

## **Cigna-HealthSpring® Rx (PDP)**

Medicare Part D Prescription Drug Plans

# **2017 Cigna-HealthSpring Rx COMPREHENSIVE DRUG LIST (Formulary)**

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

### **Plan covered**

**Cigna-HealthSpring Rx Secure (PDP)**



This drug list was updated on August 1, 2017. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Cigna-HealthSpring Rx Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from Feb. 15 – Sept. 30. Or visit [www.cigna.com/part-d](http://www.cigna.com/part-d). Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

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

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

**This document includes a list of the drugs (formulary) for our plans, which is current as of August 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.**

**You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.**

### **What is the Cigna-HealthSpring Rx Comprehensive Drug List?**

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

### **Can the Drug List (formulary) change?**

Generally, if you are taking a drug on our 2017 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our drug list, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a

60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed drug list is current as of August 2017. To get updated information about the drugs covered by Cigna-HealthSpring Rx, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 16. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR AGENTS”. If you know what your drug is used for, look for the category name in the list that begins on page 16. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index section that begins on page 58. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna-HealthSpring Rx requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring Rx before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx will cover. For example, Cigna-HealthSpring Rx allows for 1 tablet per day for VESICARE. This applies to standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna-HealthSpring Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 16. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

## Options for Maintenance Medications

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

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to

coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

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

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

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

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered on the Cigna-HealthSpring Rx drug list, talk with your doctor about alternative medications which are covered in the drug list.
- **What if my drug is not in the Drug List?**

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

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

## How do I request an exception to the Cigna-HealthSpring Rx's Drug List?

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a higher cost-sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in the Non-Preferred Drugs tier, you can ask us to cover it at the Preferred Brand Drugs tier, and if your drug is contained in the Generic Drugs tier, you can ask us to cover it at the Preferred Generic Drugs tier. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

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

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

As a new or continuing customer in our plan you may be taking drugs that are not in our drug list. Or, you may be taking a drug that is on our drug list but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a drug list exception so that we will cover the

drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a customer of our plan. If you need a drug that is not in our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a drug list exception.

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


### **Cigna-HealthSpring Rx's Drug List**

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring Rx. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 58.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 16 along with the amount dispensed per the days supplied. (For example: VESICARE QL 30/30; this means the drug VESICARE is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

 **For more information**

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

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

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

**Key:**

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

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

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

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

## Drug Tier and Cost-Share Table

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

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

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

Cigna-HealthSpring Rx has pharmacies with preferred cost-shares. See your Pharmacy Directory or visit [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com) for information on which stores with preferred cost-shares are near you.

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 90 Days	30 / 90 Days	
<b>ALABAMA</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	47%	48%	47%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>ALASKA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	49%	46%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>ARIZONA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	44%	47%	44%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>ARKANSAS</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	48%	50%	48%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>CALIFORNIA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	43%	41%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>COLORADO</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	43%	40%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>CONNECTICUT</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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



<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>DELAWARE</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	49%	46%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>DISTRICT OF COLUMBIA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	49%	46%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>FLORIDA</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	38%	39%	38%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>GEORGIA</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	47%	46%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>HAWAII</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$9 / \$18 / \$27	\$4 / \$12	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$9 / \$18 / \$27	\$14 / \$28 / \$42	\$9 / \$27	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$126	\$47 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>IDAHO</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>ILLINOIS</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	44%	46%	44%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>INDIANA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	41%	40%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>IOWA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>KANSAS</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>KENTUCKY</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	41%	40%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>LOUISIANA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	39%	39%	39%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MAINE</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MARYLAND</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	49%	46%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MASSACHUSETTS</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>MICHIGAN</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	48%	45%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MINNESOTA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MISSISSIPPI</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	46%	45%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MISSOURI</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	42%	43%	42%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>MONTANA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>NEBRASKA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NEVADA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	41%	40%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NEW HAMPSHIRE</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NEW JERSEY</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	38%	39%	38%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NEW MEXICO</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$9 / \$18 / \$27	\$4 / \$12	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$9 / \$18 / \$27	\$14 / \$28 / \$42	\$9 / \$27	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	43%	47%	43%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>NEW YORK</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$9 / \$18 / \$27	\$2 / \$6	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$14 / \$28 / \$42	\$7 / \$21	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	49%	46%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NORTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	46%	45%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>NORTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>OHIO</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>OKLAHOMA</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	46%	45%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>OREGON</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	49%	45%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>PENNSYLVANIA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	47%	46%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>RHODE ISLAND</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>SOUTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	42%	44%	42%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>SOUTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>TENNESSEE</b>					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$3	\$6 / \$18	\$6
Tier 2: Generic Drugs	\$5 / \$10 / \$15	\$11 / \$22 / \$33	\$5 / \$15	\$11 / \$33	\$11
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	47%	48%	47%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>TEXAS</b>					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$9 / \$18 / \$27	\$4 / \$12	\$9 / \$27	\$9
Tier 2: Generic Drugs	\$9 / \$18 / \$27	\$14 / \$28 / \$42	\$9 / \$27	\$14 / \$42	\$14
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	43%	45%	43%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>UTAH</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>VERMONT</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	42%	44%	42%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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



<b>Cigna-HealthSpring Rx Secure (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Standard Mail Order Cost-Sharing 30 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>WASHINGTON</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	45%	49%	45%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>WEST VIRGINIA</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	46%	47%	46%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>WISCONSIN</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	40%	42%	40%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
<b>WYOMING</b>					
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$6	\$7 / \$21	\$7
Tier 2: Generic Drugs	\$7 / \$14 / \$21	\$12 / \$24 / \$36	\$7 / \$21	\$12 / \$36	\$12
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$120	\$45 / \$135	\$45
Tier 4: Non-Preferred Drugs	41%	42%	41%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Analgesics</b>		
<b>Analgesics</b>		
<i>butalbital/acetaminophen/caffeine caps</i>	3	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	PA QL(180/30)
<i>butalbital/aspirin/caffeine</i>	3	PA QL(180/30)
<i>capacet</i>	3	PA QL(180/30)
<i>esgic caps</i>	3	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	PA QL(180/30)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 400mg</i>	3	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL(60/30)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr tbec 25mg, 50mg</i>	2	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium caps 400mg</i>	2	
<i>fenoprofen calcium tabs</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen</i>	2	
<i>ketoprofen er</i>	2	QL(30/30)
<i>meclofenamate sodium</i>	2	
<i>meloxicam</i>	1	QL(30/30)
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen tabs 375mg, 500mg</i>	1	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine hcl inj</i>	4	QL(150/30)
DURAMORPH	4	QL(180/30)
<i>fentanyl</i>	4	QL(10/30)
INFUMORPH 200	4	QL(200/30)
INFUMORPH 500	4	QL(200/30)
<i>levorphanol tartrate</i>	2	QL(120/30)
<i>methadone hcl conc</i>	2	QL(500/30)
<i>methadone hcl inj</i>	4	QL(150/30)
<i>methadone hcl intensol</i>	2	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	2	QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	2	QL(600/30)
<i>methadone hcl tabs 10mg</i>	2	QL(120/30)
<i>methadone hcl tabs 5mg</i>	2	QL(180/30)
<i>morphine sulfate er tbc</i>	3	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	4	QL(180/30)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/caffeine/dihydrocodeine</i>	2	QL(300/30)
<i>acetaminophen/codeine oral soln</i>	2	QL(2700/30)
<i>acetaminophen/codeine phosphate tabs 300mg; 30mg</i>	2	QL(360/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360/30)
<i>ascomp/codeine</i>	3	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	3	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	3	PA QL(180/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>butorphanol tartrate inj 2mg/ml</i>	4	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	4	QL(480/30)
<i>butorphanol tartrate nasal soln</i>	2	QL(5/30)
<i>endocet tabs 325mg; 10mg</i>	3	QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	4	B/D PA
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	4	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	5	PA QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	3	QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	3	QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	3	QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	3	QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	3	QL(360/30)
<i>hydrocodone/ibuprofen</i>	3	QL(150/30)
<i>hydromorphone hcl dosette</i>	4	
<i>hydromorphone hcl inj</i>	4	
<i>hydromorphone hcl liqd</i>	3	QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	3	QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	3	QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	3	QL(150/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorcet</i>	3	QL(360/30)
<i>lorcet hd</i>	3	QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL(180/30)
<i>lortab tabs 325mg; 10mg, 325mg; 7.5mg</i>	3	QL(180/30)
<i>lortab tabs 325mg; 5mg</i>	3	QL(360/30)
<i>morphine sulfate inj 150mg/30ml, 15mg/ml, 50mg/ml, 5mg/ml</i>	4	
<i>morphine sulfate inj 1mg/ml</i>	4	QL(180/30)
<i>morphine sulfate inj 10mg/ml</i>	4	QL(200/30)
<i>morphine sulfate inj 2mg/ml, 4mg/ml</i>	4	QL(240/30)
<i>morphine sulfate inj 8mg/ml</i>	4	QL(250/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(180/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700/30)
<b>MORPHINE SULFATE TABS</b>	3	QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	4	QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	4	QL(180/30)
<i>oxycodone hcl caps</i>	3	QL(120/30)
<i>oxycodone hcl conc</i>	3	QL(120/30)
<b>OXYCODONE HCL ORAL SOLN</b>	3	QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	3	QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	3	QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	3	QL(360/30)
<i>oxycodone/aspirin</i>	3	QL(180/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxycodone/ibuprofen</i>	3	QL(28/30)
<i>reprexain tabs 10mg; 200mg</i>	3	QL(150/30)
TALWIN	4	
<i>tramadol hcl</i>	2	QL(240/30)
<i>trexix caps 320.5mg; 30mg; 16mg</i>	2	QL(300/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	3	QL(180/30)
<i>vicodin hp tabs 300mg; 10mg</i>	3	QL(180/30)
<i>vicodin tabs 300mg; 5mg</i>	3	QL(360/30)
<i>xylon</i>	3	QL(150/30)

### Anesthetics

#### Local Anesthetics

<i>glydo</i>	2	
<i>lidocaine hcl external soln</i>	2	
<i>lidocaine hcl gel</i>	2	
<i>lidocaine hcl inj</i>	4	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	3	QL(120/30)
<i>lidocaine ptch</i>	4	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	2	

### Anti-Addiction/Substance Abuse Treatment Agents

#### Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	2	PA
<i>disulfiram</i>	2	

#### Opioid Dependence Treatments

<i>buprenorphine hcl inj</i>	4	QL(150/30)
<i>buprenorphine hcl subl</i>	4	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	4	PA QL(90/30)
<i>naltrexone hcl</i>	2	
SUBOXONE	3	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	3	PA QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	PA QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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### Opioid Reversal Agents

<i>naloxone hcl</i>	2	
NARCAN	3	QL(4/30)

### Smoking Cessation Agents

<i>bupropion hcl sr</i>	3	QL(60/30)
CHANTIX	3	QL(336/365)
CHANTIX CONTINUING MONTH PAK	3	QL(336/365)
CHANTIX STARTING MONTH PAK	3	QL(336/365)
NICOTROL INHALER	4	QL(1008/90)
NICOTROL NS	3	QL(30/30)

### Antibacterials

#### Aminoglycosides

<i>amikacin sulfate</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate inj</i>	4	
<i>gentamicin sulfate oint</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	4	
<i>gentamicin sulfate pediatric</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	
<i>isotonic gentamicin</i>	4	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	4	
<i>paramomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	2	
TOBREX OINT	3	
ZYLET	3	ST

#### Antibacterials, Other

<i>alcohol prep pads</i>	1	
<i>baciim</i>	4	
<i>bacitracin inj</i>	4	
<i>bacitracin ophthalmic oint</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bacitracin/polymyxin b</i>	2	
BACTROBAN NASAL	3	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamax</i>	2	
<i>clindamycin</i>	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate advantage</i>	4	
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate external soln</i>	2	
<i>clindamycin phosphate gel</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate lotn</i>	2	
<i>clindamycin phosphate pharmacy bulk package</i>	4	
<i>clindamycin phosphate swab</i>	2	
<i>clindamycin/sodium chloride</i>	4	
<i>colistimethate sodium</i>	4	
CUBICIN	5	B/D PA
<i>daptomycin</i>	5	B/D PA
<i>lincomycin hcl</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susr</i>	5	QL(1800/30)
<i>linezolid tabs</i>	5	QL(60/30)
<i>methenamine hippurate</i>	2	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole inj</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metronidazole lotn</i>	2	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	2	
<i>mupirocin</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate</i>	4	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
PRIMSOL	3	
<i>rosadan</i>	2	
<i>silver sulfadiazine</i>	3	
SSD	3	
SYNERCID	5	
<i>trimethoprim</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
TYGACIL	5	
<i>vancomycin</i>	4	
<i>vancomycin hcl caps 125mg</i>	4	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	4	QL(80/10)
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl inj</i>	4	
<i>vandazole</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XIFAXAN TABS 200MG	4	PA QL(9/30)
XIFAXAN TABS 550MG	5	PA QL(90/30)
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
CEFAZOLIN	4	
<i>cefazolin sodium inj 10gm, 1gm, 1gm; 5%, 500mg</i>	4	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	4	
<i>cefdinir</i>	2	
<i>cefepime</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	
<i>ceftazidime/dextrose</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs</i>	2	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
<i>cefotetan</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>imipenem/cilastatin inj 500mg; 500mg</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	2	
INVANZ	4	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	2	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin-sulbactam</i>	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	5	
<i>oxacillin sodium inj 10gm</i>	4	
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	
<i>penicillin v potassium oral soln</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	2	
PFIZERPEN-G INJ 20MU	4	
<i>pfizerpen-g inj 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
<b>Macrolides</b>		
AZASITE	3	
<i>azithromycin inj</i>	4	
<i>azithromycin pack</i>	3	
<i>azithromycin susr 200mg/5ml</i>	2	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	2	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	2	QL(12/28)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin er</i>	2	QL(60/30)
<i>clarithromycin susr</i>	2	
<i>clarithromycin tabs</i>	2	QL(42/14)
<i>e.e.s. 400</i>	2	
E.E.S. GRANULES	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate susr</i>	3	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	2	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	2	
ZMAX	4	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Quinolones</b>		
AVELOX INJ	4	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	QL(14/14)
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin inj</i>	4	
<i>ciprofloxacin susr</i>	2	
<i>levofloxacin in 5% dextrose inj 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i>	4	
<i>levofloxacin oral soln</i>	2	
<i>levofloxacin tabs</i>	2	QL(30/30)
<i>moxifloxacin hcl inj</i>	4	
<i>moxifloxacin hcl tabs</i>	4	QL(30/30)
<i>ofloxacin</i>	2	
VIGAMOX	3	
<b>Sulfonamides</b>		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium ophthalmic soln</i>	2	
<i>sulfacetamide sodium susp</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	

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<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl</i>	2	QL(60/30)
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 1x50mg</i>	2	
<i>morgidox 2x100mg caps</i>	2	
<i>tetracycline hcl</i>	1	
<i>tetracycline hydrochloride caps 500mg</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
APTIOM TABS 200MG	4	QL(30/30) ST
APTIOM TABS 400MG, 800MG	5	QL(30/30) ST
APTIOM TABS 600MG	5	QL(60/30) ST
BRIVIACT INJ	5	QL(600/30) ST
BRIVIACT ORAL SOLN	5	QL(1200/30) ST
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	QL(60/30) ST
BRIVIACT TABS 100MG	5	QL(120/30) ST
FYCOMPA SUSP	4	QL(720/30) ST
FYCOMPA TABS	4	QL(30/30) ST
<i>levetiracetam er tb24 750mg</i>	2	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	2	QL(180/30)
<i>levetiracetam inj</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	4	B/D PA
POTIGA	5	PA QL(90/30)
<i>roweepra</i>	2	
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	3	
<i>ethosuximide</i>	2	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 2mg</i>	4	QL(300/30)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
<i>diazepam gel 2.5mg</i>	3	QL(5/30)
<i>diazepam gel 10mg</i>	3	QL(20/30)
<i>diazepam gel 20mg</i>	3	QL(40/30)
<i>divalproex sodium</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	QL(90/30)
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
GABITRIL TABS 16MG	4	QL(90/30) ST
GABITRIL TABS 12MG	4	QL(120/30) ST
ONFI SUSP	5	QL(480/30)
ONFI TABS 20MG	5	QL(60/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ONFI TABS 10MG	4	QL(30/30)
<i>phenobarbital elix</i>	2	QL(1500/30)
<i>phenobarbital tabs</i>	2	QL(90/30)
<i>primidone</i>	2	
SABRIL PACK	5	PA QL(200/30)
SABRIL TABS	5	PA QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	2	ST
<i>tiagabine hydrochloride tabs 2mg</i>	2	QL(240/30) ST
<i>valproate sodium</i>	4	
<i>valproic acid</i>	2	
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>topiramate csp</i>	2	
<i>topiramate tabs 200mg</i>	2	QL(60/30)
<i>topiramate tabs 100mg, 25mg, 50mg</i>	2	QL(90/30)
<b>Sodium Channel Agents</b>		
BANZEL SUSP	5	PA QL(2400/30)
BANZEL TABS 200MG	5	PA QL(60/30)
BANZEL TABS 400MG	5	PA QL(240/30)
<i>carbamazepine</i>	2	
<i>carbamazepine er cp12</i>	2	
<i>carbamazepine er tb12</i>	3	
DILANTIN	4	
DILANTIN INFATABS	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	4	
<i>oxcarbazepine susp</i>	2	
<i>oxcarbazepine tabs</i>	3	
PEGANONE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>phenytoin</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium</i>	4	
<i>phenytoin sodium extended</i>	2	
VIMPAT INJ	4	QL(1200/30) ST
VIMPAT ORAL SOLN	4	QL(1200/30) ST
VIMPAT TABS	4	QL(60/30) ST
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates</i>	2	PA
NAMZARIC C4PK	3	QL(56/365)
NAMZARIC CP24	3	QL(30/30)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl tabs 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tabs 23mg</i>	3	QL(30/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	2	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	2	QL(200/30)
<i>galantamine hydrobromide tabs</i>	2	QL(60/30)
<i>rivastigmine tartrate</i>	2	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl tabs 10mg</i>	4	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	4	PA QL(90/30)
<i>memantine hcl titration pak</i>	4	PA QL(49/28)
<i>memantine hydrochloride</i>	4	PA QL(300/30)
NAMENDA XR	3	PA QL(30/30)
NAMENDA XR TITRATION PACK	3	PA QL(56/365)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl er</i>	3	QL(60/30)
<i>bupropion hcl sr</i>	3	QL(60/30)
<i>bupropion hcl tabs 75mg</i>	3	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hcl xl</i>	3	QL(30/30)
<i>maprotiline hcl</i>	2	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	2	QL(60/30)
<i>trazodone hcl tabs 300mg</i>	2	
<i>trazodone hcl tabs 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30/30) ST
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral soln</i>	1	QL(600/30)
<i>citalopram hydrobromide tabs</i>	1	QL(30/30)
<i>desvenlafaxine er</i>	4	QL(30/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	2	QL(90/30)
<i>escitalopram oxalate oral soln</i>	2	QL(600/30)
<i>escitalopram oxalate tabs</i>	2	QL(30/30)
FETZIMA	4	QL(30/30) ST
FETZIMA TITRATION PACK	4	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	2	QL(30/30)
<i>fluoxetine caps 20mg</i>	2	QL(120/30)
<i>fluoxetine dr</i>	2	QL(4/28)
<i>fluoxetine hcl caps 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	2	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	2	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluoxetine hcl oral soln</i>	2	QL(600/30)
<i>fluoxetine hcl tabs 10mg</i>	2	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	2	QL(120/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	3	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	3	QL(90/30)
<i>olanzapine/fluoxetine</i>	2	QL(30/30)
<i>paroxetine hcl tabs 40mg</i>	2	QL(30/30)
<i>paroxetine hcl tabs 30mg</i>	2	QL(60/30)
<i>paroxetine hcl tabs 10mg, 20mg</i>	1	QL(30/30)
PAXIL SUSP	3	QL(900/30) ST
PRISTIQ	4	QL(30/30)
<i>sertraline hcl conc</i>	2	QL(300/30)
<i>sertraline hcl tabs 25mg, 50mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er tb24 37.5mg, 75mg</i>	2	QL(30/30)
<i>venlafaxine hcl er tb24 150mg</i>	2	QL(60/30)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(30/30) ST
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	4	PA
<i>desipramine hcl</i>	2	
<i>doxepin hcl</i>	2	PA
<i>imipramine hcl</i>	2	PA
<i>imipramine pamoate</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	2	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	3	PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	2	
<i>phenergan supp</i>	2	
<i>promethazine hcl plain</i>	2	PA
<i>promethazine hcl supp</i>	2	
<i>promethazine hcl syrup</i>	2	PA
<i>promethazine hcl tabs</i>	2	PA
<i>promethegan</i>	2	
TRANSDERM-SCOP	4	QL(10/30)
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	3	B/D PA QL(1/30)
<i>aprepitant caps 125mg</i>	3	B/D PA QL(2/28)
<i>aprepitant caps 80mg</i>	3	B/D PA QL(4/28)
<i>aprepitant caps</i>	3	B/D PA QL(6/28)
<i>dronabinol</i>	4	PA QL(60/30)
EMEND CAPS 40MG	3	B/D PA QL(1/30)
EMEND CAPS 125MG	3	B/D PA QL(2/28)
EMEND CAPS 80MG	3	B/D PA QL(4/28)
EMEND SUSR	3	B/D PA QL(6/28)
EMEND TRIPACK	3	B/D PA QL(6/28)
<i>granisetron hcl inj 4mg/4ml</i>	4	B/D PA
<i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i>	4	B/D PA QL(60/30)
<i>granisetron hcl tabs</i>	2	B/D PA QL(30/30)
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	
<i>ondansetron hcl oral soln</i>	2	B/D PA QL(450/30)
<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(15/30)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(90/30)
<i>ondansetron odt</i>	2	B/D PA QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	5	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
CANCIDAS	5	PA
<i>ciclodan</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox sham</i>	2	
<i>ciclopirox susp</i>	2	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	2	
<i>clotrimazole troc</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate</i>	3	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	4	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr</i>	2	
<i>fluconazole tabs 100mg, 200mg, 50mg</i>	2	
<i>fluconazole tabs 150mg</i>	1	
<i>flucytosine</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	4	PA QL(120/30)
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketoconazole tabs</i>	2	
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride</i>	2	
NAFTIN CREA	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NAFTIN GEL	3	
NATACYN	3	
NOXAFIL SUSP	5	PA QL(600/30)
NOXAFIL TBEC	5	PA QL(93/30)
<i>nyamyc</i>	3	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	3	
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystop</i>	3	
SPORANOX ORAL SOLN	4	PA
<i>terbinafine hcl tabs</i>	1	QL(90/365)
<i>terconazole</i>	2	
<i>voriconazole inj</i>	4	PA
<i>voriconazole susr</i>	5	PA QL(300/30)
<i>voriconazole tabs</i>	4	PA QL(90/30)
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	4	
ALOPRIM	4	
<i>colchicine caps</i>	2	QL(60/30)
<i>colchicine tabs</i>	2	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(30/30) ST
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>cafergot</i>	2	QL(40/28)
<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)
<i>ergotamine tartrate/caffeine</i>	2	QL(40/28)
<i>migergot</i>	5	QL(20/28)
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<i>naratriptan hcl</i>	2	QL(9/30)
<i>rizatriptan benzoate</i>	2	QL(12/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	3	QL(12/30)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	2	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	2	
REGONOL	4	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone</i>	2	
<i>rifabutin</i>	2	
<b>Antituberculars</b>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid inj</i>	4	
<i>isoniazid syrp</i>	2	
<i>isoniazid tabs 100mg</i>	2	
<i>isoniazid tabs 300mg</i>	1	
PASER	3	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	3	
SIRTURO	4	PA QL(188/365)
TRECATOR	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BENDEKA	5	B/D PA QL(8/21)
BICNU	4	B/D PA
<i>busulfan</i>	5	B/D PA
BUSULFEX	5	B/D PA
<i>cyclophosphamide caps</i>	3	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	4	B/D PA
<i>cyclophosphamide inj 2gm</i>	5	B/D PA
<i>dacarbazine</i>	4	B/D PA
EVOMELA	5	PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide</i>	4	B/D PA
KISQALI FEMARA 200 DOSE	5	PA QL(49/28)
KISQALI FEMARA 400 DOSE	5	PA QL(70/28)
KISQALI FEMARA 600 DOSE	5	PA QL(91/28)
LEUKERAN	3	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	B/D PA
MUSTARGEN	4	B/D PA
<i>thiotepa</i>	4	PA
TREANDA	5	B/D PA QL(8/21)
VALCHLOR	5	PA QL(60/30)
YONDELIS	5	PA
ZANOSAR	4	B/D PA
<b>Antiandrogens</b>		
<i>bicalutamide</i>	3	QL(30/30)
<i>flutamide</i>	3	
NILANDRON	5	QL(60/30)
<i>nilutamide</i>	5	QL(60/30)
XTANDI	5	PA QL(120/30)
ZYTIGA TABS 500MG	5	PA QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZYTIGA TABS 250MG	5	PA QL(120/30)
<b>Antiangiogenic Agents</b>		
POMALYST	5	PA QL(21/28)
REVLIMID CAPS 15MG, 20MG, 25MG	5	PA QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	PA QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	PA QL(30/30)
THALOMID CAPS 200MG	5	PA QL(60/30)
<b>Antiestrogens/Modifiers</b>		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<b>Antimetabolites</b>		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	B/D PA
ARRANON	4	
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
CLOLAR	4	B/D PA
<i>cytarabine</i>	4	B/D PA
<i>cytarabine aqueous</i>	4	B/D PA
DROXIA	3	
ELITEK	5	B/D PA
<i>fluorouracil inj</i>	4	B/D PA
FOLOTYN	5	B/D PA
<i>gemcitabine</i>	4	B/D PA
<i>gemcitabine hcl inj 200mg, 2gm</i>	4	B/D PA
<i>gemcitabine hcl inj 1gm</i>	5	B/D PA
<i>hydroxyurea</i>	2	
LONSURF TABS 8.19MG; 20MG	5	PA QL(80/28)

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LONSURF TABS 6.14MG; 15MG	5	PA QL(100/28)
<i>mercaptopurine</i>	3	
NIPENT	5	B/D PA
PURIXAN	5	PA QL(300/30)
TABLOID	3	
<b>Antineoplastics</b>		
<i>docetaxel inj 200mg/10ml</i>	5	B/D PA
<b>Antineoplastics, Other</b>		
ABRAXANE	5	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	PA
<i>bleomycin sulfate</i>	4	B/D PA
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml</i>	4	B/D PA
<i>cisplatin</i>	4	B/D PA
COSMEGEN	5	B/D PA
<i>daunorubicin hcl</i>	4	B/D PA
<i>decitabine</i>	5	
<i>dexrazoxane</i>	4	B/D PA
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	5	B/D PA
<i>doxorubicin hcl</i>	2	B/D PA
<i>doxorubicin hcl liposome</i>	5	B/D PA
<i>epirubicin hcl inj 200mg/100ml</i>	5	B/D PA
ERWINAZE	5	B/D PA QL(60/28)
ETHYOL	5	B/D PA
<i>fludarabine phosphate</i>	4	B/D PA
FUSILEV	5	
HALAVEN	5	PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	B/D PA
<i>irinotecan</i>	4	B/D PA
<i>irinotecan hcl</i>	4	B/D PA
ISTODAX (OVERFILL)	5	PA
IXEMPRA KIT	5	B/D PA
JEVTANA	5	B/D PA
KISQALI	5	PA QL(63/21)
LARTRUVO	5	PA
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leucovorin calcium tabs</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
<i>mesna</i>	2	B/D PA
MESNEX TABS	5	
<i>mitomycin inj 40mg</i>	5	B/D PA
<i>mitomycin inj 20mg, 5mg</i>	4	B/D PA
<i>mitoxantrone hcl</i>	2	B/D PA
NINLARO	5	PA QL(3/28)
ODOMZO	5	PA QL(30/30)
<i>oxaliplatin inj 100mg</i>	5	B/D PA
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PORTRAZZA	5	PA QL(100/21)
PROLEUKIN	5	B/D PA
RUBRACA	5	PA QL(120/30)
RYDAPT	5	PA QL(224/28)
SYLATRON	5	PA QL(4/28)
SYNRIBO	5	PA QL(28/28)
TRISENOX	4	B/D PA
VELCADE	5	B/D PA QL(14/21)
VENCLEXTA STARTING PACK	5	PA QL(84/365)
VENCLEXTA TABS 100MG	5	PA QL(120/30)
VENCLEXTA TABS 50MG	4	PA QL(30/30)
VENCLEXTA TABS 10MG	4	PA QL(60/30)
<i>vinblastine sulfate</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine sulfate</i>	4	B/D PA
<i>vinorelbine tartrate</i>	4	B/D PA
ZEJULA	5	PA QL(90/30)
ZOLINZA	5	QL(120/30)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	2	QL(30/30)
<i>exemestane</i>	4	QL(60/30)
<i>letrozole</i>	2	QL(30/30)
<b>Enzyme Inhibitors</b>		
<i>etoposide inj</i>	3	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KYPROLIS	5	B/D PA
<i>toposar</i>	3	B/D PA
<i>topotecan hcl inj 4mg</i>	5	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG, 3MG	5	PA QL(60/30)
AFINITOR DISPERZ TBSO 5MG	5	PA QL(120/30)
AFINITOR TABS 2.5MG, 5MG, 7.5MG	5	PA QL(30/30)
AFINITOR TABS 10MG	5	PA QL(60/30)
ALECENSA	5	PA QL(240/30)
ALUNBRIG	5	PA QL(180/30)
BOSULIF TABS 500MG	5	PA QL(30/30)
BOSULIF TABS 100MG	5	PA QL(120/30)
CABOMETYX TABS 20MG, 60MG	5	PA QL(30/30)
CABOMETYX TABS 40MG	5	PA QL(60/30)
CAPRELSA TABS 300MG	5	PA QL(30/30)
CAPRELSA TABS 100MG	5	PA QL(60/30)
COMETRIQ KIT	5	PA QL(56/28)
COMETRIQ KIT 20MG	5	PA QL(84/28)
COMETRIQ KIT	5	PA QL(112/28)
COTELLIC	5	PA QL(63/28)
ERIVEDGE	5	PA QL(30/30)
FARYDAK	5	PA QL(6/21)
GILOTRIF	5	PA QL(30/30)
IBRANCE	5	PA QL(21/28)
ICLUSIG TABS 45MG	5	PA QL(30/30)
ICLUSIG TABS 15MG	5	PA QL(60/30)
<i>imatinib mesylate</i>	5	PA QL(60/30)
IMBRUVICA	5	PA QL(120/30)
INLYTA	5	PA QL(120/30)
IRESSA	5	PA QL(30/30)
JAKAFI	5	PA QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LENVIMA 10 MG DAILY DOSE	5	PA QL(30/30)
LENVIMA 14 MG DAILY DOSE	5	PA QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	PA QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	PA QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	PA QL(90/30)
LENVIMA 8 MG DAILY DOSE	5	PA QL(60/30)
LYNPARZA	5	PA QL(480/30)
MEKINIST TABS 2MG	5	PA QL(30/30)
MEKINIST TABS 0.5MG	5	PA QL(90/30)
NEXAVAR	5	PA QL(120/30)
SPRYCEL	5	PA QL(30/30)
STIVARGA	5	PA QL(84/28)
SUTENT	5	PA QL(28/28)
TAFINLAR	5	PA QL(120/30)
TAGRISSO	5	PA QL(30/30)
TARCEVA TABS 100MG, 150MG	5	PA QL(30/30)
TARCEVA TABS 25MG	5	PA QL(60/30)
TASIGNA	5	PA QL(120/30)
TYKERB	5	PA QL(180/30)
VOTRIENT	5	PA QL(120/30)
XALKORI	5	PA QL(60/30)
ZALTRAP	5	PA QL(40/28)
ZELBORAF	5	PA QL(240/30)
ZYDELIG	5	PA QL(60/30)
ZYKADIA	5	PA QL(150/30)
<b>Monoclonal Antibodies</b>		
AVASTIN	5	B/D PA
BAVENCIO	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	B/D PA
GAZYVA	5	PA

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HERCEPTIN	5	B/D PA
IMFINZI	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
OPDIVO	5	PA QL(80/28)
PERJETA	5	PA
RITUXAN	5	PA
TECENTRIQ	5	PA QL(20/21)
UNITUXIN	5	PA
VECTIBIX	5	B/D PA
YERVOY INJ 200MG/40ML	5	B/D PA QL(80/21)
YERVOY INJ 50MG/10ML	5	B/D PA QL(300/21)
<b>Retinoids</b>		
<i>bexarotene</i>	5	
PANRETIN	5	
TARGRETIN GEL	5	QL(60/30)
<i>tretinoin caps</i>	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA	4	
BILTRICIDE	4	
<i>ivermectin</i>	2	
<b>Antiprotozoals</b>		
ALINIA SUSR	3	QL(150/30)
ALINIA TABS	3	QL(20/30)
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	3	QL(24/30)
DARAPRIM	5	QL(90/30)
<i>hydroxychloroquine sulfate</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	3	B/D PA QL(6/28)
PENTAM 300	3	
PRIMAQUINE PHOSPHATE	3	QL(90/30)
<i>quinine sulfate</i>	1	QL(42/7)
<b>Pediculicides/Scabicides</b>		
<i>lindane</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>trihexyphenidyl hcl</i>	2	PA
<b>Antiparkinson Agents, Other</b>		
<i>entacapone</i>	4	QL(240/30)
<i>tolcapone</i>	5	
<b>Dopamine Agonists</b>		
APOKYN	5	PA QL(60/30)
<i>bromocriptine mesylate</i>	4	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i>	2	QL(30/30)
<i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i>	2	QL(90/30)
<i>ropinirole hcl</i>	2	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/ entacapone</i>	3	
RYTARY	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	3	QL(30/30)
<i>rasagiline mesylate</i>	3	QL(30/30)
<i>selegiline hcl</i>	2	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl</i>	4	
<i>compro</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl conc</i>	2	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluphenazine hcl elix</i>	2	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate</i>	4	
<i>loxapine caps 25mg, 50mg</i>	2	
<i>loxapine caps 10mg, 5mg</i>	2	QL(120/30)
<i>loxapine succinate caps 25mg, 50mg</i>	2	
<i>loxapine succinate caps 10mg, 5mg</i>	2	QL(120/30)
<i>perphenazine</i>	2	
<i>pimozide</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	4	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene caps 10mg, 1mg, 5mg</i>	2	
<i>thiothixene caps 2mg</i>	1	
<i>trifluoperazine hcl</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	PA QL(1/30)
<i>aripiprazole odt</i>	5	QL(60/30) ST
<i>aripiprazole oral soln</i>	4	QL(900/30) ST
<i>aripiprazole tabs</i>	4	QL(30/30) ST
ARISTADA INJ 441MG/1.6ML	5	QL(1.6/30)
ARISTADA INJ 662MG/2.4ML	5	QL(2.4/30)
ARISTADA INJ 882MG/3.2ML	5	QL(3.2/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARISTADA INJ 1064MG/3.9ML	5	QL(3.9/60)
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL(60/30) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL(0.5/28)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	5	QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	5	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL(30/30) ST
LATUDA TABS 80MG	5	QL(60/30) ST
NUPLAZID	5	PA QL(60/30)
<i>olanzapine inj</i>	4	QL(30/30)
<i>olanzapine odt</i>	4	QL(30/30)
<i>olanzapine tabs</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg</i>	4	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	4	QL(60/30) ST
<i>paliperidone er tb24 9mg</i>	5	QL(30/30) ST
<i>quetiapine fumarate</i>	2	QL(60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL(30/30)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL(60/30)
REXULTI	5	QL(30/30) ST
RISPERDAL CONSTA INJ 50MG	5	QL(2/28)
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG	4	QL(2/28)
<i>risperidone m-tab tbdp 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone m-tab tbdp 4mg</i>	2	QL(120/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	2	QL(120/30)
<i>risperidone oral soln</i>	2	QL(240/30)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	2	QL(60/30)
<i>risperidone tabs 4mg</i>	2	QL(120/30)
SAPHRIS	4	QL(60/30) ST
VRAYLAR CAPS	5	QL(30/30) ST
VRAYLAR CPPK	4	QL(14/365) ST
<i>ziprasidone hcl</i>	4	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	QL(2/28)
<b>Antipsychotics</b>		
<i>molindone hydrochloride</i>	2	
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 12.5mg, 25mg</i>	3	
<i>clozapine odt tbdp 150mg</i>	3	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	3	QL(270/30)
<i>clozapine odt tbdp 200mg</i>	5	QL(120/30)
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>clozapine tabs 200mg</i>	3	QL(120/30)
<i>clozapine tabs 100mg</i>	3	QL(270/30)
VERSACLOZ	4	QL(540/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium</i>	2	
<i>tizanidine hcl</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
FOSCAVIR	4	
<i>ganciclovir inj</i>	4	B/D PA
VALCYTE ORAL SOLN	5	
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	3	ST
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	5	QL(30/30)
<i>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	3	
INTRON A INJ 6000000UNIT/ ML	4	
INTRON A INJ 10MU, 10MU/ ML, 18MU, 50MU	5	
INTRON A W/DILUENT	5	
<i>lamivudine tabs 100mg</i>	2	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	5	PA QL(28/28)
HARVONI	5	PA QL(28/28)
PEG-INTRON REDIPEN	5	PA QL(4/28)
PEGASYS INJ 180MCG/0.5ML	5	PA QL(2/28)
PEGASYS INJ 180MCG/ML	5	PA QL(4/28)
PEGASYS PROCLICK	5	PA QL(2/28)
PEGINTRON	5	PA QL(4/28)
<i>ribavirin caps</i>	3	QL(168/28)
<i>ribavirin tabs</i>	3	QL(168/28)
SOVALDI	5	PA QL(28/28)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
GENVOYA	5	QL(30/30)
ISENTRESS CHEW 100MG	5	QL(180/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ISENTRESS CHEW 25MG	3	QL(180/30)
ISENTRESS HD	5	QL(60/30)
ISENTRESS PACK	5	QL(180/30)
ISENTRESS TABS	5	QL(60/30)
TIVICAY TABS 50MG	5	QL(60/30)
TIVICAY TABS 10MG, 25MG	4	QL(60/30)

### Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA	5	QL(30/30)
EDURANT	5	QL(30/30)
INTELENCE TABS 100MG, 200MG	5	QL(60/30)
INTELENCE TABS 25MG	4	QL(120/30)
<i>nevirapine er tb24 400mg</i>	4	QL(30/30)
<i>nevirapine er tb24 100mg</i>	4	QL(90/30)
<i>nevirapine susp</i>	3	QL(1200/30)
<i>nevirapine tabs</i>	2	QL(60/30)
ODEFSEY	5	QL(30/30)
RESCRIPTOR TABS 200MG	3	QL(180/30)
RESCRIPTOR TABS 100MG	3	QL(270/30)
STRIBILD	5	QL(30/30)
SUSTIVA CAPS 200MG	5	QL(60/30)
SUSTIVA CAPS 50MG	3	QL(90/30)
SUSTIVA TABS	5	QL(30/30)

### Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir</i>	4	QL(60/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60/30)
<i>abacavir/lamivudine</i>	5	QL(30/30)
DESCOVY	5	QL(30/30)
<i>didanosine</i>	2	QL(30/30)
EMTRIVA CAPS	3	QL(30/30)
EMTRIVA ORAL SOLN	3	QL(680/28)
EPZICOM	5	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamivudine oral soln</i>	2	QL(900/30)
<i>lamivudine tabs 300mg</i>	2	QL(30/30)
<i>lamivudine tabs 150mg</i>	2	QL(60/30)
<i>lamivudine/zidovudine</i>	4	QL(60/30)
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	QL(60/30)
TRIUMEQ	5	QL(30/30)
TRUVADA	5	QL(30/30)
VIDEX PEDIATRIC ORAL SOLN 2GM	3	QL(900/30)
VIDEX PEDIATRIC ORAL SOLN 4GM	3	QL(1200/30)
VIREAD POWD	5	QL(240/30)
VIREAD TABS	5	QL(30/30)
ZERIT ORAL SOLN	3	QL(2400/30)
ZIAGEN ORAL SOLN	3	QL(960/30)
<i>zidovudine caps</i>	2	QL(180/30)
<i>zidovudine syrpf</i>	2	QL(1680/28)
<i>zidovudine tabs</i>	2	QL(60/30)

### Anti-HIV Agents, Other

ATRIPLA	5	QL(30/30)
FUZEON	5	QL(60/30)
SELZENTRY ORAL SOLN	5	QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	QL(60/30)
SELZENTRY TABS 300MG	5	QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
TYBOST	3	QL(30/30)

### Anti-HIV Agents, Protease Inhibitors

APTIVUS CAPS	5	QL(120/30)
APTIVUS ORAL SOLN	5	QL(285/28)
CRIXIVAN CAPS 400MG	3	QL(180/30)
CRIXIVAN CAPS 200MG	3	QL(270/30)
EVOTAZ	5	QL(30/30)
INVIRASE CAPS	5	QL(300/30)

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INVIRASE TABS	5	QL(120/30)
KALETRA ORAL SOLN	4	QL(480/30)
KALETRA TABS 100MG; 25MG	4	QL(300/30)
KALETRA TABS 200MG; 50MG	5	QL(120/30)
LEXIVA SUSP	4	QL(1575/28)
LEXIVA TABS	5	QL(120/30)
<i>lopinavir/ritonavir</i>	4	QL(480/30)
NORVIR CAPS	3	QL(360/30)
NORVIR ORAL SOLN	3	QL(480/30)
NORVIR TABS	3	QL(360/30)
PREZCOBIX	5	QL(30/30)
PREZISTA SUSP	5	QL(400/30)
PREZISTA TABS 800MG	5	QL(30/30)
PREZISTA TABS 600MG	5	QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
REYATAZ CAPS 150MG, 300MG	5	QL(30/30)
REYATAZ CAPS 200MG	5	QL(60/30)
REYATAZ PACK	5	QL(180/30)
VIRACEPT TABS 625MG	5	QL(120/30)
VIRACEPT TABS 250MG	5	QL(270/30)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl</i>	2	
<i>oseltamivir phosphate caps 45mg, 75mg</i>	4	QL(56/365)
<i>oseltamivir phosphate caps 30mg</i>	4	QL(112/365)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 45MG, 75MG	4	QL(56/365)
TAMIFLU CAPS 30MG	4	QL(112/365)
TAMIFLU SUSR	4	QL(700/365)
<b>Antiherpetic Agents</b>		
<i>acyclovir caps</i>	2	
<i>acyclovir oint</i>	2	QL(30/30)
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D PA
<i>acyclovir susp</i>	2	
<i>acyclovir tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>famciclovir</i>	2	QL(60/30)
<i>trifluridine</i>	2	
<i>valacyclovir hcl</i>	3	QL(30/30)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 10mg, 5mg</i>	1	
<i>bupirone hcl tabs 15mg, 30mg, 7.5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150/30)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(90/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL(90/30)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>lorazepam conc</i>	2	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	4	
<i>lorazepam intensol</i>	2	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>oxazepam</i>	2	QL(120/30)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 150mg, 600mg</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate tabs</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose</i>	2	QL(90/30)
BYDUREON	3	QL(4/28)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BYDUREON PEN	3	QL(4/28)
BYETTA INJ 5MCG/0.02ML	3	QL(1.2/30)
BYETTA INJ 10MCG/0.04ML	3	QL(2.4/30)
FARXIGA	3	QL(30/30)
<i>glimepiride</i>	1	QL(60/30)
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL(30/30)
<i>glipizide er tb24 10mg</i>	1	QL(60/30)
<i>glipizide tabs 5mg</i>	1	QL(60/30)
<i>glipizide tabs 10mg</i>	1	QL(120/30)
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL(30/30)
<i>glipizide xl tb24 10mg</i>	1	QL(60/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
INVOKAMET	3	QL(60/30)
INVOKAMET XR	3	QL(60/30)
INVOKANA	3	QL(30/30)
JANUMET	3	QL(60/30)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
<i>Metformin hcl er tb24 500mg, 1000mg (generic for Fortamet)</i>	1	QL(60/30)
<i>Metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>Metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)
<i>metformin hcl tabs 1000mg</i>	1	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin hcl tabs 850mg</i>	1	QL(90/30)
<i>metformin hcl tabs 500mg</i>	1	QL(150/30)
<i>miglitol</i>	2	QL(90/30)
<i>nateglinide</i>	2	QL(90/30)
<i>pioglitazone hcl</i>	2	QL(30/30)
<i>pioglitazone hcl-glimepiride</i>	2	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	4	QL(120/30)
<i>repaglinide tabs 2mg</i>	4	QL(240/30)
RIOMET	3	QL(750/30)
TRADJENTA	3	QL(30/30)
TRULICITY	3	QL(2/28)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	3	QL(30/30)
XIGDUO XR TB24 5MG; 1000MG	3	QL(60/30)
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT	3	QL(4/30)
GLUCAGON EMERGENCY KIT	3	QL(4/30)
PROGLYCEM	4	
<b>Insulins</b>		
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
TOUJEO SOLOSTAR	3	QL(9/30)
TRESIBA FLEXTOUCH	3	

### Blood Products/Modifiers/Volume Expanders

#### Anticoagulants

COUMADIN	4	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL(9/90)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL(12/90)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL(18/90)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	4	QL(30/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL(12/90)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL(18/90)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL(24/90)
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix</i>	4	
<i>jantoven</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PRADAXA	3	QL(60/30)
SAVAYSA	4	QL(30/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	3	QL(102/365)
XARELTO TABS 20MG	3	QL(30/30)
XARELTO TABS 10MG	3	QL(35/90)
XARELTO TABS 15MG	3	QL(60/30)

#### Blood Formation Modifiers

<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	4	PA QL(4/28)
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA QL(4/28)
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL(9.6/30)
NEULASTA	5	PA QL(1.2/28)
NEULASTA ONPRO KIT	5	PA QL(1.2/28)
NEUPOGEN INJ 300MCG/0.5ML	5	PA QL(7/28)
NEUPOGEN INJ 480MCG/0.8ML	5	PA QL(11.2/28)
NEUPOGEN INJ 300MCG/ML	5	PA QL(14/28)
NEUPOGEN INJ 480MCG/1.6ML	5	PA QL(22.4/30)
PROCRIT INJ 40000UNIT/ML	5	PA QL(6/28)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROCRIT INJ 20000UNIT/ML	5	PA QL(12/28)
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(12/28)
PROMACTA	5	PA QL(30/30)
<b>Coagulants</b>		
<i>tranexamic acid inj</i>	2	PA
<i>tranexamic acid tabs</i>	2	QL(30/28)
<b>Platelet Modifying Agents</b>		
AGGRENOX	4	QL(60/30) ST
<i>aspirin/dipyridamole</i>	2	QL(60/30)
BRILINTA	3	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	2	QL(2/365)
<i>clopidogrel tabs 75mg</i>	2	QL(30/30)
<i>dipyridamole tabs</i>	2	PA
EFFIENT	4	QL(30/30)
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	3	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	3	QL(8/28)
<i>clonidine hcl tabs 0.1mg, 0.2mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	2	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR	4	QL(30/30) ST
BENICAR HCT	4	QL(30/30) ST
<i>candesartan cilexetil</i>	2	QL(30/30)
<i>candesartan cilexetil/ hydrochlorothiazide</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ENTRESTO	3	QL(60/30)
<i>irbesartan</i>	1	QL(30/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>losartan potassium tabs 100mg, 25mg</i>	1	QL(30/30)
<i>losartan potassium tabs 50mg</i>	1	QL(60/30)
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL(30/30)
<i>olmesartan medoxomil</i>	4	QL(30/30)
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	4	QL(30/30)
<i>telmisartan</i>	2	QL(30/30)
<i>telmisartan/amlodipine</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	2	QL(30/30)
<i>valsartan</i>	2	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	2	QL(30/30)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tabs 10mg, 20mg, 5mg</i>	1	QL(30/30)
<i>benazepril hcl tabs 40mg</i>	1	QL(60/30)
<i>benazepril hcl/ hydrochlorothiazide</i>	2	QL(30/30)
<i>captopril tabs 12.5mg, 25mg</i>	1	QL(90/30)
<i>captopril tabs 100mg</i>	1	QL(120/30)
<i>captopril tabs 50mg</i>	1	QL(270/30)
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg, 50mg; 25mg</i>	2	QL(60/30)
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 50mg; 15mg</i>	2	QL(90/30)
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/ hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	QL(30/30)
<i>enalapril maleate/ hydrochlorothiazide tabs 10mg; 25mg</i>	1	QL(60/30)
<i>fosinopril sodium</i>	2	QL(60/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(120/30)
<i>lisinopril</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(30/30)
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	QL(60/30)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(120/30)
<i>moexipril hcl</i>	2	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	2	QL(30/30)
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 25mg; 15mg</i>	2	QL(60/30)
<i>perindopril erbumine tabs 2mg, 4mg</i>	1	QL(30/30)
<i>perindopril erbumine tabs 8mg</i>	1	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	2	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	2	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg, 2mg</i>	2	QL(30/30)
<i>trandolapril tabs 4mg</i>	2	QL(60/30)
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj</i>	4	
<i>amiodarone hcl tabs</i>	2	
<i>dofetilide</i>	3	QL(60/30)
<i>flecainide acetate</i>	2	
<i>lidocaine hcl inj</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sotalol hcl (af)</i>	2	
TIKOSYN	4	QL(60/30)
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL(30/30)
BYSTOLIC TABS 20MG	3	QL(60/30)
BYVALSON	3	QL(30/30)
<i>carvedilol</i>	1	
COREG CR	3	QL(30/30)
<i>labetalol hcl inj</i>	4	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	QL(60/30)
<i>metoprolol tartrate inj</i>	4	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	2	QL(30/30)
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl inj</i>	4	
<i>propranolol hcl oral soln</i>	2	
<i>propranolol hcl tabs</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs</i>	2	
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr tb24 30mg</i>	2	QL(30/30)
<i>afeditab cr tb24 60mg</i>	2	QL(60/30)
<i>amlodipine besylate tabs 10mg, 2.5mg</i>	1	QL(30/30)
<i>amlodipine besylate tabs 5mg</i>	1	QL(45/30)



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL(30/30)
<i>amlodipine besylate/valsartan</i>	2	QL(30/30)
<i>amlodipine/valsartan/hctz</i>	2	QL(30/30)
<i>cartia xt cp24 120mg, 300mg</i>	2	QL(30/30)
<i>cartia xt cp24 180mg, 240mg</i>	2	QL(60/30)
<i>dilt-xr cp24 120mg</i>	2	QL(30/30)
<i>dilt-xr cp24 180mg, 240mg</i>	2	QL(60/30)
<i>diltiazem cd cp24 240mg</i>	2	QL(60/30)
<i>diltiazem hcl cd</i>	4	QL(30/30)
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er cp24 120mg, 300mg, 420mg</i>	2	QL(30/30)
<i>diltiazem hcl er cp24 180mg, 240mg</i>	2	QL(60/30)
<i>diltiazem hcl er cp24 360mg (generic for Tiazac)</i>	2	QL(30/30)
<i>diltiazem hcl er cp24 360mg (generic for Cardizem CD)</i>	4	QL(30/30)
<i>diltiazem hcl er tb24 360mg</i>	4	QL(30/30)
<i>diltiazem hcl er tb24 300mg, 420mg</i>	2	QL(30/30)
<i>diltiazem hcl er tb24 180mg, 240mg</i>	2	QL(60/30)
<i>diltiazem hcl inj</i>	4	
<i>diltiazem hcl tabs</i>	2	
<i>felodipine er</i>	2	QL(30/30)
<i>isradipine</i>	2	
<i>matzim la tb24 300mg, 360mg, 420mg</i>	2	QL(30/30)
<i>matzim la tb24 180mg, 240mg</i>	2	QL(60/30)
<i>nicardipine hcl caps</i>	2	
<i>nicardipine hcl inj</i>	4	
<i>nifedipine er tb24 30mg, 90mg</i>	2	QL(30/30)
<i>nifedipine er tb24 60mg</i>	2	QL(60/30)
<i>nimodipine</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>taztia xt cp24 120mg, 300mg, 360mg</i>	2	QL(30/30)
<i>taztia xt cp24 180mg, 240mg</i>	2	QL(60/30)
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	QL(30/30)
<i>verapamil hcl er cp24 200mg</i>	2	QL(60/30)
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl inj</i>	4	
<i>verapamil hcl sr cp24 360mg</i>	2	QL(30/30)
<i>verapamil hcl tabs 120mg, 80mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>DEMSE</i>	5	
<i>digitek tabs 0.125mg</i>	3	QL(30/30)
<i>digitek tabs 0.25mg</i>	3	PA
<i>digox tabs 125mcg</i>	3	QL(30/30)
<i>digox tabs 250mcg</i>	3	PA
<i>digoxin inj</i>	4	PA
<i>digoxin tabs 125mcg</i>	3	QL(30/30)
<i>digoxin tabs 250mcg</i>	3	PA
<i>LANOXIN PEDIATRIC</i>	4	PA
<i>LANOXIN TABS 125MCG</i>	4	QL(30/30)
<i>LANOXIN TABS 250MCG</i>	4	PA
<i>NORTHERA CAPS 100MG</i>	5	PA QL(90/30)
<i>NORTHERA CAPS 200MG, 300MG</i>	5	PA QL(180/30)
<i>pentoxifylline er</i>	2	
<i>RANEXA</i>	3	QL(60/30)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	4	
<b>Diuretics, Loop</b>		
<i>bumetanide inj</i>	4	
<i>bumetanide tabs 2mg</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bumetanide tabs 0.5mg, 1mg</i>	2	
<i>ethacrynate sodium</i>	4	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>torseamide</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 100mg, 50mg</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	2	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate caps 130mg, 150mg</i>	2	QL(30/30)
<i>fenofibrate caps 43mg, 50mg</i>	2	QL(60/30)
<i>fenofibrate micronized caps 134mg, 200mg</i>	2	QL(30/30)
<i>fenofibrate micronized caps 67mg</i>	2	QL(60/30)
<i>fenofibrate tabs 145mg, 160mg</i>	2	QL(30/30)
<i>fenofibrate tabs 48mg, 54mg</i>	2	QL(60/30)
<i>fenofibric acid dr cpdr 135mg</i>	2	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fenofibric acid dr cpdr 45mg</i>	2	QL(60/30)
<i>gemfibrozil</i>	2	QL(60/30)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	2	QL(30/30)
LIVALO	3	QL(30/30) ST
<i>lovastatin tabs 40mg</i>	2	QL(60/30)
<i>lovastatin tabs 10mg, 20mg</i>	1	QL(30/30)
<i>pravastatin sodium</i>	1	QL(30/30)
<i>rosuvastatin calcium</i>	2	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	3	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)
KYNAMRO	5	PA QL(4/28)
<i>niacin er tbc 500mg</i>	2	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	2	QL(60/30)
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	QL(120/30)
<i>prevalite</i>	2	
REPATHA	5	PA QL(3/30)
REPATHA PUSHTRONEX SYSTEM	5	PA QL(3.5/30)
REPATHA SURECLICK	5	PA QL(3/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
VYTORIN	4	QL(30/30)
ZETIA	4	QL(30/30)
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl inj</i>	4	
<i>hydralazine hcl tabs</i>	2	
<i>minoxidil</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	3	QL(180/30)
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	QL(30/30)
<i>nitroglycerin inj</i>	4	
<i>nitroglycerin lingual translingual soln</i>	2	
<i>nitroglycerin subl</i>	2	
<i>nitroglycerin transdermal</i>	2	QL(30/30)
NITROSTAT	3	

### Central Nervous System Agents

#### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine/ dextroamphetamine cp24</i>	2	QL(30/30)
<i>amphetamine/ dextroamphetamine tabs</i>	2	QL(60/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL(90/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	2	QL(1800/30)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL(60/30)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL(180/30)

#### Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
<i>clonidine hcl er</i>	2	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexmethylphenidate hcl</i>	2	QL(60/30)
<i>metadate er</i>	2	QL(90/30)
<i>methylphenidate hcl er tbc 10mg, 27mg, 54mg</i>	2	QL(30/30)
<i>methylphenidate hcl er tbc 36mg</i>	2	QL(60/30)
<i>methylphenidate hcl er tbc 20mg</i>	2	QL(90/30)
<i>methylphenidate hcl er tbc 18mg</i>	2	QL(120/30)
<i>methylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60/30)
<i>methylphenidate hcl tabs 20mg</i>	2	QL(90/30)
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL(30/30)
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG	4	QL(60/30)

### Central Nervous System, Other

HETLIOZ	5	PA QL(30/30)
NUEDEXTA	3	QL(60/30)
<i>riluzole</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	5	PA QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	PA QL(120/30)

### Multiple Sclerosis Agents

AMPYRA	5	PA QL(60/30)
AVONEX	5	PA QL(4/28)
AVONEX PEN	5	PA QL(4/28)
BETASERON	5	PA QL(14/28)
COPAXONE INJ 40MG/ML	5	PA QL(12/28)
COPAXONE INJ 20MG/ML	5	PA QL(30/30)
GILENYA	5	PA QL(30/30)
TECFIDERA CPDR 120MG	5	PA QL(14/30)
TECFIDERA CPDR 240MG	5	PA QL(60/30)
TECFIDERA STARTER PACK	5	PA QL(120/365)
TYSABRI	5	PA QL(15/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate mouth/ throat soln</i>	1	
<i>oralone</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide pste</i>	2	
<i>triamcinolone in orabase</i>	2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin</i>	4	PA
<i>ammonium lactate</i>	2	
<i>amnesteem</i>	2	
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	4	QL(60/30)
<i>calcipotriene oint</i>	4	QL(120/30)
<i>calcitrene</i>	4	QL(120/30)
<i>calcitriol oint</i>	3	QL(800/30)
CARAC	5	
<i>claravis</i>	2	
<i>curity gauze pads 2"x2"</i>	2	
<i>diclofenac sodium transdermal soln</i>	2	QL(1050/30)
<i>doxepin hydrochloride</i>	3	
ELIDEL	3	QL(100/90)
<i>erythromycin/benzoyl peroxide</i>	2	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln</i>	4	
<i>imiquimod</i>	2	QL(12/30)
<i>methoxsalen</i>	5	
<i>myorisan</i>	2	
PICATO GEL 0.05%	4	QL(2/56) ST
PICATO GEL 0.015%	4	QL(3/56) ST
<i>podofilox</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REGRANEX	5	PA QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	1	
<i>tacrolimus oint</i>	3	QL(100/90)
<i>tazarotene</i>	4	QL(120/30)
TAZORAC CREA	4	QL(120/30)
TAZORAC GEL	4	QL(100/30)
<i>tretinoin crea</i>	2	PA QL(45/30)
<i>tretinoin gel</i>	2	PA QL(45/30)
<i>tretinoin microsphere</i>	2	PA
<i>tretinoin microsphere pump gel 0.1%</i>	2	PA
UVADEX	4	B/D PA
VOLTAREN GEL	3	QL(1000/30)
<i>zenatane</i>	2	
ZYCLARA	5	QL(56/30)
ZYCLARA PUMP CREA 2.5%	5	QL(15/30)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL TABS	5	
CEREZYME	5	B/D PA
CREON	3	
CYSTADANE	5	
CYSTAGON	3	
ELAPRASE	5	PA
FABRAZYME	5	B/D PA
KUVAN PACK 500MG	5	PA QL(150/30)
KUVAN PACK 100MG	5	PA QL(750/30)
KUVAN TBSO	5	PA QL(750/30)
LUMIZYME	5	PA
NAGLAZYME	5	PA
ORFADIN	5	
<i>sodium phenylbutyrate</i>	5	
VPRIV	5	PA
ZAVESCA	5	QL(90/30)
ZENPEP	3	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>anaspaz</i>	2	
<i>atropine sulfate inj 0.25mg/5ml, 0.4mg/0.5ml, 1mg/ml, 8mg/20ml</i>	4	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl oral soln</i>	2	
<i>dicyclomine hcl tabs</i>	1	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs</i>	2	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate subl</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	2	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	2	
<b>Gastrointestinal Agents, Other</b>		
<i>cromolyn sodium conc</i>	2	
<i>diphenoxylate/atropine</i>	2	
GATTEX	5	PA QL(30/30)
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl inj</i>	4	
<i>metoclopramide hcl oral soln</i>	2	
<i>metoclopramide hcl tabs</i>	2	
OSMOPREP	4	
RELISTOR INJ 8MG/0.4ML	5	PA QL(12/30)
RELISTOR INJ 12MG/0.6ML	5	PA QL(18/30)
<i>ursodiol</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine inj</i>	4	
<i>famotidine premixed</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
<i>ranitidine hcl caps</i>	2	
<i>ranitidine hcl inj</i>	4	
<i>ranitidine hcl syrp</i>	2	
<i>ranitidine hcl tabs</i>	1	
<b>Irritable Bowel Syndrome Agents</b>		
<i>aloseptron hydrochloride tabs 0.5mg</i>	4	PA QL(60/30)
<i>aloseptron hydrochloride tabs 1mg</i>	5	PA QL(60/30)
AMITIZA	3	QL(60/30)
LINZESS	4	QL(30/30)
<b>Laxatives</b>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
<i>generlac</i>	1	
<i>lactulose</i>	2	
MOVIPREP	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
<i>polyethylene glycol 3350 powd</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Protectants</b>		
CARAFATE SUSP	4	
<i>misoprostol</i>	3	
<i>sucralfate</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL(60/30) ST
<i>esomeprazole magnesium</i>	2	QL(60/30)
<i>esomeprazole sodium</i>	4	
<i>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er</i>	2	QL(30/30)
ENABLEX	4	QL(30/30) ST
<i>flavoxate hcl</i>	2	
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 5mg</i>	2	QL(30/30)
<i>oxybutynin chloride er tb24 15mg</i>	2	QL(60/30)
<i>oxybutynin chloride syrup</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>tolterodine tartrate</i>	4	QL(60/30)
VESICARE	3	QL(30/30)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	2	QL(30/30)
<i>doxazosin</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 1mg, 2mg</i>	2	QL(30/30)
<i>doxazosin mesylate tabs 8mg</i>	2	QL(60/30)
<i>dutasteride</i>	2	QL(30/30)
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL(30/30)
<i>finasteride tabs 5mg</i>	2	QL(30/30)
<i>tamsulosin hcl</i>	2	QL(60/30)
<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	1	QL(30/30)
<i>terazosin hcl caps 10mg</i>	1	QL(60/30)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ELMIRON	4	
<i>phenazopyridine hcl</i>	2	
<b>Phosphate Binders</b>		
AURYXIA	4	QL(360/30)
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
PHOSLYRA	4	
RENVELA PACK	3	QL(180/30)
RENVELA TABS	3	QL(540/30)
VELPHORO	4	QL(180/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-methapred</i>	4	
ALA SCALP	3	
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>augmented betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate</i>	2	
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient</i>	2	
<i>clobetasol propionate external soln</i>	2	
<i>clobetasol propionate foam</i>	2	
<i>clobetasol propionate gel</i>	2	
<i>clobetasol propionate oint</i>	2	
<i>clobetasol propionate sham</i>	2	
<i>clodan</i>	2	
<i>cormax scalp application</i>	2	
<i>cortisone acetate</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide lotn</i>	4	
<i>desonide oint</i>	4	
<i>desoximetasone</i>	2	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone elix</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral soln</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	
<i>dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 4mg</i>	1	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide crea</i>	2	
<i>fluocinolone acetonide external soln</i>	1	
<i>fluocinolone acetonide oint</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate oint</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone external crea</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>hydrocortisone rectal crea</i>	2	
<i>hydrocortisone tabs</i>	2	
<i>hydrocortisone valerate</i>	2	
<b>MEDROL TABS 2MG</b>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate</i>	4	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
<i>prednicarbate oint</i>	2	
<i>prednisolone oral soln</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral soln</i>	2	
<i>prednisone tabs 50mg</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i>	1	
<i>prednisone tbpk</i>	1	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>SOLU-CORTEF</b>	4	
<b>TEXACORT</b>	3	
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint</i>	2	
<i>trianex</i>	2	
<i>triderm</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate inj</i>	4	
<i>desmopressin acetate nasal soln</i>	2	QL(15/30)
<i>desmopressin acetate tabs</i>	2	
INCRELEX	4	PA
NOVAREL	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
STIMATE	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50	5	PA
<i>oxandrolone tabs 10mg</i>	5	PA QL(60/30)
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)
<b>Androgens</b>		
ANDROXY	3	PA
<i>danazol</i>	2	
<i>testosterone cypionate</i>	4	PA
<i>testosterone enanthate</i>	4	PA QL(5/30)
<i>testosterone gel 1%, 25mg/2.5gm</i>	4	PA QL(300/30)
<i>testosterone pump</i>	4	PA QL(300/30)
<b>Estrogens</b>		
ALORA	3	PA QL(8/28)
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
<i>apri</i>	2	
<i>aranelle</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ashlyna</i>	2	QL(91/91)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL(91/91)
<i>camrese lo</i>	2	QL(91/91)
<i>caziant</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	QL(91/91)
DELESTROGEN INJ 10MG/ML	4	
<i>delyla</i>	2	
DEPO-ESTRADIOL	4	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol pttw</i>	2	PA QL(8/28)
<i>estradiol ptwk</i>	2	PA QL(4/28)
<i>estradiol tabs</i>	2	PA
<i>estradiol valerate</i>	4	
ESTRING	3	QL(1/90)
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
FEMRING	3	QL(1/90)
<i>femynor</i>	2	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	3	PA
<i>gildagia</i>	2	
<i>introvale</i>	2	QL(91/91)
<i>jevantique lo</i>	3	PA
<i>jolessa</i>	2	QL(91/91)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL(91/91)
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<b>MENEST</b>	3	PA
<b>MENOSTAR</b>	3	PA QL(4/28)
<i>microgestin 1.5/30</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<b>MINIVELLE</b>	3	PA QL(8/28)
<i>mono-linyah</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	3	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<b>PREMARIN CREA</b>	3	
<b>PREMARIN INJ</b>	4	
<b>PREMARIN TABS</b>	4	PA QL(30/30)
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	2	QL(91/91)
<i>sprintec 28</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
sronyx	2	
tarina fe 1/20	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-previfem	2	
tri-sprintec	2	
trivora-28	2	
VAGIFEM	4	QL(18/28)
velivet	2	
vienva	2	
viorele	2	
vyfemla	2	
wera	2	
yuvafem	4	QL(18/28)
zenchent	2	
zovia 1/35e	2	
zovia 1/50e	2	
<b>Progesterone Agonists/Antagonists</b>		
ELLA	3	
<b>Progestins</b>		
camila	2	
deblitane	2	
DEPO-PROVERA	4	QL(10/28)
errin	2	
heather	2	
hydroxyprogesterone caproate	5	PA
jencycla	2	
jolivette	2	
lyza	2	
MAKENA	5	PA
medroxyprogesterone acetate inj	4	QL(1/90)
medroxyprogesterone acetate tabs	1	
megestrol acetate susp 40mg/ml	3	PA
megestrol acetate tabs	3	PA
nora-be	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
norethindrone	2	
norethindrone acetate	2	
norlyroc	2	
progesterone caps	2	
sharobel	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
raloxifene hydrochloride	2	QL(30/30)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
levothyroxine sodium tabs	1	
LEVOXYL	4	
liothyronine sodium inj	4	
liothyronine sodium tabs	2	
SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	4	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	5	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR TABS 30MG	3	QL(60/30)
SENSIPAR TABS 60MG	5	QL(60/30)
SENSIPAR TABS 90MG	5	QL(120/30)
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
cabergoline	2	QL(16/30)
ELIGARD INJ 30MG	4	PA QL(1/120)
ELIGARD INJ 45MG	4	PA QL(1/180)
ELIGARD INJ 7.5MG	4	PA QL(1/30)
ELIGARD INJ 22.5MG	4	PA QL(1/90)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FIRMAGON INJ 80MG	4	B/D PA QL(1/28)
FIRMAGON INJ 120MG	5	B/D PA QL(4/365)
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA QL(1/84)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA QL(1/90)
LUPRON DEPOT (4-MONTH)	5	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	5	PA QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	5	PA QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	5	PA QL(1/30)
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
SIGNIFOR	5	PA QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA QL(0.5/28)
SOMAVERT	5	PA QL(30/30)
SYNAREL	5	PA
TRELSTAR INJ 3.75MG	5	PA QL(1/28)
TRELSTAR INJ 11.25MG	5	PA QL(1/84)
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema (HAE) Agents</b>		
CINRYZE	5	PA QL(100/30)
FIRAZYR	5	PA QL(18/30)
<b>Immune Suppressants</b>		
ASTAGRAF XL CP24 5MG	5	PA
ASTAGRAF XL CP24 0.5MG, 1MG	4	PA
AZASAN	3	PA
<i>azathioprine inj</i>	4	PA
<i>azathioprine tabs</i>	2	PA
CELLCEPT INTRAVENOUS	4	PA
<i>cyclosporine caps</i>	2	PA
<i>cyclosporine inj</i>	4	PA
<i>cyclosporine modified</i>	2	PA
ENBREL INJ 25MG/0.5ML	5	PA QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	5	PA QL(8/28)
ENBREL SURECLICK	5	PA QL(8/28)
ENVARUSUS XR	4	PA
<i>engraf</i>	2	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	PA QL(2/28)
HUMIRA INJ 40MG/0.8ML	5	PA QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA QL(6/365)
HUMIRA PEN	5	PA QL(4/28)
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA QL(12/365)
HUMIRA PEN-PSORIASIS STARTER	5	PA QL(8/365)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KINERET	5	PA QL(20.1/30)
<i>methotrexate</i>	2	
<i>methotrexate sodium</i>	4	
<i>mycophenolate mofetil caps</i>	4	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA
<i>mycophenolate mofetil tabs</i>	4	PA
<i>mycophenolic acid dr</i>	4	PA
NULOJIX	5	PA QL(150/30)
PROGRAF INJ	4	PA
RAPAMUNE ORAL SOLN	5	PA
REMICADE	5	PA
SANDIMMUNE ORAL SOLN	5	PA
<i>sirolimus</i>	2	PA
<i>tacrolimus caps</i>	3	PA
TORISEL	5	B/D PA QL(4/28)
XATMEP	4	PA
ZORTRESS TABS 0.25MG, 0.75MG	5	PA QL(60/30)
ZORTRESS TABS 0.5MG	5	PA QL(120/30)
<b>Immunizing Agents, Passive</b>		
ATGAM	4	PA
GAMMAKED INJ 1GM/10ML	4	B/D PA
GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML	5	B/D PA
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D PA
GAMUNEX-C INJ 1GM/10ML	4	B/D PA
THYMOGLOBULIN	3	B/D PA
<b>Immunomodulators</b>		
ACTEMRA INJ 162MG/0.9ML	5	PA QL(3.6/28)
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA QL(40/28)
ACTIMMUNE	5	PA
ARCALYST	5	PA
BENLYSTA INJ 400MG	5	PA QL(9/28)
BENLYSTA INJ 120MG	5	PA QL(30/28)
ILARIS	5	PA QL(2/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leflunomide</i>	2	QL(30/30)
RIDAURA	4	
SIMULECT	5	B/D PA
SYNAGIS	5	PA
<b>Vaccines</b>		
ACTHIB	4	
ADACEL	4	QL(0.5/365)
BEXSERO	4	
BOOSTRIX	4	QL(0.5/365)
DAPTACEL	4	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGERIX-B INJ 10MCG/0.5ML	4	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	4	B/D PA QL(8/365)
GARDASIL	4	QL(1.5/365)
GARDASIL 9	4	QL(1.5/365)
HAVRIX	4	
HIBERIX	4	
IMOVAX RABIES (H.D.C.V.)	4	
INFANRIX	4	
IPOLE INACTIVATED IPV	4	
IXIARO	4	
KINRIX	4	
M-M-R II	4	QL(2/365)
MENACTRA	4	
MENHIBRIX	4	
MENVEO	4	
PEDIARIX	4	
PEDVAX HIB	4	
PROQUAD	4	QL(2/365)
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB	4	B/D PA QL(3/365)
ROTARIX	3	
ROTATEQ	3	
STAMARIL	4	QL(1/999)
TENIVAC	4	QL(0.5/28)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	4	

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	QL(1/365)
VAXCHORA	4	
YF-VAX	4	
ZOSTAVAX	4	QL(1/999)

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

APRISO	3	QL(120/30)
<i>balsalazide disodium</i>	4	
<i>mesalamine kit</i>	4	

#### Glucocorticoids

<i>budesonide cpep</i>	2	
<i>colocort</i>	2	
<i>hydrocortisone enem</i>	2	

#### Sulfonamides

<i>sulfasalazine</i>	2	
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### Metabolic Bone Disease Agents

#### Metabolic Bone Disease Agents

<i>alendronate sodium tabs 35mg, 70mg</i>	2	QL(4/28)
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	2	QL(30/30)
<i>calcitonin-salmon</i>	2	QL(3.7/30)
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	4	
<i>calcitriol oral soln</i>	2	
<i>doxercalciferol caps 0.5mcg</i>	2	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	2	QL(120/30)
<i>doxercalciferol caps 1mcg</i>	2	QL(240/30)
<i>doxercalciferol inj</i>	4	
<i>etidronate disodium</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FORTEO	5	PA QL(2.4/28)
<i>ibandronate sodium tabs</i>	4	QL(1/28)
<i>miacalcin</i>	5	
<i>pamidronate disodium</i>	4	B/D PA
<i>paricalcitol caps 4mcg</i>	4	QL(60/30)
<i>paricalcitol caps 1mcg, 2mcg</i>	4	QL(90/30)
PROLIA	4	QL(1/180) ST
XGEVA	5	PA QL(1.7/28)
<i>zoledronic acid inj 4mg/5ml</i>	4	B/D PA QL(15/21)
<i>zoledronic acid inj 5mg/100ml</i>	4	B/D PA QL(100/365)

### Miscellaneous Therapeutic Agents

#### Miscellaneous Therapeutic Agents

<i>bd eclipse syringe/1ml/30gx1/2"</i>	2	QL(200/30)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	2	QL(200/30)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	2	QL(200/30)
<i>bd pen needle/mini/ ultrafine/31g x 3/16"</i>	2	QL(200/30)
<i>bd pen needle/nano/ultra fine/32g x 4mm</i>	2	QL(200/30)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	2	QL(200/30)
<i>bd safetyglide 27g x 5/8"</i>	2	QL(200/30)
CARNITOR INJ	4	B/D PA
FERRIPROX	5	PA
<i>fomepizole</i>	5	
INTRALIPID	4	B/D PA
KORLYM	5	PA QL(120/30)
LACTATED RINGERS IRRIGATION	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocarnitine</i>	2	
LIPOSYN III	4	B/D PA
NATPARA	5	PA QL(2/28)
<i>novofine 30gx8mm</i>	2	QL(200/30)
<i>novofine 31</i>	2	QL(200/30)
<i>novofine 32gx6mm</i>	2	QL(200/30)
<i>novofine autocover 30gx8mm</i>	2	QL(200/30)
<i>novotwist 32gx5mm</i>	2	QL(200/30)
NUTRILIPID	4	B/D PA
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
RINGERS IRRIGATION	4	
<i>sodium chloride 0.9%</i>	4	
<i>sterile water irrigation</i>	4	
<i>techlite pen needles/31g x 6 mm</i>	2	QL(200/30)
<i>techlite pen needles/31g x 8mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 4mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 6mm</i>	2	QL(200/30)
<i>techlite pen needles/32g x 8mm</i>	2	QL(200/30)
TIS-U-SOL	4	

### Ophthalmic Agents

#### Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost ophthalmic soln</i>	2	QL(5/30)
COMBIGAN	3	
<i>latanoprost</i>	2	QL(5/30)
LUMIGAN	4	QL(5/30) ST
TRAVATAN Z	3	QL(5/30)
ZIOPTAN	4	QL(30/30)

#### Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic soln</i>	2	
CYSTARAN	5	PA QL(60/30)
LACRISERT	3	
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	

#### Ophthalmic Anti-allergy Agents

ALOCRIAL	3	
<i>azelastine hcl ophthalmic soln</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	QL(5/30)
PATADAY	3	QL(2.5/30)
PAZEO	3	QL(2.5/30)

### Ophthalmic Anti-inflammatories

<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>diclofenac sodium ophthalmic soln</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
LOTEMAX	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln</i>	1	
PROLENSA	4	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	2	

### Ophthalmic Antiglaucoma Agents

<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl</i>	2	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl</i>	2	QL(10/30)

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide hcl/timolol maleate</i>	2	QL(10/30)
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	3	
SIMBRINZA	4	
<i>timolol maleate ophthalmic soln</i>	1	

### Otic Agents

### Otic Agents

<i>acetazol hc</i>	2	
<i>acetic acid</i>	2	
<i>acetic acid/aluminum acetate</i>	2	
COLY-MYCIN S	3	
<i>fluocinolone acetonide ear drops</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone</i>	2	

### Respiratory Tract/Pulmonary Agents

#### Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ARNUITY ELLIPTA	3	QL(30/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp 32mcg/act</i>	2	QL(17.2/30)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D PA QL(120/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	1	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)

### Antihistamines

<i>azelastine hcl nasal soln</i>	2	QL(30/25)
<i>desloratadine</i>	2	QL(30/30)
<i>desloratadine odt</i>	2	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	2	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)

### Antileukotrienes

<i>montelukast sodium</i>	2	QL(30/30)
<i>zafirlukast</i>	2	QL(60/30)

### Bronchodilators, Anticholinergic

ATROVENT HFA	4	QL(25.8/30)
COMBIVENT RESPIMAT	3	QL(8/30)
INCRUSE ELLIPTA	3	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA QL(300/30)
<i>ipratropium bromide nasal soln</i>	2	QL(30/30)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA QL(540/30)

### Bronchodilators, Sympathomimetic

<i>albuterol</i>	1	
<i>albuterol sulfate er</i>	2	
<i>albuterol sulfate nebu 0.5%</i>	2	B/D PA QL(180/30)
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D PA QL(360/30)
<i>albuterol sulfate syrup</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>albuterol sulfate tabs</i>	1	
ANORO ELLIPTA	3	QL(60/30)
<i>epinephrine hcl</i>	4	
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2/30)
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>metaproterenol sulfate</i>	2	
PERFOROMIST	4	B/D PA QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
SEREVENT DISKUS	3	QL(60/30)
<i>terbutaline sulfate inj</i>	4	
<i>terbutaline sulfate tabs</i>	2	
VENTOLIN HFA	4	QL(36/30)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA QL(84/56)
KALYDECO	5	PA QL(60/30)
ORKAMBI	5	PA QL(120/30)
PULMOZYME	5	B/D PA QL(150/30)
TOBI PODHALER	5	QL(1568/365)
<i>tobramycin</i>	5	B/D PA QL(280/56)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline</i>	4	
DALIRESP	4	PA QL(30/30)
THEO-24	4	
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	PA QL(90/30)
LETAIRIS	5	PA QL(30/30)
OPSUMIT	5	PA QL(30/30)
REMODULIN	5	B/D PA
<i>sildenafil tabs</i>	3	PA QL(90/30)
TRACLEER	5	PA QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENTAVIS	5	PA QL(270/30)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation soln</i>	2	B/D PA
ARALAST NP INJ 500MG	4	B/D PA
ESBRIET CAPS	5	PA QL(270/30)
ESBRIET TABS 801MG	5	PA QL(90/30)
ESBRIET TABS 267MG	5	PA QL(270/30)
OFEV	5	PA QL(60/30)
PROLASTIN-C	5	B/D PA
<i>ribavirin inhalation soln</i>	5	B/D PA
VIRAZOLE	5	B/D PA
XOLAIR	5	PA QL(6/28)
ZEMAIRA	5	B/D PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<i>temazepam</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(90/365)
<i>zolpidem tartrate tabs</i>	2	PA QL(30/30)
<b>Sleep Disorders, Other</b>		
<i>armodafinil</i>	4	PA QL(30/30)
<i>modafinil</i>	4	PA QL(30/30)
NUVIGIL	4	PA QL(30/30)
ROZEREM	3	QL(30/30)
SILENOR	3	QL(30/30)
XYREM	5	PA QL(540/30)
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
CHEMET	5	
CUPRIMINE	5	
DEPEN TITRATABS	5	
EXJADE	5	
JADENU	5	



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>kionex</i>	3	
SAMSCA TABS 15MG	5	PA QL(30/30)
SAMSCA TABS 30MG	5	PA QL(60/30)
<i>sodium bicarbonate inj</i>	4	
<i>sodium bicarbonate partial fill</i>	4	
SODIUM LACTATE INJ 5MEQ/ ML	4	B/D PA
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	3	
<i>sps</i>	3	
SYPRINE	5	
VELTASSA	3	
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN	4	B/D PA
AMINOSYN 7%/ ELECTROLYTES	4	B/D PA
AMINOSYN 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN II	4	B/D PA
AMINOSYN II 8.5%/ ELECTROLYTES	4	B/D PA
AMINOSYN M	4	B/D PA
AMINOSYN-HBC	4	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	4	B/D PA
AMINOSYN-RF	4	B/D PA
<i>av-phos 250 neutral</i>	2	
CARBAGLU	5	
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D PA
CLINIMIX 5%/DEXTROSE 15%	4	B/D PA
CLINIMIX 5%/DEXTROSE 20%	4	B/D PA
CLINIMIX 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX E 2.75%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 25%	4	B/D PA
CLINIMIX E 5%/DEXTROSE 25%	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>dextrose10%/nacl 0.45%</i>	4	B/D PA
<i>dextrose5% /electrolyte #48 viaflex</i>	4	B/D PA
DEXTROSE 10%	4	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	4	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	4	B/D PA
DEXTROSE 20%	4	B/D PA
DEXTROSE 25%	4	B/D PA
DEXTROSE 30%	4	B/D PA
DEXTROSE 40%	4	B/D PA
DEXTROSE 5%	4	
DEXTROSE 5%/LACTATED RINGERS	4	B/D PA
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
DEXTROSE 50%	4	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEXTROSE 70%	4	
fluoride chew 0.25mg	1	
fluoritab chew 0.5mg, 1mg	1	
FREAMINE HBC 6.9%	4	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D PA
HEPATAMINE	4	B/D PA
KABIVEN	4	B/D PA
kcl 0.075%/d5w/nacl 0.45%	4	B/D PA
kcl 0.15%/d5w/ nacl 0.3%	4	B/D PA
kcl 0.15%/d5w/nacl 0.2%	4	B/D PA
kcl 0.15%/d5w/nacl 0.225%	4	B/D PA
kcl 0.15%/d5w/nacl 0.45%	4	B/D PA
kcl 0.15%/d5w/nacl 0.9%	4	B/D PA
kcl 0.3%/d5w/nacl 0.45%	4	B/D PA
kcl 0.3%/d5w/nacl 0.9%	4	B/D PA
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m20	1	
klor-con sprinkle	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	B/D PA
LACTATED RINGERS VIAFLEX	4	B/D PA
ludent	1	
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	4	B/D PA
NEPHRAMINE	4	B/D PA
NORMOSOL -R	4	B/D PA
NORMOSOL-M IN D5W	4	B/D PA
NORMOSOL-R	4	B/D PA
NORMOSOL-R IN D5W	4	B/D PA
NUTRILYTE INJ 2.03MEQ/ ML; 0.25MEQ/ML; 1.68MEQ/ ML; 0.25MEQ/ML; 0.4MEQ/ML; 2.03MEQ/ML; 1.25MEQ	4	B/D PA
PERIKABIVEN	4	B/D PA
phospha 250 neutral	2	
PLENAMINE	4	B/D PA
POTASSIUM CHLORIDE / SODIUM CHLORIDE	4	B/D PA
potassium chloride 0.15% d5w/ nacl 0.33%	4	B/D PA
potassium chloride 0.15% d5w/ nacl 0.45%	4	B/D PA
potassium chloride 0.15% d5w/ nacl 0.45%viaflex	4	B/D PA
potassium chloride 0.22% d5w/ nacl 0.45%	4	B/D PA
potassium chloride 0.224%/ d5w/nacl 0.45%	4	B/D PA
potassium chloride cr	1	
potassium chloride er cpcr	2	
potassium chloride er tbcr	1	
potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	B/D PA
potassium chloride oral soln	2	
potassium chloride pack	2	
potassium chloride sr	1	
potassium chloride/dextrose	4	B/D PA
potassium chloride/dextrose/ lactated ringers	4	B/D PA

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	B/D PA
<i>potassium citrate er</i>	2	
PREMASOL	4	B/D PA
PROCALAMINE	4	B/D PA
PROSOL	4	B/D PA
RINGERS INJECTION	4	B/D PA
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	4	
<i>sodium fluoride chew 0.5mg, 1mg</i>	1	
TPN ELECTROLYTES	4	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	4	B/D PA
<i>virt-phos 250 neutral</i>	2	
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
LIPOSYN III	4	B/D PA
<b>Vitamins</b>		
<i>multivitamin with fluoride chew</i>	2	
VP-PNV-DHA	3	

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# Covered Drugs Index

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<i>abacavir</i> . . . . .	33	ADEMPAS . . . . .	54	<i>alosetron hydrochloride tabs 1mg</i> . . .	43
<i>abacavir/lamivudine</i> . . . . .	33	<i>adrucil</i> . . . . .	27	<i>alprazolam odt tbdp</i> <i>0.25mg, 0.5mg, 1mg</i> . . . . .	34
<i>abacavir sulfate/</i> <i>lamivudine/zidovudine</i> . . . . .	33	ADVAIR DISKUS . . . . .	53	<i>alprazolam odt tbdp 2mg</i> . . . . .	34
ABELCET . . . . .	25	ADVAIR HFA . . . . .	53	<i>alprazolam tabs</i> <i>0.25mg, 0.5mg, 1mg</i> . . . . .	34
ABILIFY MAINTENA . . . . .	31	<i>afeditab cr tb24 30mg</i> . . . . .	38	<i>alprazolam tabs 2mg</i> . . . . .	34
ABRAXANE . . . . .	28	<i>afeditab cr tb24 60mg</i> . . . . .	38	<i>altavera</i> . . . . .	46
<i>acamprosate calcium dr</i> . . . . .	18	AFINITOR DISPERZ TBSO 2MG, 3MG . . . . .	29	ALUNBRIG . . . . .	29
<i>acarbose</i> . . . . .	34	AFINITOR DISPERZ TBSO 5MG . . . . .	29	<i>alyacen 1/35</i> . . . . .	46
<i>acebutolol hcl</i> . . . . .	38	AFINITOR TABS 2.5MG, 5MG, 7.5MG . . . . .	29	<i>alyacen 7/7/7</i> . . . . .	46
<i>acetaminophen/caffeine/</i> <i>dihydrocodeine</i> . . . . .	16	AFINITOR TABS 10MG . . . . .	29	<i>amantadine hcl</i> . . . . .	34
<i>acetaminophen/codeine oral soln</i> . . . . .	16	AGGRENEX . . . . .	37	AMBISOME . . . . .	25
<i>acetaminophen/codeine</i> <i>phosphate tabs 300mg; 30mg</i> . . . . .	16	<i>ala-cort crea 1%</i> . . . . .	44	<i>amcinonide</i> . . . . .	44
<i>acetaminophen/codeine tabs</i> <i>300mg; 15mg, 300mg; 30mg</i> . . . . .	16	ALA SCALP . . . . .	44	<i>a-methapred</i> . . . . .	44
<i>acetaminophen/codeine tabs</i> <i>300mg; 60mg</i> . . . . .	16	ALBENZA . . . . .	30	<i>amethia</i> . . . . .	46
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<i>acetazolamide sodium</i> . . . . .	39	<i>albuterol sulfate nebu 0.5%</i> . . . . .	53	<i>amiloride hcl</i> . . . . .	40
<i>acetic acid</i> . . . . .	53	<i>albuterol sulfate nebu 0.083%,</i> <i>0.63mg/3ml, 1.25mg/3ml</i> . . . . .	53	<i>amiloride/hydrochlorothiazide</i> . . . . .	40
<i>acetic acid/aluminum acetate</i> . . . . .	53	<i>albuterol sulfate syrup</i> . . . . .	53	<i>aminophylline</i> . . . . .	54
<i>acetylcysteine inhalation soln</i> . . . . .	54	<i>albuterol sulfate tabs</i> . . . . .	54	AMINOSYN . . . . .	55
<i>acitretin</i> . . . . .	42	<i>alclometasone dipropionate</i> . . . . .	44	AMINOSYN 7%/ELECTROLYTES . . . . .	55
ACTEMRA INJ 162MG/0.9ML . . . . .	50	<i>alcohol prep pads</i> . . . . .	18	AMINOSYN 8.5%/ ELECTROLYTES . . . . .	55
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML . . . . .	50	ALDURAZYME . . . . .	42	AMINOSYN-HBC . . . . .	55
ACTHIB . . . . .	50	ALECENSA . . . . .	29	AMINOSYN II . . . . .	55
ACTIMMUNE . . . . .	50	<i>alendronate sodium tabs</i> <i>10mg, 40mg, 5mg</i> . . . . .	51	AMINOSYN II 8.5%/ ELECTROLYTES . . . . .	55
<i>acyclovir caps</i> . . . . .	34	<i>alendronate sodium tabs</i> <i>35mg, 70mg</i> . . . . .	51	AMINOSYN M . . . . .	55
<i>acyclovir oint</i> . . . . .	34	<i>alfuzosin hcl er</i> . . . . .	44	AMINOSYN-PF . . . . .	55
<i>acyclovir sodium inj 50mg/ml</i> . . . . .	34	ALIMTA . . . . .	27	AMINOSYN-PF 7% . . . . .	55
<i>acyclovir susp</i> . . . . .	34	ALINIA SUSR . . . . .	30	AMINOSYN-RF . . . . .	55
<i>acyclovir tabs</i> . . . . .	34	ALINIA TABS . . . . .	30	<i>amiodarone hcl inj</i> . . . . .	38
ADACEL . . . . .	50	<i>allopurinol</i> . . . . .	26	<i>amiodarone hcl tabs</i> . . . . .	38
ADAGEN . . . . .	42	<i>allopurinol sodium</i> . . . . .	26	AMITIZA . . . . .	43
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<i>amlodipine besylate/valsartan</i>	39	APTIVUS ORAL SOLN	33	ATGAM	50
<i>amlodipine/valsartan/hctz</i>	39	ARALAST NP INJ 500MG	54	<i>atomoxetine caps</i> 10mg, 18mg, 25mg, 40mg	41
<i>ammonium lactate</i>	42	<i>aranelle</i>	46	<i>atomoxetine caps</i> 100mg, 60mg, 80mg	41
<i>amnesteem</i>	42	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	36	<i>atorvastatin calcium</i>	40
<i>amoxapine</i>	24	ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	36	<i>atovaquone</i>	30
<i>amoxicillin caps</i>	20	ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	36	<i>atovaquone/proguanil hcl</i>	30
<i>amoxicillin chew</i>	20	ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	36	ATRIPLA	33
<i>amoxicillin/clavulanate potassium</i>	20	ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	36	<i>atropine sulfate inj 0.25mg/5ml, 0.4mg/0.5ml, 1mg/ml, 8mg/20ml</i>	43
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