

Cigna-HealthSpring® Rx (PDP)

Medicare Part D Prescription Drug Plans

2018 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-Extra (PDP)



This drug list was updated in August 2018. For more recent information or other questions, please contact Cigna-HealthSpring 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.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring Rx is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring Rx 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 Rx. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Rx Secure-Extra (PDP).

This document includes a list of the drugs (formulary) for our plans, which is current as of August 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 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 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 August 2018. 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 59. 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 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 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 help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

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

There may be opportunities for you to save money on your medications using your Cigna-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 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 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 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 59.

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 Rx has any special requirements for coverage of your drug.

This plan offers additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see this coverage and for more information.

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: 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).

What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. You will receive a Pharmacy Directory in your Welcome Kit after you enroll, or you can visit www.CignaHealthSpring.com for the most current Pharmacy Directory.

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.

Cigna-HealthSpring Rx is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4, or Tier 5. Keep in mind that the name “Tier 3: Preferred Brand

Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

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

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

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
ALABAMA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
ALASKA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
ARIZONA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
COLORADO					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
DELAWARE					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
FLORIDA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
GEORGIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
HAWAII					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
IDAHO					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
INDIANA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
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IOWA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
KANSAS					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MAINE					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MARYLAND					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MISSOURI					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
MONTANA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NEVADA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
NEW YORK					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
OHIO					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30/60/90 Days	30/60/90 Days	30/60/90 Days	30/60/90 Days	
OREGON					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
TEXAS					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
UTAH					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
VERMONT					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

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

Cigna-HealthSpring Rx Secure-Extra (PDP)	Preferred Retail Cost-Sharing 30/60/90 Days	Standard Retail Cost-Sharing 30/60/90 Days	Preferred Mail Order Cost-Sharing 30/60/90 Days	Standard Mail Order Cost-Sharing 30/60/90 Days	Long-term Care 31 days Out-of-network 30 days*
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%
WYOMING					
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)	33%

*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
Analgesics		
Analgesics		
<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 caps</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)
Nonsteroidal Anti-inflammatory Drugs		
<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>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen caps 50mg, 75mg</i>	2	
<i>meclofenamate sodium</i>	2	
<i>meloxicam</i>	1	QL(30/30)
MOBIC	4	QL(30/30) ST
<i>nabumetone</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen tabs 250mg</i>	2	
<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	
Opioid Analgesics, Long-acting		
<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>	5	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)
XTAMPZA ER	3	QL(60/30)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine oral soln</i>	2	QL(2700/30)
<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)
<i>butorphanol tartrate inj 2mg/ml</i>	4	QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	4	QL(480/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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</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)
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>MORPHINE SULFATE INJ 150MG/30ML, 50MG/ML</i>	4	
<i>morphine sulfate inj 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 10mg/ml</i>	4	QL(200/30)
<i>MORPHINE SULFATE INJ 8MG/ML</i>	4	QL(250/30)
<i>morphine sulfate inj 8mg/ml</i>	4	QL(250/30)
<i>MORPHINE SULFATE INJ 4MG/ML</i>	4	QL(630/30)
<i>MORPHINE SULFATE INJ 2MG/ML</i>	4	QL(1260/30)
<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)
<i>MORPHINE SULFATE TABS</i>	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)
<i>oxycodone hcl oral soln</i>	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)
<i>oxycodone/ibuprofen</i>	3	QL(28/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tramadol hcl</i>	2	QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	3	QL(240/30)
<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)
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>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine oint</i>	4	QL(120/30)
<i>lidocaine ptch</i>	4	PA QL(90/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine/prilocaine crea</i>	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl subl</i>	4	PA QL(90/30)
<i>buprenorphine hcl/naloxone hcl</i>	3	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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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	4	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>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	2	
TOBEX 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	
<i>bacitracin/polymyxin b</i>	2	
BACTROBAN NASAL	3	
<i>chloramphenicol sodium succinate</i>	1	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	4	
<i>clindamycin hcl</i>	2	
<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 swab</i>	2	
<i>clindamycin/sodium chloride</i>	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin inj 500mg</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	
<i>metronidazole lotn</i>	2	
<i>metronidazole tabs</i>	1	
<i>metronidazole vaginal</i>	2	
<i>mupirocin crea</i>	4	
<i>mupirocin oint</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>rosadan</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SYNERCID	5	
<i>tigecycline</i>	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 0.9%; 1gm/200ml, 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	4	
<i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i>	4	
<i>vandazole</i>	2	
XIFAXAN TABS 200MG	4	PA QL(9/30)
XIFAXAN TABS 550MG	5	PA QL(90/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefaclor er</i>	2	
<i>cefaclor susr</i>	3	
<i>cefadroxil</i>	2	
CEFAZOLIN	4	
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 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>	4	
<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	
Beta-lactam, Other		
AZACTAM	4	
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	
Beta-lactam, Penicillins		
<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, 2gm</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin v potassium oral soln 250mg</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	2	
<i>pfizerpen inj 20mu, 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Macrolides		
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>	3	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 400	5	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocine stearate</i>	2	
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	2	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	2	
Quinolones		
AVELOX INJ	4	
BAXDELA	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin susr</i>	2	
<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 hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hcl inj</i>	4	
<i>moxifloxacin hcl tabs</i>	4	QL(30/30)
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
<i>ofloxacin</i>	2	
VIGAMOX	3	
Sulfonamides		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium lotn</i>	2	
<i>sulfacetamide sodium ophthalmic soln</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>doxy 100</i>	4	

CAPITALIZED = BRAND NAME DRUG

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate caps 75mg</i>	3	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl caps 100mg, 50mg</i>	2	QL(60/30)
<i>mondoxyne nl caps 75mg</i>	3	QL(60/30)
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 1x50mg</i>	2	
<i>morgidox 2x100mg caps</i>	2	
<i>tetracycline hydrochloride</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	5	QL(30/30) ST
APTIOM TABS 600MG	5	QL(60/30) ST
BRIVIACT INJ	5	QL(600/30)
BRIVIACT ORAL SOLN	5	QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	QL(60/30)
BRIVIACT TABS 100MG	5	QL(120/30)
FYCOMPA SUSP	4	PA QL(720/30)
FYCOMPA TABS	4	PA QL(30/30)
<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	
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
<i>magnesium sulfate in d5w</i>	4	B/D PA
<i>roweepra</i>	2	
<i>roweepra xr tb24 750mg</i>	2	QL(120/30)
<i>roweepra xr tb24 500mg</i>	2	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRITAM TB3D 750MG	4	QL(120/30)
Calcium Channel Modifying Agents		
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	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	4	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	4	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	2	QL(90/30)
<i>clonazepam tabs 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	3	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	3	QL(20/30)
<i>diazepam rectal gel 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	
<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)
ONFI TABS 10MG	4	QL(60/30)
<i>phenobarbital elix</i>	2	QL(1500/30)
<i>phenobarbital tabs</i>	2	QL(120/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>primidone</i>	2	
SABRIL PACK	5	PA QL(200/30)
SABRIL TABS	5	PA QL(180/30)
<i>tiagabine hydrochloride tabs 4mg</i>	4	ST
<i>tiagabine hydrochloride tabs 16mg</i>	4	QL(90/30) ST
<i>tiagabine hydrochloride tabs 12mg</i>	4	QL(120/30) ST
<i>tiagabine hydrochloride tabs 2mg</i>	4	QL(240/30) ST
<i>valproate sodium</i>	4	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA QL(200/30)
Glutamate Reducing Agents		
<i>felbamate susp</i>	5	
<i>felbamate tabs</i>	4	
<i>lamotrigine</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>topiramate</i>	2	
Sodium Channel Agents		
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)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS	4	QL(60/30)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates</i>	2	PA
NAMZARIC C4PK	3	QL(56/365)
NAMZARIC CP24	3	QL(30/30)
Cholinesterase Inhibitors		
<i>donepezil hcl tabs 23mg</i>	3	QL(30/30)
<i>donepezil hcl tabs 5mg</i>	2	QL(30/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
<i>rivastigmine tartrate</i>	4	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<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 er</i>	3	PA QL(30/30)

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Covered Drugs By Category

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<i>memantine hydrochloride oral soln</i>	4	PA QL(300/30)
NAMENDA XR	3	PA QL(30/30)
NAMENDA XR TITRATION PACK	3	PA QL(56/365)
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er tb12 100mg, 200mg</i>	3	QL(60/30)
<i>bupropion hcl sr</i>	3	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hcl tabs 75mg</i>	3	QL(180/30)
<i>bupropion hcl xl</i>	3	QL(30/30)
<i>maprotiline hcl</i>	4	QL(90/30)
<i>mirtazapine</i>	2	QL(30/30)
<i>mirtazapine odt</i>	2	QL(30/30)
<i>nefazodone hcl</i>	4	QL(60/30)
<i>trazodone hcl tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	2	
TRINTELLIX	4	QL(30/30) ST
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30/30)
MARPLAN	4	QL(180/30)
<i>phenelzine sulfat</i>	2	
<i>tranylcypromine sulfat</i>	2	
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>	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>escitalopram oxalate oral soln</i>	2	QL(600/30)
<i>escitalopram oxalate tabs 5mg</i>	2	QL(30/30)
<i>escitalopram oxalate tabs 10mg</i>	2	QL(60/30)
<i>escitalopram oxalate tabs 20mg</i>	2	QL(90/30)
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)
<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>	4	QL(30/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
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</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(120/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clomipramine hcl</i>	4	PA
<i>desipramine hcl</i>	2	
<i>imipramine hcl</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	3	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</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	
<i>scopolamine</i>	4	QL(10/30)
TRANSDERM-SCOP	4	QL(10/30)
Emetogenic Therapy Adjuncts		
<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 SUSR	3	B/D PA QL(6/28)
<i>granisetron hcl inj</i>	4	B/D PA
<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)
SANCUSO	5	QL(4/28)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antifungals		
Antifungals		
ABELCET	5	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
CANCIDAS	5	PA
<i>caspofungin acetate</i>	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 lozg</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>	4	
<i>griseofulvin ultramicrosize</i>	4	
<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 GEL	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NATACYN	3	
NOXAFIL SUSP	5	PA QL(600/30)
NOXAFIL TBEC	5	PA QL(96/30)
<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>	4	
<i>nystop</i>	3	
SPORANOX ORAL SOLN	5	PA
<i>terbinafine hcl tabs</i>	1	QL(90/365)
<i>terconazole</i>	2	
<i>voriconazole inj</i>	5	PA
<i>voriconazole susr</i>	5	PA QL(300/30)
<i>voriconazole tabs</i>	4	PA QL(90/30)
Antigout Agents		
Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	4	
<i>colchicine caps</i>	3	QL(60/30)
<i>colchicine tabs</i>	3	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
ULORIC	3	QL(30/30) ST
Antimigraine Agents		
Ergot Alkaloids		
<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)
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl</i>	2	QL(9/30)
<i>rizatriptan benzoate</i>	2	QL(12/30)
<i>rizatriptan benzoate odt</i>	2	QL(12/30)
<i>sumatriptan</i>	3	QL(12/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL(4/30)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL(8/30)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL(4/30)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL(8/30)
<i>sumatriptan succinate tabs</i>	2	QL(9/30)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	3	
<i>pyridostigmine bromide</i>	2	
<i>pyridostigmine bromide er</i>	3	
REGONOL	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
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)
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
BENDEKA	5	B/D PA QL(8/21)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 2gm</i>	5	B/D PA
<i>cyclophosphamide inj 1gm, 500mg</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
EVOMELA	5	PA
GLEOSTINE	3	
HEXALEN	5	
<i>ifosfamide inj 1gm, 3gm</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 INJ 100MG	5	B/D PA
TREANDA INJ 25MG	5	B/D PA QL(8/21)
VALCHLOR	5	PA QL(60/30)
YONDELIS	5	PA
ZANOSAR	4	B/D PA
Antiandrogens		
<i>bicalutamide</i>	3	QL(30/30)
ERLEADA	5	PA QL(120/30)
<i>flutamide</i>	3	
<i>nilutamide</i>	5	QL(60/30)
XTANDI	5	PA QL(120/30)
YONSA	5	PA QL(120/30)
ZYTIGA TABS 500MG	5	PA QL(60/30)
ZYTIGA TABS 250MG	5	PA QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antiangiogenic Agents		
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(28/28)
THALOMID CAPS 200MG	5	PA QL(56/28)
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	5	QL(30/30)
FASLODEX	5	B/D PA QL(30/30)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
Antimetabolites		
<i>adrucil</i>	4	B/D PA
ALIMTA	5	PA
ARRANON	4	
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	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>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	B/D PA
<i>hydroxyurea</i>	2	

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LONSURF TABS 8.19MG; 20MG	5	PA QL(80/28)
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	
VYXEOS	5	B/D PA
Antineoplastics, Other		
ABRAXANE	5	PA
<i>adriamycin</i>	2	B/D PA
<i>azacitidine</i>	5	B/D PA
BELEODAQ	5	PA
<i>bleomycin sulfate</i>	4	B/D PA
BORTEZOMIB	5	PA QL(14/21)
<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>dactinomycin</i>	5	B/D PA
<i>daunorubicin hcl</i>	4	B/D PA
<i>daunorubicin hydrochloride</i>	4	B/D PA
<i>decitabine</i>	5	
<i>dexrazoxane</i>	4	B/D PA
DOCETAXEL INJ 200MG/10ML	5	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>	4	B/D PA
ERWINAZE	5	B/D PA QL(60/28)
ETHYOL	5	B/D PA
<i>fludarabine phosphate inj 50mg</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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>irinotecan hydrochloride inj 40mg/2ml</i>	4	B/D PA
ISTODAX (OVERFILL)	5	PA
JEVTANA	5	PA
KISQALI	5	PA QL(63/28)
LARTRUVO	5	PA
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	4	
<i>leucovorin calcium tabs</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
<i>lipodox 50</i>	5	B/D PA
LYNPARZA TABS	5	PA QL(120/30)
<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
NERLYNX	5	PA QL(180/30)
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 inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	4	B/D PA
PROLEUKIN	5	B/D PA
<i>romidepsin</i>	5	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	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)