooth Muscle Relaxants; Genitourinary Smooth Muscle Relaxants	Not Covered	
VFEND	Suspension Reconstituted	Anti-infective Agents; Antifungals	Covered	
VFEND	Tablet	Anti-infective Agents; Antifungals	Covered	QL
VICTOZA	Solution	Hormones and Synthetic Substitutes; Antidiabetic Agents	Covered	ST
VICTRELIS	Capsule	Anti-infective Agents; Antivirals	Covered	PA
VIDEX EC	Capsule Delayed Release	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
VIGAMOX	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Covered	
VIIBRYD	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIMOVO	Tablet Delayed Release	Central Nervous System Agents; Analgesics and Antipyretics	Not Covered	
VIMPAT	Tablet	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VINATE AZ	Tablet	Vitamins; Multivitamin Preparations	Covered	
VINATE GT	Tablet	Vitamins; Multivitamin Preparations	Covered	
VINATE IC	Capsule	Vitamins; Multivitamin Preparations	Covered	
VINATE M	Tablet	Vitamins; Multivitamin Preparations	Covered	
VINATE ONE	Tablet	Vitamins; Multivitamin Preparations	Covered	
VINATE ULTRA	Tablet	Vitamins; Multivitamin Preparations	Covered	
VIRACEPT	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIRAMUNE	Suspension	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIRAMUNE	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIRAMUNE XR	Tablet Extended Release 24	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIREAD	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
VITAFOL-OB	Tablet	Vitamins; Multivitamin Preparations	Covered	
VITAFOL-PN	Tablet	Vitamins; Multivitamin Preparations	Covered	
vitamin b-1	Tablet	Vitamins; Vitamin B Complex	Covered	
vitamin d	Capsule	Vitamins; Vitamin D	Covered	
vitamin d	Tablet	Vitamins; Vitamin D	Covered	
vitamin d3	Capsule	Vitamins; Vitamin D	Covered	
vitamin e	Cream	Skin and Mucous Membrane Preparations; Emollients, Demulcents, and Protectants	Covered	
vitamin e	Capsule	Vitamins; Vitamin E	Covered	
VIVACTIL	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
VIVELLE-DOT	Patch Biweekly	Hormones and Synthetic Substitutes; Estrogens and Antiestrogens	Covered	QL
VOL-NATE	Tablet	Vitamins; Multivitamin Preparations	Covered	
VOL-TAB RX	Tablet	Vitamins; Multivitamin Preparations	Covered	
VOLTAREN	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Covered	ST
VOTRIENT	Tablet	Antineoplastic Agents	Covered	
VPRIV	Solution Reconstituted	Enzymes	Not Covered	

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
VYTORIN	Tablet	Cardiovascular Drugs; Antilipemic Agents	Not Covered	
VYVANSE	Capsule	Central Nervous System Agents; Anorexigenics & Resp & Cereb Stimulants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
warfarin sodium	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
WELLBUTRIN XL	Tablet Extended Release 24	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
WESTHROID	Tablet	Hormones and Synthetic Substitutes; Thyroid and Antithyroid Agents	Covered	
XALATAN	Solution	Eye, Ear, Nose & Throat Preparations; Antiglaucoma Agents	Covered	
XALKORI	Capsule	Antineoplastic Agents	Covered	PA
XARELTO	Tablet	Blood Formation,Coagulation & Thrombosis; Antithrombotic Agents	Covered	
XELODA	Tablet	Antineoplastic Agents	Covered	
XENAZINE	Tablet	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	QL
XENICAL	Capsule	Gastrointestinal Drugs; GI Drugs, Miscellaneous	Covered	PA
XERESE	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
XGEVA	Solution	Miscellaneous Therapeutic Agents; Bone Resorption Inhibitors	Not Covered	
XIFAXAN	Tablet	Anti-infective Agents; Antibacterials	Covered	QL
XOLAIR	Solution Reconstituted	Respiratory Tract Agents; Respiratory Tract Agents, Miscellaneous	Covered	PA

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Drug Name	Dosage Form	Therapeutic Category	Drug Tier/ Coverage	Requirements/ Limits*
XOPENEX	Nebulization Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
XOPENEX CONCENTRATE	Nebulization Solution	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	QL
XOPENEX HFA	Aerosol	Autonomic Drugs; Sympathomimetic (Adrenergic) Agents	Covered	ST
XYREM	Solution	Central Nervous System Agents; Central Nervous System Agents, Misc	Covered	QL PA
XYZAL	Tablet	Antihistamine Drugs; Second Generation Antihistamines	Not Covered	
zafirlukast	Tablet	Respiratory Tract Agents; Anti-inflammatory Agents	Covered	
zaleplon	Capsule	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZEGERID	Capsule	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	
ZEGERID	Packet	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Not Covered	
ZEGERID OTC	Capsule	Gastrointestinal Drugs; Antiulcer Agents and Acid Suppressants	Covered	
ZELBORAF	Tablet	Antineoplastic Agents	Covered	PA
ZEMPLAR	Capsule	Vitamins; Vitamin D	Covered	QL
zenchent	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
ZENPEP	Capsule Delayed Release	Gastrointestinal Drugs; Digestants	Covered	
ZERIT	Capsule	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	

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ZEVALIN IN-111	Kit	Antineoplastic Agents	Not Covered	
ZEVALIN Y-90	Kit	Antineoplastic Agents	Not Covered	
ZIAGEN	Tablet	Anti-infective Agents; Antivirals	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZIANA	Gel	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Not Covered	
ZIPSOR	Capsule	Central Nervous System Agents; Analgesics and Antipyretics	Covered	ST
ZMAX	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Not Covered	
ZOLOFT	Concentrate	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZOLOFT	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
zolpidem tartrate	Tablet	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZOLPIMIST	Solution	Central Nervous System Agents; Anxiolytics, Sedatives, and Hypnotics	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZOMIG	Solution	Central Nervous System Agents; Antimigraine Agents	Covered	QL ST
ZOMIG	Tablet	Central Nervous System Agents; Antimigraine Agents	Covered	QL ST
ZOMIG ZMT	Tablet Dispersible	Central Nervous System Agents; Antimigraine Agents	Covered	QL ST
zonisamide	Capsule	Central Nervous System Agents; Anticonvulsants	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
zovia 1/35e	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	

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ZOVIA 1/50E	Tablet	Hormones and Synthetic Substitutes; Contraceptives	Covered	
ZOVIRAX	Cream	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ZOVIRAX	Ointment	Skin and Mucous Membrane Preparations; Anti-infectives	Covered	
ZUPLENZ	Film	Gastrointestinal Drugs; Antiemetics	Not Covered	
ZUTRIPRO	Solution	Respiratory Tract Agents; Antitussives	Not Covered	
ZYCLARA	Cream	Skin and Mucous Membrane Preparations; Skin and Mucous Membrane Agents, Misc	Not Covered	
ZYFLO CR	Tablet Extended Release 12	Respiratory Tract Agents; Anti-inflammatory Agents	Not Covered	
ZYLET	Suspension	Eye, Ear, Nose & Throat Preparations; Anti-inflammatory Agents	Covered	QL
ZYMAXID	Solution	Eye, Ear, Nose & Throat Preparations; Anti-infectives	Not Covered	
ZYPREXA	Tablet	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZYPREXA ZYDIS	Tablet Dispersible	Central Nervous System Agents; Psychotherapeutic Agents	Not Covered. Pharmacy to bill Magellan (straight Medicaid).	
ZYRTEC ALLERGY	Tablet	Antihistamine Drugs; Second Generation Antihistamines	Covered	
ZYRTEC CHILDRENS ALLERGY	Syrup	Antihistamine Drugs; Second Generation Antihistamines	Covered	
ZYRTEC CHILDRENS ALLERGY	Tablet Chewable	Antihistamine Drugs; Second Generation Antihistamines	Covered	
ZYRTEC-D ALLERGY/CONGESTION	Tablet Extended Release 12	Antihistamine Drugs; Second Generation Antihistamines	Covered	

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ZYTIGA	Tablet	Antineoplastic Agents	Covered	PA
ZYVOX	Suspension Reconstituted	Anti-infective Agents; Antibacterials	Covered	PA
ZYVOX	Tablet	Anti-infective Agents; Antibacterials	Covered	PA

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