

2018 Cigna-HealthSpring COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

Cigna-HealthSpring Primary (HMO)
Cigna-HealthSpring TotalCare (HMO SNP)
Cigna-HealthSpring TotalCare AR (HMO SNP)
Cigna-HealthSpring TotalCare ETN (HMO SNP)
Cigna-HealthSpring TotalCare SMS (HMO SNP)
Cigna-HealthSpring Traditions (HMO SNP)



This drug list was updated in May 2018. For more recent information or other questions, please contact Cigna-HealthSpring Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. 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.

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. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Primary (HMO), Cigna-HealthSpring TotalCare (HMO SNP), Cigna-HealthSpring TotalCare AR (HMO SNP), Cigna-HealthSpring TotalCare ETN (HMO SNP), Cigna-HealthSpring TotalCare SMS (HMO SNP) and Cigna-HealthSpring Traditions (HMO SNP).

This document includes a list of the drugs (formulary) for our plans, which is current as of May 2018. 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, 2019, and from time to time during the year.

What is the Cigna-HealthSpring Comprehensive Drug List?

A drug list is a list of covered drugs selected by Cigna-HealthSpring 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 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 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 2018 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic equivalent of the 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 on the generic equivalent 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 May 2018. To get updated information about the drugs covered by Cigna-HealthSpring, 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 10. 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 10. 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 52. 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 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 requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover. For example, Cigna-HealthSpring allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna-HealthSpring 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring limits the amount of the drug that Cigna-HealthSpring will cover to only a 30-day supply at one time. A 60-day or 90-day supply of the drug is not covered for these medications.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 10. 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 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 Drug List?" on page 3 for information about how to request an exception.

Options for Maintenance Medications

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

We are committed to helping you 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 help ensure that you do not miss a dose.
- 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 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 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 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. 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.
- You can ask Cigna-HealthSpring 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 Drug List?

You can ask Cigna-HealthSpring 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 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.

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

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

As a new or existing customer in our plan you may be taking drugs that are not 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 without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility, 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 will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring's Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 52.

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

The information in the Requirements/Limits column tells you if Cigna-HealthSpring 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 10 along with the amount dispensed per the days supplied. (For example: BYSTOLIC 10MG QL 30/30; this means the drug BYSTOLIC 10MG 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 prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna-HealthSpring, 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.

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

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. Your plan has one tier named “Covered Drugs”. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

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 Medicare Advantage plan in which you are currently enrolled or would like to enroll.

Service Area: Alabama, Arkansas

H0150-007

Cigna-HealthSpring TotalCare (HMO SNP)

Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker, Alabama

H4454-034

Cigna-HealthSpring TotalCare AR (HMO)

Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

Service Area: Georgia

H0439-002

Cigna-HealthSpring TotalCare (HMO SNP)

Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, and White, Georgia

	Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
	30, 60, 90 Days	30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

*Cost-sharing is based on your level of "Extra Help"

Service Area: Illinois H1415-024 Cigna-HealthSpring Primary (HMO) Cook, DuPage, Kane and Will, Illinois	Standard Retail Cost-Sharing* 30, 60, 90 Days	Standard Mail Order Cost-Sharing* 30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)
Service Area: Florida H5410-013 Cigna-HealthSpring TotalCare (HMO SNP) Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida	Standard Retail Cost-Sharing* 30, 60, 90 Days	Standard Mail Order Cost-Sharing* 30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)
Service Area: Mississippi H4407-004 Cigna-HealthSpring TotalCare SMS (HMO SNP) Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi	Standard Retail Cost-Sharing* 30, 60, 90 Days	Standard Mail Order Cost-Sharing* 30, 60, 90 Days
Tier 1: Covered Drugs	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

*Cost-sharing is based on your level of "Extra Help"

Service Area: North Carolina

H9725-003

Cigna-HealthSpring TotalCare (HMO SNP)

Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin, North Carolina

Standard Retail
Cost-Sharing*Standard Mail Order
Cost-Sharing***30, 60, 90 Days****30, 60, 90 Days****Tier 1: Covered Drugs**25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)**Service Area: Mid-Atlantic**

H2108-001

Cigna-HealthSpring TotalCare (HMO SNP)

Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George's, Maryland; District of Columbia; Kent, New Castle and Sussex, Delaware

Standard Retail
Cost-Sharing*Standard Mail Order
Cost-Sharing***30, 60, 90 Days****30, 60, 90 Days****Tier 1: Covered Drugs**25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)**Service Area: Mid-Atlantic**

H2108-020

Cigna-HealthSpring Traditions (HMO SNP)

Anne Arundel, Baltimore, Baltimore City, Harford, Montgomery and Prince George's, Maryland; District of Columbia; Kent, New Castle and Sussex, Delaware

Standard Retail
Cost-Sharing*Standard Mail Order
Cost-Sharing***30, 60, 90 Days****30, 60, 90 Days****Tier 1: Covered Drugs**25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)25% or
\$0 / \$1.25 / \$3.35 / 15%
(generics)
\$0 / \$3.70 / \$8.35 / 15%
(all other drugs)

*Cost-sharing is based on your level of "Extra Help"

<p>Service Area: Pennsylvania H3949-009 Cigna-HealthSpring TotalCare (HMO SNP) Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania</p>	<p>Standard Retail Cost-Sharing*</p> <p>30, 60, 90 Days</p>	<p>Standard Mail Order Cost-Sharing*</p> <p>30, 60, 90 Days</p>
<p>Tier 1: Covered Drugs</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p>Service Area: Pennsylvania H3949-016 Cigna-HealthSpring Traditions (HMO SNP) Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania</p>	<p>Standard Retail Cost-Sharing*</p> <p>30, 60, 90 Days</p>	<p>Standard Mail Order Cost-Sharing*</p> <p>30, 60, 90 Days</p>
<p>Tier 1: Covered Drugs</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>
<p>Service Area: Tennessee H4454-020 Cigna-HealthSpring TotalCare (HMO SNP) Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee</p> <p>H4454-035 Cigna-HealthSpring TotalCare ETN (HMO SNP) Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk and Sequatchie, Tennessee</p> <p>H4454-028 Cigna-HealthSpring Primary (HMO) Bradley, Grundy, Hamilton, Marion and Sequatchie, Tennessee</p>	<p>Standard Retail Cost-Sharing*</p> <p>30, 60, 90 Days</p>	<p>Standard Mail Order Cost-Sharing*</p> <p>30, 60, 90 Days</p>
<p>Tier 1: Covered Drugs</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>	<p>25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)</p>

*Cost-sharing is based on your level of "Extra Help"

Service Area: Texas

H4513-010

Cigna-HealthSpring TotalCare (HMO SNP)

Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591 and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy, Texas

H4513-027

Cigna-HealthSpring TotalCare (HMO SNP)

Henderson, Rusk, Smith, Upshur and Van Zandt, Texas

H4513-029

Cigna-HealthSpring TotalCare (HMO SNP)

Bexar, Collin, Dallas, Denton, El Paso, Hood, Johnson, Parker, Tarrant and Wise, Texas

Standard Retail Cost-Sharing*	Standard Mail Order Cost-Sharing*
30, 60, 90 Days	30, 60, 90 Days
25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)	25% or \$0 / \$1.25 / \$3.35 / 15% (generics) \$0 / \$3.70 / \$8.35 / 15% (all other drugs)

Tier 1: Covered Drugs

*Cost-sharing is based on your level of “Extra Help”

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. - 8 p.m. TTY users can call 711.

My Medications	Page Number in the Drug List	Cost-Share through Cigna-HealthSpring	Generic Available?	Generic Cost-Share

Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tolmetin sodium</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj</i>	1	QL(150/30)
DURAMORPH	1	QL(180/30)
<i>fentanyl</i>	1	QL(10/30)
INFUMORPH 200	1	QL(200/30)
INFUMORPH 500	1	QL(200/30)
<i>levorphanol tartrate</i>	1	NDS QL(120/30)
<i>methadone hcl conc</i>	1	QL(500/30)
<i>methadone hcl inj</i>	1	QL(150/30)
<i>methadone hcl intensol</i>	1	QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	1	QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	1	QL(600/30)
<i>methadone hcl tabs 10mg</i>	1	QL(120/30)
<i>methadone hcl tabs 5mg</i>	1	QL(180/30)
<i>morphine sulfate er tbc</i>	1	QL(90/30)
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	QL(180/30)
XTAMPZA ER	1	QL(60/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine oral soln</i>	1	QL(2700/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	1	QL(360/30)
<i>ascomp/codeine</i>	1	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	1	PA QL(180/30)
<i>butorphanol tartrate inj 2mg/ml</i>	1	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	1	QL(480/30)
<i>butorphanol tartrate nasal soln</i>	1	QL(5/30)
<i>endocet tabs 325mg; 10mg</i>	1	QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	QL(360/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml</i>	1	B/D PA
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	1	PA QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	1	PA NDS QL(120/30)
<i>hydrocodone bitartrate/ acetaminophen oral soln</i>	1	QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	1	QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg, 325mg; 2.5mg</i>	1	QL(360/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	1	QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	1	QL(360/30)
<i>hydrocodone/ibuprofen</i>	1	QL(150/30)
<i>hydromorphone hcl dosette</i>	1	
<i>hydromorphone hcl inj</i>	1	
<i>hydromorphone hcl liqd</i>	1	QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	1	QL(150/30)
<i>lorcet</i>	1	QL(360/30)
<i>lorcet hd</i>	1	QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL(180/30)
MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML	1	
<i>morphine sulfate inj 5mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MORPHINE SULFATE INJ 10MG/ML	1	QL(200/30)
<i>morphine sulfate inj 10mg/ml</i>	1	QL(200/30)
MORPHINE SULFATE INJ 8MG/ML	1	QL(250/30)
<i>morphine sulfate inj 8mg/ml</i>	1	QL(250/30)
<i>morphine sulfate inj 4mg/ml</i>	1	QL(630/30)
<i>morphine sulfate inj 2mg/ml</i>	1	QL(1260/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL(180/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL(300/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL(700/30)
MORPHINE SULFATE TABS	1	QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	1	QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	1	QL(180/30)
<i>oxycodone hcl caps</i>	1	QL(120/30)
<i>oxycodone hcl conc</i>	1	QL(120/30)
<i>oxycodone hcl oral soln</i>	1	QL(1200/30)
<i>oxycodone hcl tabs 30mg</i>	1	QL(90/30)
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	1	QL(120/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	1	QL(360/30)
<i>oxycodone/aspirin</i>	1	QL(180/30)
<i>oxycodone/ibuprofen</i>	1	QL(28/30)
<i>tramadol hcl</i>	1	QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	1	QL(240/30)
<i>vicodin es tabs 300mg; 7.5mg</i>	1	QL(180/30)
<i>vicodin hp tabs 300mg; 10mg</i>	1	QL(180/30)
<i>vicodin tabs 300mg; 5mg</i>	1	QL(360/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	
<i>lidocaine hcl external soln</i>	1	
<i>lidocaine hcl gel</i>	1	
<i>lidocaine hcl inj</i>	1	
<i>lidocaine hcl jelly</i>	1	
<i>lidocaine hcl mouth/throat soln</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	1	QL(120/30)
<i>lidocaine ptch</i>	1	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl subl</i>	1	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	1	PA QL(90/30)
<i>naltrexone hcl</i>	1	
SUBOXONE	1	PA QL(90/30)
ZUBSOLV SUBL 0.7MG; 0.18MG	1	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	1	PA QL(90/30)
Opioid Reversal Agents		
<i>naloxone hcl</i>	1	
NARCAN	1	QL(4/30)
Smoking Cessation Agents		
<i>bupropion hcl sr</i>	1	QL(60/30)
CHANTIX	1	QL(336/365)
CHANTIX CONTINUING MONTH PAK	1	QL(336/365)
CHANTIX STARTING MONTH PAK	1	QL(336/365)
NICOTROL INHALER	1	QL(1008/90)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS	1	QL(30/30)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate crea</i>	1	
GENTAMICIN SULFATE INJ 10MG/ML	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint</i>	1	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>isotonic gentamicin</i>	1	
<i>neomycin sulfate</i>	1	
<i>neomycin/polymyxin b sulfates</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin ophthalmic soln</i>	1	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	1	
<i>tobramycin sulfate ophthalmic soln</i>	1	
TOBREX OINT	1	
ZYLET	1	
Antibacterials, Other		
<i>alcohol prep pads</i>	1	
<i>baciim</i>	1	
<i>bacitracin inj</i>	1	
<i>bacitracin ophthalmic oint</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin hcl</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate crea</i>	1	
<i>clindamycin phosphate external soln</i>	1	
<i>clindamycin phosphate gel</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate lotn</i>	1	
<i>clindamycin phosphate swab</i>	1	
<i>clindamycin/sodium chloride</i>	1	
<i>colistimethate sodium</i>	1	
<i>daptomycin</i>	1	B/D PA NDS
<i>lincomycin hcl</i>	1	
<i>linezolid inj</i>	1	
<i>linezolid susr</i>	1	NDS QL(1800/30)
<i>linezolid tabs</i>	1	NDS QL(60/30)
<i>methenamine hippurate</i>	1	
<i>metronidazole crea</i>	1	
<i>metronidazole gel</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole inj</i>	1	
<i>metronidazole lotn</i>	1	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/ hydrocortisone</i>	1	
<i>nitrofurantoin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	1	
<i>rosadan</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SYNERCID	1	NDS
<i>tigecycline</i>	1	NDS
<i>trimethoprim</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
TYGACIL	1	NDS
<i>vancomycin</i>	1	
<i>vancomycin hcl caps 125mg</i>	1	QL(40/10)
<i>vancomycin hcl caps 250mg</i>	1	QL(80/10)
<i>vancomycin hcl in dextrose</i>	1	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	1	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	1	
<i>vandazole</i>	1	
XIFAXAN TABS 200MG	1	PA QL(9/30)
XIFAXAN TABS 550MG	1	PA NDS QL(90/30)
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN	1	

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<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
SUPRAX SUSR 500MG/5ML	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	1	NDS
Beta-lactam, Other		
AZACTAM	1	
AZACTAM IN ISO-OSMOTIC DEXTROSE	1	
<i>aztreonam inj 1gm</i>	1	
<i>aztreonam inj 2gm</i>	1	NDS
<i>cefotetan</i>	1	
<i>imipenem/cilastatin</i>	1	
INVANZ	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	NDS
<i>oxacillin sodium inj 10gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam</i>	1	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	
Macrolides		
AZASITE	1	
<i>azithromycin inj</i>	1	
<i>azithromycin pack</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	QL(75/30)
<i>azithromycin susr 100mg/5ml</i>	1	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	1	QL(12/28)
<i>azithromycin tabs 600mg</i>	1	QL(60/30)
<i>clarithromycin er</i>	1	QL(60/30)
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	QL(42/14)
<i>e.e.s. 400</i>	1	
<i>ery</i>	1	
ERY-TAB	1	
ERYPED 400	1	NDS

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ERYTHROCIN LACTOBIONATE	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin external soln</i>	1	
<i>erythromycin gel</i>	1	
<i>erythromycin oint</i>	1	
<i>erythromycin pads</i>	1	
ZMAX	1	QL(60/30)
Quinolones		
AVELOX INJ	1	
BAXDELA	1	
BESIVANCE	1	
CILOXAN OINT	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin er tb24 500mg; 0</i>	1	QL(3/3)
<i>ciprofloxacin er tb24 1000mg; 0</i>	1	QL(14/14)
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>ciprofloxacin susr</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj</i>	1	
<i>levofloxacin oral soln</i>	1	
<i>levofloxacin tabs</i>	1	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	1	
<i>moxifloxacin hcl inj</i>	1	
<i>moxifloxacin hcl ophthalmic soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	QL(30/30)
<i>moxifloxacin hydrochloride ophthalmic soln</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ofloxacin</i>	1	
VIGAMOX	1	
Sulfonamides		
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>sodium sulfacetamide ophthalmic soln</i>	1	
<i>sulfacetamide sodium lotn</i>	1	
<i>sulfacetamide sodium ophthalmic soln</i>	1	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	1	QL(60/30)
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxylene nl</i>	1	QL(60/30)
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg caps</i>	1	
<i>tetracycline hydrochloride</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	1	NDS QL(30/30)
APTIOM TABS 600MG	1	NDS QL(60/30)
BRIVIACT INJ	1	NDS QL(600/30)
BRIVIACT ORAL SOLN	1	NDS QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	1	NDS QL(60/30)
BRIVIACT TABS 100MG	1	NDS QL(120/30)
FYCOMPA SUSP	1	QL(720/30)
FYCOMPA TABS	1	QL(30/30)
<i>levetiracetam</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	1	QL(180/30)
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	B/D PA
<i>roweepra</i>	1	
<i>roweepra xr tb24 750mg</i>	1	QL(120/30)
<i>roweepra xr tb24 500mg</i>	1	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	1	QL(60/30)
SPRITAM TB3D 750MG	1	QL(120/30)
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide</i>	1	
LYRICA CAPS 225MG, 300MG	1	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	1	QL(90/30)
LYRICA ORAL SOLN	1	QL(900/30)
<i>zonisamide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	1	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	1	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	1	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	1	QL(90/30)
<i>clonazepam tabs 1mg</i>	1	QL(120/30)
<i>clonazepam tabs 2mg</i>	1	QL(300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DIASTAT ACUDIAL GEL 10MG	1	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	1	QL(40/30)
DIASTAT PEDIATRIC	1	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	1	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	1	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	1	QL(40/30)
<i>divalproex sodium</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin caps 100mg</i>	1	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	1	QL(270/30)
<i>gabapentin oral soln</i>	1	QL(2160/30)
<i>gabapentin tabs 800mg</i>	1	
<i>gabapentin tabs 600mg</i>	1	QL(180/30)
GABITRIL TABS 16MG	1	QL(90/30)
GABITRIL TABS 12MG	1	QL(120/30)
ONFI SUSP	1	NDS QL(480/30)
ONFI TABS 10MG, 5MG	1	QL(60/30)
ONFI TABS 20MG	1	NDS QL(60/30)
<i>phenobarbital elix</i>	1	QL(1500/30)
<i>phenobarbital tabs</i>	1	QL(120/30)
<i>primidone</i>	1	
SABRIL PACK	1	PA NDS QL(200/30)
SABRIL TABS	1	PA NDS QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	1	
<i>tiagabine hydrochloride tabs 16mg</i>	1	QL(90/30)
<i>tiagabine hydrochloride tabs 12mg</i>	1	QL(120/30)
<i>tiagabine hydrochloride tabs 2mg</i>	1	QL(240/30)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin</i>	1	PA NDS QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	1	NDS
<i>felbamate tabs</i>	1	
<i>lamotrigine</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>topiramate</i>	1	
TROKENDI XR CP24 100MG, 25MG, 50MG	1	QL(30/30)
TROKENDI XR CP24 200MG	1	NDS QL(60/30)
Sodium Channel Agents		
BANZEL SUSP	1	PA NDS QL(2400/30)
BANZEL TABS 200MG	1	PA NDS QL(60/30)
BANZEL TABS 400MG	1	PA NDS QL(240/30)
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
DILANTIN CAPS 30MG	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
VIMPAT INJ	1	QL(1200/30)
VIMPAT ORAL SOLN	1	QL(1200/30)
VIMPAT TABS	1	QL(60/30)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	1	PA
NAMZARIC C4PK	1	QL(56/365)
NAMZARIC CP24	1	QL(30/30)
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 23mg, 5mg</i>	1	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	1	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>donepezil hcl tbdp 10mg</i>	1	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	1	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	1	QL(60/30)
<i>galantamine hydrobromide er</i>	1	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	1	QL(200/30)
<i>galantamine hydrobromide tabs</i>	1	QL(60/30)
<i>rivastigmine tartrate</i>	1	QL(60/30)
<i>rivastigmine transdermal system</i>	1	QL(30/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl tabs 10mg</i>	1	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	1	PA QL(90/30)
<i>memantine hcl titration pak</i>	1	PA QL(49/28)
<i>memantine hydrochloride</i>	1	PA QL(300/30)
<i>memantine hydrochloride er</i>	1	PA QL(30/30)
NAMENDA XR	1	PA QL(30/30)
NAMENDA XR TITRATION PACK	1	PA QL(56/365)
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er tb12 100mg, 200mg</i>	1	QL(60/30)
<i>bupropion hcl sr</i>	1	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	1	QL(120/30)
<i>bupropion hcl tabs 75mg</i>	1	QL(180/30)
<i>bupropion hcl xl</i>	1	QL(30/30)
<i>maprotiline hcl</i>	1	QL(90/30)
<i>mirtazapine</i>	1	QL(30/30)
<i>mirtazapine odt</i>	1	QL(30/30)
<i>nefazodone hcl</i>	1	QL(60/30)
<i>trazodone hcl</i>	1	
TRINTELLIX	1	QL(30/30) ST

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

B/D = Drugs covered under Medicare Part B or Part D

You can find more information on the symbols by going to page 4.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Monoamine Oxidase Inhibitors		
EMSAM	1	NDS QL(30/30)
MARPLAN	1	QL(180/30)
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral soln</i>	1	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)
<i>citalopram hydrobromide tabs 20mg</i>	1	QL(60/30)
<i>desvenlafaxine er</i>	1	QL(30/30)
<i>duloxetine hcl cpep 20mg, 60mg</i>	1	QL(60/30)
<i>duloxetine hcl cpep 30mg</i>	1	QL(90/30)
<i>escitalopram oxalate oral soln</i>	1	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	1	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	1	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	1	QL(90/30)
FETZIMA	1	QL(30/30) ST
FETZIMA TITRATION PACK	1	QL(56/365) ST
<i>fluoxetine caps 10mg</i>	1	QL(30/30)
<i>fluoxetine caps 20mg</i>	1	QL(120/30)
<i>fluoxetine dr</i>	1	QL(4/28)
<i>fluoxetine hcl caps 10mg</i>	1	QL(30/30)
<i>fluoxetine hcl caps 40mg</i>	1	QL(60/30)
<i>fluoxetine hcl caps 20mg</i>	1	QL(120/30)
<i>fluoxetine hcl oral soln</i>	1	QL(600/30)
<i>fluoxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>fluoxetine hcl tabs 20mg</i>	1	QL(120/30)
<i>fluvoxamine maleate er</i>	1	QL(60/30)
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	1	QL(90/30)
<i>olanzapine/fluoxetine</i>	1	QL(30/30)
<i>paroxetine hcl er tb24 12.5mg</i>	1	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paroxetine hcl er tb24 25mg, 37.5mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL(60/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
PAXIL SUSP	1	QL(900/30) ST
PRISTIQ	1	QL(30/30)
<i>sertraline hcl conc</i>	1	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	1	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	1	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	1	QL(120/30)
<i>venlafaxine hcl</i>	1	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	1	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	1	QL(90/30)
VIIBRYD	1	QL(30/30) ST
VIIBRYD STARTER PACK	1	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	1	PA
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	PA
<i>desipramine hcl</i>	1	
<i>imipramine hcl</i>	1	PA
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	PA
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	1	
<i>phenadoz</i>	1	
<i>phenergan supp</i>	1	
<i>promethazine hcl plain</i>	1	PA
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrup</i>	1	PA
<i>promethazine hcl tabs</i>	1	PA
<i>promethegan</i>	1	
<i>scopolamine</i>	1	QL(10/30)