

2019 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 Alliance (HMO)
Cigna-HealthSpring Alliance Direct (HMO)
Cigna-HealthSpring Preferred (HMO)
Cigna-HealthSpring Preferred (PPO)
Cigna-HealthSpring Preferred Direct (HMO)
Cigna-HealthSpring PreferredPlus (HMO)
Cigna-HealthSpring PreferredPlus Direct (HMO)
Cigna-HealthSpring Preferred AR (HMO)
Cigna-HealthSpring Preferred KNX (HMO)
Cigna-HealthSpring Preferred NGA (HMO)
Cigna-HealthSpring Premier (HMO-POS)
Cigna-HealthSpring PreventiveCare (HMO)



This drug list was updated in November 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. local time, 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.

HPMS Approved Formulary File Submission ID 19145, Version Number 6

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Cigna-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Alliance (HMO), Cigna-HealthSpring Alliance Direct (HMO), Cigna-HealthSpring Preferred (HMO), Cigna-HealthSpring Preferred (PPO), Cigna-HealthSpring Preferred Direct (HMO), Cigna-HealthSpring PreferredPlus (HMO), Cigna-HealthSpring PreferredPlus Direct (HMO), Cigna-HealthSpring Preferred AR (HMO), Cigna-HealthSpring Preferred KNX (HMO), Cigna-HealthSpring Preferred NGA (HMO), Cigna-HealthSpring Premier (HMO-POS) and Cigna-HealthSpring PreventiveCare (HMO).

This document includes a list of the drugs (formulary) for our plans, which is current as of November 2018. For an updated drug list, 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, 2020, 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 2019 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic equivalent of the drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect customers currently taking the drug.) 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. Below are changes to the drug list that will also affect customers currently taking the drug:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move

it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna-HealthSpring Drug List?”

- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines and/or studies. 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 30 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 30-day supply of the drug.

The enclosed drug list is current as of November 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 17. 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 17. 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 61. 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 Index. Look in the Index and find your drug. 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 these 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 simvastatin 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 or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 120 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not "opioid naïve") are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 17. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 control your chronic conditions by making it easy for you to receive your maintenance medications. 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 coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in 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 the next section 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.

- 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 will only approve your request for an exception if the alternative drugs included in our 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 on 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 up to a 30-day supply, 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 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 that begins on page 17, 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 61.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., TRELEGY ELLIPTA) 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.

Some Cigna-HealthSpring plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see if your plan has 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 17 along with the amount dispensed per the days supplied. (For example: *simvastatin* 10mg QL 30/30; this means the drug *simvastatin* 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. or you can visit www.CignaHealthSpring.com for the most current Pharmacy Directory.

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>.

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. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

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

Cigna-HealthSpring uses preferred network pharmacies. See your Pharmacy Directory or visit www.CignaHealthSpring.com to search for a preferred retail or mail-order pharmacy near you.

Service Area: Alabama

H4513-046-001 – Cigna-HealthSpring Preferred (HMO): Autauga, Baldwin, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega and Walker, Alabama

H4513-046-002 – Cigna-HealthSpring Preferred (HMO): Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair and Tuscaloosa, Alabama

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$2 / \$4 / \$4 | \$9 / \$18 / \$27 | \$2 / \$4 / \$0 | \$9 / \$18 / \$27 |
| Tier 2: Generic Drugs | \$8 / \$16 / \$16 | \$15 / \$30 / \$45 | \$8 / \$16 / \$0 | \$15 / \$30 / \$45 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 29% (30 days) | 29% (30 days) | 29% (30 days) | 29% (30 days) |

Service Area: Alabama

H4513-047 – Cigna-HealthSpring PreferredPlus Direct (HMO): Autauga, Baldwin, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega and Walker, Alabama

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 |
| Tier 2: Generic Drugs | \$8 / \$16 / \$16 | \$13 / \$26 / \$39 | \$8 / \$16 / \$0 | \$13 / \$26 / \$39 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 45% | 45% | 45% | 45% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Alabama

H4513-048 – Cigna-HealthSpring PreferredPlus Direct (HMO): Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair and Tuscaloosa, Alabama

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 |
| Tier 2: Generic Drugs | \$8 / \$16 / \$16 | \$13 / \$26 / \$39 | \$8 / \$16 / \$0 | \$13 / \$26 / \$39 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 43% | 43% | 43% | 43% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Arkansas

H4513-038 – Cigna-HealthSpring Preferred AR (HMO): Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett, Arkansas

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$15 / \$30 / \$30 | \$20 / \$40 / \$60 | \$15 / \$30 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 28% (30 days) | 28% (30 days) | 28% (30 days) | 28% (30 days) |

Service Area: Florida

H5410-018 – Cigna-HealthSpring Preferred (HMO): Bay, Escambia, Okaloosa, Santa Rosa and Walton, Florida

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$4 / \$8 / \$8 | \$9 / \$18 / \$27 | \$4 / \$8 / \$0 | \$9 / \$18 / \$27 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$17 / \$34 / \$51 | \$12 / \$24 / \$0 | \$17 / \$34 / \$51 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Florida

H5410-024 – Cigna-HealthSpring Preferred (HMO): Lake, Orange, Osceola, Polk and Seminole, Florida

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$0 / \$0 / \$0 | \$20 / \$40 / \$60 | \$0 / \$0 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$35 / \$70 / \$105 | \$47 / \$94 / \$141 | \$35 / \$70 / \$105 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Georgia

H0439-003-001 – Cigna-HealthSpring Preferred (HMO): Barrow, Butts, Clarke, Clayton, DeKalb, Douglas, Franklin, Fulton, Greene, Gwinnett, Henry, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, Spalding and Walton, Georgia

H0439-003-002 – Cigna-HealthSpring Preferred (HMO): Banks, Bartow, Chattooga, Cherokee, Cobb, Coweta, Dawson, Fayette, Floyd, Forsyth, Gordon, Habersham, Hall, Jackson, Lumpkin, Paulding, Pickens, Polk, Stephens and White, Georgia

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Georgia

H0439-006 – Cigna-HealthSpring Premier (HMO-POS): Barrow, Butts, Clarke, Clayton, DeKalb, Douglas, Franklin, Fulton, Greene, Gwinnett, Henry, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, Spalding and Walton, Georgia

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 45% | 45% | 45% | 45% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Illinois

H1415-021 – Cigna-HealthSpring Premier (HMO-POS): Cook, DuPage, Kane and Will, Illinois

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$5 / \$10 / \$10 | \$12 / \$24 / \$24 | \$0 / \$0 / \$0 | \$12 / \$24 / \$24 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$17 / \$34 / \$34 | \$0 / \$0 / \$0 | \$17 / \$34 / \$34 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 45% | 48% | 45% | 48% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Kansas City

H9460-001 – Cigna-HealthSpring Preferred (HMO): Clay, Jackson, Platte and Ray, Missouri; Johnson and Wyandotte, Kansas

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$2 / \$4 / \$0 | \$7 / \$14 / \$14 | \$2 / \$4 / \$0 | \$7 / \$14 / \$14 |
| Tier 2: Generic Drugs | \$5 / \$10 / \$10 | \$10 / \$20 / \$20 | \$5 / \$10 / \$0 | \$10 / \$20 / \$20 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 30% (30 days) | 30% (30 days) | 30% (30 days) | 30% (30 days) |

Service Area: Maryland

H2108-022 – Cigna-HealthSpring Preferred (HMO): Anne Arundel, Baltimore, Baltimore City and Harford, Maryland

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$4 / \$8 / \$8 | \$9 / \$18 / \$18 | \$4 / \$8 / \$0 | \$9 / \$18 / \$18 |
| Tier 2: Generic Drugs | \$15 / \$30 / \$30 | \$20 / \$40 / \$40 | \$15 / \$30 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Maryland

H2108-033 – Cigna-HealthSpring PreventiveCare (HMO): Anne Arundel, Baltimore, Baltimore City and Harford, Maryland

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$4 / \$8 / \$8 | \$9 / \$18 / \$18 | \$4 / \$8 / \$0 | \$9 / \$18 / \$18 |
| Tier 2: Generic Drugs | \$15 / \$30 / \$30 | \$20 / \$40 / \$40 | \$15 / \$30 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 26% (30 days) | 26% (30 days) | 26% (30 days) | 26% (30 days) |

Service Area: Mid-Atlantic

H2108-028 – Cigna-HealthSpring Preferred (HMO): District of Columbia; Kent, New Castle and Sussex, Delaware; Montgomery and Prince George's, Maryland

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$4 / \$8 / \$8 | \$9 / \$18 / \$18 | \$4 / \$8 / \$0 | \$9 / \$18 / \$18 |
| Tier 2: Generic Drugs | \$15 / \$30 / \$30 | \$20 / \$40 / \$40 | \$15 / \$30 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Mid-Atlantic

H2108-032 – Cigna-HealthSpring PreventiveCare (HMO): District of Columbia; Kent, New Castle and Sussex, Delaware; Montgomery and Prince George's, Maryland

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$4 / \$8 / \$8 | \$9 / \$18 / \$18 | \$4 / \$8 / \$0 | \$9 / \$18 / \$18 |
| Tier 2: Generic Drugs | \$15 / \$30 / \$30 | \$20 / \$40 / \$40 | \$15 / \$30 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 26% (30 days) | 26% (30 days) | 26% (30 days) | 26% (30 days) |

Service Area: Mississippi

H4407-026 – Cigna-HealthSpring Preferred (HMO): Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$2 / \$4 / \$4 | \$7 / \$14 / \$21 | \$2 / \$4 / \$0 | \$7 / \$14 / \$21 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$15 / \$30 / \$45 | \$10 / \$20 / \$0 | \$15 / \$30 / \$45 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Mississippi

H4407-027 – Cigna-HealthSpring PreferredPlus Direct (HMO): Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 | \$0 / \$0 / \$0 | \$7 / \$14 / \$21 |
| Tier 2: Generic Drugs | \$8 / \$16 / \$16 | \$13 / \$26 / \$39 | \$8 / \$16 / \$0 | \$13 / \$26 / \$39 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: North Carolina, South Carolina

H9725-001 – Cigna-HealthSpring Preferred Direct (HMO): Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin, North Carolina

H7020-004 – Cigna-HealthSpring Preferred (HMO): Cherokee, Chester, Greenville, Lancaster, Spartanburg, Union and York, South Carolina

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$2 / \$4 / \$4 | \$10 / \$20 / \$30 | \$2 / \$4 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$20 / \$40 / \$60 | \$10 / \$20 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: North Carolina

H9725-006 – Cigna-HealthSpring PreferredPlus Direct (HMO): Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin, North Carolina

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$20 / \$40 / \$60 | \$10 / \$20 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 47% | 47% | 47% | 47% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: South Carolina

H7020-006 – Cigna-HealthSpring PreferredPlus (HMO): Cherokee, Chester, Greenville, Lancaster, Spartanburg, Union and York, South Carolina

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 | \$0 / \$0 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$20 / \$40 / \$60 | \$10 / \$20 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 49% | 49% | 49% | 49% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: North Georgia

H4513-030 – Cigna-HealthSpring Preferred NGA (HMO): Catoosa, Dade and Walker, Georgia

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$20 | \$3 / \$6 / \$0 | \$10 / \$20 / \$20 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$40 | \$12 / \$24 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 29% (30 days) | 29% (30 days) | 29% (30 days) | 29% (30 days) |

Service Area: Pennsylvania

H3949-031 – Cigna-HealthSpring Alliance (HMO): Bucks, Delaware, Montgomery and Philadelphia, Pennsylvania

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$1 / \$2 / \$2 | \$6 / \$12 / \$12 | \$1 / \$2 / \$0 | \$6 / \$12 / \$12 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$15 / \$30 / \$30 | \$10 / \$20 / \$0 | \$15 / \$30 / \$30 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Pennsylvania

H3949-030 – Cigna-HealthSpring Preferred (HMO): Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$1 / \$2 / \$2 | \$6 / \$12 / \$12 | \$1 / \$2 / \$0 | \$6 / \$12 / \$12 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$15 / \$30 / \$30 | \$10 / \$20 / \$0 | \$15 / \$30 / \$30 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 27% (30 days) | 27% (30 days) | 27% (30 days) | 27% (30 days) |

Service Area: Pennsylvania

H3949-013 – Cigna-HealthSpring PreferredPlus (HMO): Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia, Pennsylvania

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$1 / \$2 / \$2 | \$6 / \$12 / \$12 | \$1 / \$2 / \$0 | \$6 / \$12 / \$12 |
| Tier 2: Generic Drugs | \$2 / \$4 / \$4 | \$7 / \$14 / \$14 | \$2 / \$4 / \$0 | \$7 / \$14 / \$14 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 | \$95 / \$190 / \$285 | \$100 / \$200 / \$300 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Tennessee

H4513-049-001 – Cigna-HealthSpring Preferred (HMO): Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Moore, Overton, Perry, Pickett, Polk, Putnam, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

H4513-049-002 – Cigna-HealthSpring Preferred (HMO): Cheatham, Dickson, Hickman, Montgomery and Robertson, Tennessee

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 30% (30 days) | 30% (30 days) | 30% (30 days) | 30% (30 days) |

Service Area: Tennessee

H4513-036 – Cigna-HealthSpring Premier (HMO-POS): Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson, Tennessee

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 50% | 50% | 50% | 50% |
| Tier 5: Specialty Tier | 29% (30 days) | 29% (30 days) | 29% (30 days) | 29% (30 days) |

Service Area: Tennessee

H4513-042 – Cigna-HealthSpring Alliance Direct (HMO): Davidson, Sumner, Williamson and Wilson, Tennessee

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 44% | 46% | 44% | 46% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Tennessee

H4513-043 – Cigna-HealthSpring PreferredPlus Direct (HMO): Davidson, Rutherford, Sumner, Williamson and Wilson, Tennessee

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$6 | \$10 / \$20 / \$30 | \$3 / \$6 / \$0 | \$10 / \$20 / \$30 |
| Tier 2: Generic Drugs | \$12 / \$24 / \$24 | \$20 / \$40 / \$60 | \$12 / \$24 / \$0 | \$20 / \$40 / \$60 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 43% | 43% | 43% | 43% |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Tennessee

H4513-037 – Cigna-HealthSpring Preferred KNX (HMO): Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier and Union, Tennessee

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$2 / \$4 / \$4 | \$10 / \$20 / \$20 | \$2 / \$4 / \$0 | \$10 / \$20 / \$20 |
| Tier 2: Generic Drugs | \$10 / \$20 / \$20 | \$20 / \$40 / \$40 | \$10 / \$20 / \$0 | \$20 / \$40 / \$40 |
| Tier 3: Preferred Brand Drugs | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 | \$42 / \$84 / \$126 | \$47 / \$94 / \$141 |
| Tier 4: Non-Preferred Drugs | 49% | 49% | 49% | 49% |
| Tier 5: Specialty Tier | 30% (30 days) | 30% (30 days) | 30% (30 days) | 30% (30 days) |

Service Area: Texas

H4513-025 – Cigna-HealthSpring Preferred (HMO): 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

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$5 / \$10 / \$5 | \$0 / \$0 / \$0 | \$5 / \$10 / \$5 |
| Tier 2: Generic Drugs | \$4 / \$8 / \$4 | \$9 / \$18 / \$9 | \$0 / \$0 / \$0 | \$9 / \$18 / \$9 |
| Tier 3: Preferred Brand Drugs | \$40 / \$80 / \$80 | \$45 / \$90 / \$90 | \$40 / \$80 / \$80 | \$45 / \$90 / \$90 |
| Tier 4: Non-Preferred Drugs | \$80 / \$160 / \$160 | \$85 / \$170 / \$170 | \$80 / \$160 / \$160 | \$85 / \$170 / \$170 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Texas

H4513-026 – Cigna-HealthSpring Preferred (HMO): Henderson, Rusk, Smith, Upshur and Van Zandt, Texas

H4513-028 – Cigna-HealthSpring Preferred (HMO): Bexar, Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant and Wise, Texas

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$3 / \$6 / \$7.50 | \$8 / \$16 / \$20 | \$0 / \$0 / \$0 | \$8 / \$16 / \$20 |
| Tier 2: Generic Drugs | \$8 / \$16 / \$20 | \$13 / \$26 / \$32.50 | \$0 / \$0 / \$0 | \$13 / \$26 / \$32.50 |
| Tier 3: Preferred Brand Drugs | \$35 / \$70 / \$105 | \$40 / \$80 / \$120 | \$35 / \$70 / \$105 | \$40 / \$80 / \$120 |
| Tier 4: Non-Preferred Drugs | \$70 / \$140 / \$210 | \$75 / \$150 / \$225 | \$70 / \$140 / \$210 | \$75 / \$150 / \$225 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

Service Area: Texas

H7787-001 – Cigna-HealthSpring Preferred (PPO): Collin, Dallas, Denton, Johnson and Tarrant, Texas

| Drug Tier | Preferred Retail Cost-Sharing | Standard Retail Cost-Sharing | Preferred Mail Order Cost-Sharing | Standard Mail Order Cost-Sharing |
|--|-------------------------------|------------------------------|-----------------------------------|----------------------------------|
| | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days | 30 / 60 / 90 Days |
| Tier 1: Preferred Generic Drugs | \$0 / \$0 / \$0 | \$5 / \$10 / \$12.50 | \$0 / \$0 / \$0 | \$5 / \$10 / \$12.50 |
| Tier 2: Generic Drugs | \$4 / \$8 / \$10 | \$9 / \$18 / \$22.50 | \$0 / \$0 / \$0 | \$9 / \$18 / \$22.50 |
| Tier 3: Preferred Brand Drugs | \$40 / \$80 / \$120 | \$45 / \$90 / \$135 | \$40 / \$80 / \$120 | \$45 / \$90 / \$135 |
| Tier 4: Non-Preferred Drugs | \$80 / \$160 / \$240 | \$85 / \$170 / \$255 | \$80 / \$160 / \$240 | \$85 / \$170 / \$255 |
| Tier 5: Specialty Tier | 33% (30 days) | 33% (30 days) | 33% (30 days) | 33% (30 days) |

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. local time. TTY users can call 711.

| My Medications | Page Number in the Drug List | Cost-Share through Cigna-HealthSpring |
|----------------|------------------------------|---------------------------------------|
| | | |
| | | |
| | | |
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| | | |
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Drug List 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.

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| Analgesics | | |
| Analgesics | | |
| <i>acetaminophen/codeine oral soln</i> | 2 | NDS QL(2700/30) |
| <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/acetaminophen/caffeine/codeine</i> | 3 | PA NDS QL(180/30) |
| <i>butalbital/aspirin/caffeine caps</i> | 3 | PA QL(180/30) |
| <i>butalbital/aspirin/caffeine/codeine</i> | 3 | PA NDS 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> | 2 | QL(30/30) |
| <i>celecoxib caps 100mg, 200mg, 50mg</i> | 2 | QL(60/30) |
| <i>diclofenac potassium</i> | 2 | |
| <i>diclofenac sodium dr</i> | 2 | |
| <i>diclofenac sodium er</i> | 2 | |
| <i>diflunisal</i> | 2 | |
| <i>etodolac</i> | 4 | |
| <i>etodolac er</i> | 4 | |
| <i>flurbiprofen</i> | 2 | |
| <i>ibu tabs 600mg, 800mg</i> | 1 | |
| <i>ibuprofen susp</i> | 2 | |
| <i>ibuprofen tabs 400mg, 600mg, 800mg</i> | 1 | |
| <i>meloxicam</i> | 1 | QL(30/30) |
| <i>nabumetone</i> | 2 | |
| <i>naproxen dr</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|-----------------------|
| <i>naproxen sodium tabs 275mg, 550mg</i> | 4 | |
| <i>naproxen susp</i> | 2 | |
| <i>naproxen tabs 250mg</i> | 2 | |
| <i>naproxen tabs 375mg, 500mg</i> | 1 | |
| <i>oxaprozin</i> | 4 | |
| <i>salsalate</i> | 2 | |
| <i>sulindac</i> | 2 | |
| Opioid Analgesics, Long-acting | | |
| <i>buprenorphine hcl inj</i> | 4 | QL(150/30) |
| BUPRENORPHINE PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR | 4 | NDS QL(4/28) |
| <i>buprenorphine ptwk 7.5mcg/hr</i> | 4 | NDS QL(4/28) |
| DURAMORPH | 4 | B/D PA NDS QL(180/30) |
| <i>fentanyl</i> | 4 | NDS QL(10/30) |
| INFUMORPH 200 | 4 | NDS QL(200/30) |
| INFUMORPH 500 | 4 | NDS QL(200/30) |
| <i>methadone hcl conc</i> | 2 | NDS QL(500/30) |
| <i>methadone hcl inj</i> | 4 | NDS QL(150/30) |
| <i>methadone hcl intensol</i> | 2 | NDS QL(500/30) |
| <i>methadone hcl oral soln 10mg/5ml</i> | 2 | NDS QL(450/30) |
| <i>methadone hcl oral soln 5mg/5ml</i> | 2 | NDS QL(600/30) |
| <i>methadone hcl tabs 10mg</i> | 2 | NDS QL(120/30) |
| <i>methadone hcl tabs 5mg</i> | 2 | NDS QL(180/30) |
| <i>mitigo</i> | 4 | NDS QL(200/30) |
| <i>morphine sulfate er tbc</i> | 3 | NDS QL(90/30) |
| XTAMPZA ER | 3 | NDS QL(60/30) |
| Opioid Analgesics, Short-acting | | |
| <i>acetaminophen/codeine tabs 300mg; 60mg</i> | 2 | NDS QL(180/30) |
| <i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i> | 2 | NDS QL(360/30) |

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

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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

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Covered Drugs By Category

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|------------------------|
| <i>morphine sulfate inj 150mg/30ml, 1mg/ml, 50mg/ml, 5mg/ml</i> | 4 | B/D PA NDS |
| <i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i> | 4 | B/D PA NDS QL(180/30) |
| MORPHINE SULFATE INJ 10MG/ML, 8MG/ML | 4 | B/D PA NDS QL(240/30) |
| <i>morphine sulfate inj 10mg/ml</i> | 4 | B/D PA NDS QL(240/30) |
| MORPHINE SULFATE INJ 4MG/ML | 4 | B/D PA NDS QL(480/30) |
| <i>morphine sulfate inj 4mg/ml</i> | 4 | B/D PA NDS QL(480/30) |
| MORPHINE SULFATE INJ 2MG/ML | 4 | B/D PA NDS QL(1200/30) |
| <i>morphine sulfate oral soln 100mg/5ml</i> | 2 | NDS QL(240/30) |
| <i>morphine sulfate oral soln 10mg/5ml</i> | 2 | NDS QL(700/30) |
| <i>morphine sulfate oral soln 20mg/5ml</i> | 2 | NDS QL(900/30) |
| MORPHINE SULFATE TABS | 3 | NDS QL(120/30) |
| <i>nalbuphine hcl inj 20mg/ml</i> | 4 | NDS QL(90/30) |
| <i>nalbuphine hcl inj 10mg/ml</i> | 4 | NDS QL(180/30) |
| <i>oxycodone hcl caps</i> | 4 | NDS QL(120/30) |
| <i>oxycodone hcl conc</i> | 3 | NDS QL(120/30) |
| <i>oxycodone hcl oral soln</i> | 3 | NDS QL(1200/30) |
| <i>oxycodone hcl tabs 30mg</i> | 3 | NDS QL(90/30) |
| <i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i> | 3 | NDS QL(120/30) |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg</i> | 3 | NDS QL(180/30) |
| <i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i> | 3 | NDS QL(240/30) |
| <i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i> | 3 | NDS QL(360/30) |
| <i>oxycodone/aspirin</i> | 3 | NDS QL(180/30) |
| <i>oxycodone/ibuprofen</i> | 3 | NDS QL(28/30) |
| <i>tramadol hcl</i> | 2 | NDS QL(240/30) |
| <i>tramadol hydrochloride/ acetaminophen</i> | 3 | NDS QL(240/30) |
| <i>vicodin es tabs 300mg; 7.5mg</i> | 3 | NDS QL(180/30) |
| <i>vicodin hp tabs 300mg; 10mg</i> | 3 | NDS QL(180/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>vicodin tabs 300mg; 5mg</i> | 3 | NDS QL(360/30) |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>glydo</i> | 3 | PA |
| <i>lidocaine hcl external soln</i> | 2 | PA |
| <i>lidocaine hcl gel</i> | 3 | PA |
| <i>lidocaine hcl inj</i> | 4 | |
| <i>lidocaine hcl jelly</i> | 3 | PA |
| <i>lidocaine hcl mouth/throat soln</i> | 1 | |
| <i>lidocaine hcl viscous</i> | 1 | |
| <i>lidocaine oint</i> | 4 | PA QL(50/30) |
| <i>lidocaine ptch</i> | 4 | PA QL(90/30) |
| <i>lidocaine viscous</i> | 1 | |
| <i>lidocaine/prilocaine crea</i> | 4 | PA |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| <i>acamprosate calcium dr</i> | 2 | |
| <i>disulfiram</i> | 2 | |
| <i>naltrexone hcl</i> | 2 | |
| Opioid Dependence Treatments | | |
| <i>buprenorphine hcl subl</i> | 4 | PA QL(90/30) |
| <i>buprenorphine hcl/naloxone hcl</i> | 4 | QL(90/30) |
| 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(56/28) |
| CHANTIX CONTINUING MONTH PAK | 3 | QL(56/28) |
| CHANTIX STARTING MONTH PAK | 3 | QL(56/28) |
| 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> | 3 | |
| <i>gentamicin sulfate inj</i> | 4 | |
| <i>gentamicin sulfate oint</i> | 3 | |
| <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 | 4 | |
| ZYLET | 3 | |
| Antibacterials, Other | | |
| ALCOHOL PREP PADS | 3 | |
| <i>baciim</i> | 4 | |
| <i>bacitracin inj</i> | 4 | |

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Lower case *italic* = Generic drug

ST = Step Therapy rules apply

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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>bacitracin ophthalmic oint</i> | 2 | |
| <i>bacitracin/polymyxin b</i> | 2 | |
| BACTROBAN NASAL | 3 | |
| <i>chloramphenicol sodium succinate</i> | 4 | |
| <i>clindacin etz pledgets</i> | 2 | |
| <i>clindacin-p</i> | 2 | |
| <i>clindamycin</i> | 4 | |
| <i>clindamycin hcl caps</i> | 2 | |
| <i>clindamycin phosphate crea</i> | 3 | |
| <i>clindamycin phosphate external soln</i> | 3 | |
| <i>clindamycin phosphate gel</i> | 3 | |
| <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> | 4 | |
| <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 NDS |
| <i>lincomycin hcl</i> | 4 | |
| <i>linezolid inj</i> | 4 | |
| <i>linezolid susr</i> | 5 | NDS QL(1800/30) |
| <i>linezolid tabs</i> | 5 | NDS QL(60/30) |
| <i>methenamine hippurate</i> | 2 | |
| <i>metronidazole crea</i> | 3 | |
| <i>metronidazole gel</i> | 3 | |
| <i>metronidazole in nacl 0.79%</i> | 4 | |
| <i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i> | 4 | |
| <i>metronidazole lotn</i> | 3 | |
| <i>metronidazole tabs</i> | 1 | |
| <i>metronidazole vaginal</i> | 3 | |
| <i>mupirocin crea</i> | 4 | |
| <i>mupirocin oint</i> | 2 | |
| <i>neo-polycin</i> | 2 | |
| <i>neo-polycin hc</i> | 3 | |
| <i>neomycin/bacitracin/polymyxin</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>neomycin/polymyxin/bacitracin/ hydrocortisone</i> | 3 | |
| <i>neomycin/polymyxin/gramicidin</i> | 2 | |
| <i>neomycin/polymyxin/ hydrocortisone ophthalmic susp</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> | 3 | |
| <i>silver sulfadiazine</i> | 3 | |
| <i>ssd</i> | 3 | |
| SYNERCID | 5 | NDS |
| <i>tigecycline</i> | 5 | NDS |
| <i>trimethoprim</i> | 2 | |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | 2 | |
| <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, 10gm, 1gm, 500mg, 5gm, 750mg</i> | 4 | |
| <i>vancomycin hydrochloride/ sodium chloride inj 0.9%; 750mg/150ml</i> | 4 | |
| <i>vandazole</i> | 3 | |
| XIFAXAN TABS 550MG | 5 | PA NDS QL(90/30) |
| Beta-lactam, Cephalosporins | | |
| <i>cefaclor caps</i> | 2 | |
| <i>cefaclor er</i> | 3 | |
| <i>cefaclor susr</i> | 3 | |
| <i>cefadroxil</i> | 2 | |
| CEFAZOLIN | 4 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i> | 4 | |
| <i>cefazolin sodium/dextrose inj 2gm; 3%</i> | 4 | |
| <i>cefdinir caps</i> | 2 | |
| <i>cefdinir susr</i> | 3 | |
| <i>cefepime</i> | 4 | |
| <i>cefepime/dextrose</i> | 4 | |
| <i>cefixime</i> | 4 | |
| <i>cefotaxime sodium</i> | 4 | |
| <i>cefoxitin sodium inj 10gm, 1gm, 2gm</i> | 4 | |
| <i>cefpodoxime proxetil</i> | 2 | |
| <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> | 2 | |
| <i>cefuroxime sodium</i> | 4 | |
| <i>cephalexin caps 250mg, 500mg</i> | 1 | |
| <i>cephalexin susr</i> | 2 | |
| SUPRAX SUSR 500MG/5ML | 4 | |
| <i>tazicef inj 1gm, 2gm, 6gm</i> | 4 | |
| TEFLARO | 5 | NDS |
| Beta-lactam, Other | | |
| AZACTAM | 4 | |
| AZACTAM IN ISO-OSMOTIC DEXTROSE | 4 | |
| <i>aztreonam inj 1gm</i> | 4 | |
| AZTREONAM INJ 2GM | 5 | NDS |
| <i>cefotetan</i> | 4 | |
| <i>ertapenem</i> | 4 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>ertapenem sodium</i> | 4 | |
| <i>imipenem/cilastatin inj 500mg; 500mg</i> | 4 | |
| <i>imipenem/cilastatin inj 250mg; 250mg</i> | 3 | |
| 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> | 4 | |
| <i>ampicillin</i> | 2 | |
| <i>ampicillin sodium</i> | 4 | |
| <i>ampicillin-sulbactam</i> | 4 | |
| AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML | 4 | |
| BICILLIN L-A | 4 | |
| <i>dicloxacillin sodium</i> | 2 | |
| <i>nafcillin sodium</i> | 4 | |
| <i>oxacillin sodium</i> | 4 | |
| <i>penicillin g potassium</i> | 4 | |
| <i>penicillin v potassium oral soln</i> | 1 | |
| <i>penicillin v potassium tabs 250mg</i> | 1 | |
| <i>penicillin v potassium tabs 500mg</i> | 2 | |
| <i>pfizerpen inj 20mu, 5000000unit</i> | 4 | |
| <i>piperacillin sodium/tazobactam sodium</i> | 4 | |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <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 | |
| Macrolides | | |
| AZASITE | 3 | |
| <i>azithromycin inj</i> | 4 | |
| <i>azithromycin pack</i> | 3 | |
| <i>azithromycin susr 200mg/5ml</i> | 2 | QL(90/30) |
| <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 | |
| <i>clarithromycin susr</i> | 3 | |
| <i>clarithromycin tabs</i> | 2 | |
| DIFICID | 5 | PA NDS QL(20/10) |
| <i>e.e.s. 400</i> | 3 | |
| <i>ery</i> | 3 | |
| ERY-TAB | 3 | |
| ERYPED 400 | 5 | NDS |
| ERYTHROCIN LACTOBIONATE | 4 | |
| <i>erythrocin stearate</i> | 3 | |
| <i>erythromycin base</i> | 4 | |
| <i>erythromycin ethylsuccinate</i> | 3 | |
| <i>erythromycin external soln</i> | 2 | |
| <i>erythromycin gel</i> | 3 | |
| <i>erythromycin oint</i> | 2 | |
| <i>erythromycin pads</i> | 3 | |
| Quinolones | | |
| BAXDELA | 4 | |
| BESIVANCE | 4 | |
| CILOXAN OINT | 3 | |
| CIPRO HC | 3 | |
| CIPRODEX | 3 | |
| <i>ciprofloxacin er tb24 500mg; 0</i> | 3 | QL(3/3) |
| <i>ciprofloxacin er tb24 1000mg; 0</i> | 3 | QL(14/14) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>ciprofloxacin hcl ophthalmic soln</i> | 2 | |
| <i>ciprofloxacin hcl tabs 750mg</i> | 2 | |
| <i>ciprofloxacin hcl tabs 250mg</i> | 1 | |
| <i>ciprofloxacin hcl tabs 100mg</i> | 3 | |
| <i>ciprofloxacin hydrochloride</i> | 1 | |
| <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 500mg</i> | 2 | |
| <i>levofloxacin tabs 250mg, 750mg</i> | 2 | QL(30/30) |
| <i>moxifloxacinhydrochloride/ sodium hydrochloride</i> | 4 | |
| <i>moxifloxacin hcl inj</i> | 4 | |
| <i>moxifloxacin hcl tabs</i> | 2 | |
| <i>moxifloxacin hydrochloride ophthalmic soln</i> | 3 | |
| <i>ofloxacin</i> | 2 | |
| Sulfonamides | | |
| BLEPHAMIDE | 3 | |
| BLEPHAMIDE S.O.P. | 3 | |
| <i>sodium sulfacetamide ophthalmic soln</i> | 2 | |
| <i>sulfacetamide sodium lotn</i> | 3 | |
| <i>sulfacetamide sodium ophthalmic soln</i> | 2 | |
| <i>sulfacetamide sodium/ prednisolone sodium phosphate</i> | 2 | |
| <i>sulfadiazine</i> | 3 | |
| <i>sulfamethoxazole/trimethoprim ds</i> | 1 | |
| <i>sulfamethoxazole/trimethoprim inj</i> | 4 | |
| <i>sulfamethoxazole/trimethoprim susp</i> | 4 | |
| <i>sulfamethoxazole/trimethoprim tabs</i> | 1 | |
| <i>sulfatrim pediatric</i> | 4 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| Tetracyclines | | |
| <i>demeclocycline hcl</i> | 3 | |
| <i>doxy 100</i> | 4 | |
| <i>doxycycline hyclate caps</i> | 1 | |
| <i>doxycycline hyclate tabs 100mg</i> | 1 | |
| <i>doxycycline hyclate tabs 20mg</i> | 2 | |
| <i>doxycycline monohydrate caps 100mg, 50mg</i> | 2 | QL(60/30) |
| <i>doxycycline monohydrate tabs</i> | 2 | |
| <i>doxycycline susr</i> | 2 | |
| <i>minocycline hcl</i> | 2 | |
| <i>mondoxyne nl</i> | 2 | QL(60/30) |
| <i>morgidox 1x100mg caps</i> | 1 | |
| <i>morgidox 1x50mg</i> | 1 | |
| <i>morgidox 2x100mg caps</i> | 1 | |
| <i>tetracycline hydrochloride</i> | 2 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| <i>APTIOM TABS 200MG, 400MG, 800MG</i> | 5 | NDS QL(30/30) |
| <i>APTIOM TABS 600MG</i> | 5 | NDS QL(60/30) |
| <i>BRIVIACT INJ</i> | 5 | NDS QL(600/30) |
| <i>BRIVIACT ORAL SOLN</i> | 5 | NDS QL(1200/30) |
| <i>BRIVIACT TABS 10MG, 25MG, 50MG, 75MG</i> | 5 | NDS QL(60/30) |
| <i>BRIVIACT TABS 100MG</i> | 5 | NDS QL(120/30) |
| <i>FYCOMPA SUSP</i> | 4 | QL(720/30) |
| <i>FYCOMPA TABS</i> | 4 | 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>levetiracetam/sodium chloride</i> | 4 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <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) |
| <i>SPRITAM TB3D 1000MG, 250MG, 500MG</i> | 4 | QL(60/30) |
| <i>SPRITAM TB3D 750MG</i> | 4 | QL(120/30) |
| Calcium Channel Modifying Agents | | |
| <i>CELONTIN</i> | 3 | |
| <i>ethosuximide</i> | 3 | |
| <i>LYRICA CAPS 225MG, 300MG</i> | 3 | QL(60/30) |
| <i>LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> | 3 | QL(90/30) |
| <i>LYRICA ORAL SOLN</i> | 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> | 2 | QL(90/30) |
| <i>clonazepam odt tbdp 1mg</i> | 2 | QL(120/30) |
| <i>clonazepam odt tbdp 2mg</i> | 2 | 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) |
| <i>DIASTAT ACUDIAL GEL 10MG</i> | 4 | QL(20/30) |
| <i>DIASTAT ACUDIAL GEL 20MG</i> | 4 | QL(40/30) |
| <i>DIASTAT PEDIATRIC</i> | 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) |

CAPITALIZED = BRAND NAME DRUG

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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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--------------------------------------|-----------|----------------------|
| <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 12MG, 16MG | 4 | |
| GRALISE | 3 | |
| GRALISE STARTER | 3 | QL(156/365) |
| ONFI SUSP | 5 | NDS QL(480/30) |
| ONFI TABS 20MG | 5 | NDS QL(60/30) |
| ONFI TABS 10MG | 3 | QL(60/30) |
| <i>phenobarbital elix</i> | 3 | QL(1500/30) |
| <i>phenobarbital tabs</i> | 3 | QL(120/30) |
| <i>primidone</i> | 2 | |
| SABRIL TABS | 5 | PA NDS QL(180/30) |
| <i>tiagabine hydrochloride</i> | 4 | |
| <i>valproate sodium inj 100mg/ml</i> | 4 | |
| <i>valproic acid</i> | 2 | |
| <i>vigabatrin</i> | 5 | PA NDS QL(200/30) |
| Glutamate Reducing Agents | | |
| <i>felbamate susp</i> | 5 | NDS |
| <i>felbamate tabs</i> | 4 | |
| <i>lamotrigine</i> | 2 | |
| <i>lamotrigine er</i> | 2 | |
| <i>lamotrigine odt</i> | 2 | |
| <i>topiramate</i> | 2 | |
| TROKENDI XR CP24 100MG, 25MG, 50MG | 4 | QL(30/30) |
| TROKENDI XR CP24 200MG | 5 | NDS QL(60/30) |
| Sodium Channel Agents | | |
| BANZEL SUSP | 5 | PA NDS QL(2400/30) |
| BANZEL TABS 200MG | 5 | PA NDS QL(60/30) |
| BANZEL TABS 400MG | 5 | PA NDS QL(240/30) |
| <i>carbamazepine</i> | 2 | |
| <i>carbamazepine er</i> | 2 | |
| DILANTIN CAPS 30MG | 3 | |
| <i>epitol</i> | 2 | |
| <i>fosphenytoin sodium</i> | 4 | |
| <i>oxcarbazepine</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| PEGANONE | 3 | |
| <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 | | |
| Cholinesterase Inhibitors | | |
| <i>donepezil hcl tabs 5mg</i> | 2 | QL(30/30) |
| <i>donepezil hcl tabs 10mg</i> | 2 | QL(60/30) |
| <i>donepezil hcl tabs 23mg</i> | 3 | QL(30/30) |
| <i>donepezil hcl tbdp 5mg</i> | 2 | QL(30/30) |
| <i>donepezil hcl tbdp 10mg</i> | 2 | QL(60/30) |
| <i>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> | 2 | PA QL(60/30) |
| <i>memantine hcl tabs 5mg</i> | 2 | PA QL(90/30) |
| <i>memantine hcl titration pak</i> | 3 | PA QL(49/28) |
| <i>memantine hydrochloride er</i> | 3 | PA QL(30/30) |
| <i>memantine hydrochloride oral soln</i> | 2 | PA QL(360/30) |
| Antidepressants | | |
| Antidepressants, Other | | |
| BUPROPION HCL ER TB12 150MG | 3 | QL(60/30) |
| <i>bupropion hcl er tb12 100mg, 200mg</i> | 3 | QL(60/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>bupropion hcl sr</i> | 3 | QL(60/30) |
| <i>bupropion hcl tabs 100mg</i> | 3 | QL(120/30) |
| <i>bupropion hcl xl</i> | 3 | QL(30/30) |
| <i>bupropion hydrochloride tabs 75mg</i> | 3 | QL(180/30) |
| <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> | 3 | QL(60/30) |
| <i>nefazodone hydrochloride</i> | 3 | QL(60/30) |
| <i>trazodone hydrochloride tabs 300mg</i> | 2 | |
| <i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i> | 1 | |
| TRINTELLIX | 4 | QL(30/30) ST |
| Monoamine Oxidase Inhibitors | | |
| EMSAM | 5 | NDS QL(30/30) |
| MARPLAN | 4 | QL(180/30) |
| <i>phenelzine sulfate</i> | 3 | |
| <i>tranylcypromine sulfate</i> | 4 | |
| SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitor) | | |
| <i>citalopram hydrobromide oral soln</i> | 3 | 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</i> | 2 | QL(60/30) |
| <i>duloxetine hydrochloride cpep 60mg</i> | 2 | QL(60/30) |
| <i>duloxetine hydrochloride cpep 30mg</i> | 2 | QL(90/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>escitalopram oxalate oral soln</i> | 3 | 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 hydrochloride tabs 10mg</i> | 2 | QL(30/30) |
| <i>fluoxetine hydrochloride tabs 20mg</i> | 2 | QL(120/30) |
| <i>fluvoxamine maleate er</i> | 2 | QL(60/30) |
| <i>fluvoxamine maleate tabs 25mg, 50mg</i> | 2 | QL(30/30) |
| <i>fluvoxamine maleate tabs 100mg</i> | 2 | QL(90/30) |
| <i>olanzapine/fluoxetine</i> | 4 | QL(30/30) |
| <i>paroxetine hcl er tb24 12.5mg</i> | 2 | QL(30/30) |
| <i>paroxetine hcl er tb24 25mg, 37.5mg</i> | 2 | QL(60/30) |
| <i>paroxetine hcl tabs 30mg, 40mg</i> | 2 | QL(60/30) |
| <i>paroxetine hcl tabs 10mg</i> | 1 | QL(30/30) |
| <i>paroxetine hcl tabs 20mg</i> | 1 | QL(90/30) |
| PAXIL SUSP | 4 | 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) |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---------------------------------------|-----------|----------------------|
| <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> | 3 | PA |
| <i>amoxapine</i> | 3 | |
| <i>clomipramine hcl</i> | 3 | PA |
| <i>desipramine hcl</i> | 3 | |
| <i>imipramine hcl tabs 25mg, 50mg</i> | 3 | PA |
| <i>imipramine hydrochloride</i> | 3 | PA |
| <i>nortriptyline hcl</i> | 2 | |
| <i>perphenazine/amitriptyline</i> | 4 | PA |
| <i>protriptyline hcl</i> | 3 | |
| <i>trimipramine maleate</i> | 4 | PA |

Antiemetics

Antiemetics, Other

| | | |
|---|---|-----------|
| <i>compro</i> | 2 | |
| <i>meclizine hcl tabs</i> | 2 | |
| <i>phenadoz</i> | 4 | |
| <i>prochlorperazine</i> | 2 | |
| <i>promethazine hcl supp</i> | 4 | |
| <i>promethazine hcl syrup</i> | 2 | PA |
| <i>promethazine hcl tabs 12.5mg, 25mg</i> | 2 | PA |
| <i>promethazine hydrochloride tabs 50mg</i> | 2 | PA |
| <i>promethegan</i> | 4 | |
| <i>scopolamine</i> | 4 | QL(10/30) |

Emetogenic Therapy Adjuncts

| | | |
|------------------------------|---|-----------------|
| ALOXI | 5 | B/D PA NDS |
| <i>aprepitant caps 40mg</i> | 4 | B/D PA QL(1/30) |
| <i>aprepitant caps 125mg</i> | 4 | B/D PA QL(2/28) |
| <i>aprepitant caps 80mg</i> | 4 | B/D PA QL(4/28) |
| <i>aprepitant caps pack</i> | 4 | B/D PA QL(6/28) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>dronabinol</i> | 4 | PA QL(60/30) |
| EMEND SUSR | 4 | B/D PA QL(6/28) |
| <i>granisetron hcl inj 0.1mg/ml, 1mg/ml</i> | 4 | B/D PA |
| <i>granisetron hcl tabs</i> | 3 | B/D PA QL(30/30) |
| <i>granisetron hydrochloride</i> | 4 | B/D PA |
| <i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i> | 4 | |
| <i>ondansetron hcl oral soln</i> | 3 | B/D PA QL(450/30) |
| <i>ondansetron hcl tabs 24mg</i> | 1 | B/D PA QL(15/30) |
| <i>ondansetron hcl tabs 4mg, 8mg</i> | 1 | B/D PA QL(90/30) |
| <i>ondansetron odt</i> | 1 | B/D PA QL(90/30) |
| <i>palonosetron hydrochloride inj 0.25mg/5ml</i> | 5 | B/D PA NDS |
| SANCUSO | 5 | NDS QL(4/28) |

Antifungals

Antifungals

| | | |
|--|---|---------------|
| ABELCET | 5 | PA NDS |
| AMBISOME | 5 | PA NDS |
| <i>amphotericin b</i> | 4 | PA |
| <i>caspofungin acetate</i> | 5 | PA NDS |
| <i>ciclodan</i> | 3 | |
| <i>ciclopirox nail lacquer</i> | 3 | |
| <i>ciclopirox olamine</i> | 3 | |
| <i>ciclopirox sham</i> | 3 | |
| <i>ciclopirox susp</i> | 3 | |
| <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</i> | 2 | |
| <i>fluconazole in nacl</i> | 4 | |
| <i>flucytosine</i> | 5 | NDS |
| <i>griseofulvin microsize</i> | 4 | |
| <i>griseofulvin ultramicrosize</i> | 4 | |
| <i>itraconazole caps</i> | 4 | PA QL(120/30) |
| <i>ketoconazole crea</i> | 2 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>ketoconazole sham</i> | 2 | |
| <i>ketoconazole tabs</i> | 2 | |
| <i>naftifine hcl</i> | 3 | |
| <i>naftifine hydrochloride</i> | 3 | |
| NAFTIN GEL | 3 | |
| NATACYN | 3 | |
| NOXAFIL SUSP | 5 | PA NDS QL(600/30) |
| NOXAFIL TBEC | 5 | PA NDS QL(96/30) |
| <i>nyamyc</i> | 2 | |
| <i>nystatin</i> | 2 | |
| <i>nystatin/triamcinolone</i> | 4 | |
| <i>nystop</i> | 2 | |
| SPORANOX ORAL SOLN | 5 | PA NDS |
| <i>terbinafine hcl tabs</i> | 1 | QL(90/365) |
| <i>terconazole</i> | 3 | |
| <i>voriconazole inj</i> | 5 | PA NDS |
| <i>voriconazole susr</i> | 5 | PA NDS 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>dihydroergotamine mesylate nasal soln</i> | 4 | PA QL(8/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>ergotamine tartrate/caffeine</i> | 3 | QL(40/28) |
| <i>migergot</i> | 5 | NDS QL(20/28) |
| Serotonin (5-HT) 1b/1d Receptor Agonists | | |
| <i>naratriptan hcl</i> | 3 | QL(9/30) |
| <i>rizatriptan benzoate</i> | 3 | QL(12/30) |
| <i>rizatriptan benzoate odt</i> | 3 | QL(12/30) |
| <i>sumatriptan</i> | 4 | QL(12/30) |
| <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> | 3 | |
| <i>pyridostigmine bromide er</i> | 3 | |
| REGONOL | 4 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| <i>dapsone tabs</i> | 3 | |
| <i>rifabutin</i> | 3 | |
| Antituberculars | | |
| CAPASTAT SULFATE | 4 | |
| <i>cycloserine</i> | 2 | |
| <i>ethambutol hcl</i> | 3 | |
| <i>isoniazid inj</i> | 4 | |
| <i>isoniazid syrp</i> | 3 | |
| <i>isoniazid tabs</i> | 2 | |
| PASER | 4 | |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--------------------------------|-----------|----------------------|
| PRIFTIN | 4 | |
| <i>pyrazinamide</i> | 3 | |
| <i>rifampin caps</i> | 2 | |
| <i>rifampin inj</i> | 4 | |
| RIFATER | 4 | |
| SIRTURO | 4 | PA QL(188/365) |
| TRECTOR | 3 | |
| Antineoplastics | | |
| Alkylating Agents | | |
| BENDEKA | 5 | B/D PA NDS QL(8/21) |
| BICNU | 4 | B/D PA |
| <i>busulfan</i> | 5 | B/D PA NDS |
| BUSULFEX | 5 | B/D PA NDS |
| <i>cyclophosphamide caps</i> | 3 | B/D PA |
| <i>cyclophosphamide inj</i> | 5 | B/D PA NDS |
| <i>dacarbazine</i> | 4 | B/D PA |
| EVOMELA | 5 | PA NDS |
| GLEOSTINE CAPS 10MG, 40MG | 3 | |
| GLEOSTINE CAPS 100MG | 4 | |
| HEXALEN | 5 | NDS |
| <i>ifosfamide inj 1gm, 3gm</i> | 4 | B/D PA |
| KISQALI FEMARA 200 DOSE | 5 | PA NDS QL(49/28) |
| KISQALI FEMARA 400 DOSE | 5 | PA NDS QL(70/28) |
| KISQALI FEMARA 600 DOSE | 5 | PA NDS QL(91/28) |
| LEUKERAN | 4 | |
| MATULANE | 5 | NDS |
| <i>melphalan hydrochloride</i> | 5 | B/D PA NDS |
| MUSTARGEN | 4 | B/D PA |
| <i>thiotepa</i> | 4 | PA |
| TREANDA INJ 100MG | 5 | B/D PA NDS |
| TREANDA INJ 25MG | 5 | B/D PA NDS QL(8/21) |
| VALCHLOR | 5 | PA NDS QL(60/30) |
| YONDELIS | 5 | PA NDS |
| ZANOSAR | 4 | B/D PA |
| Antiandrogens | | |
| <i>bicalutamide</i> | 2 | QL(30/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| ERLEADA | 5 | PA NDS QL(120/30) |
| <i>flutamide</i> | 2 | |
| <i>nilutamide</i> | 5 | NDS QL(60/30) |
| XTANDI | 5 | PA NDS QL(120/30) |
| YONSA | 5 | PA NDS QL(120/30) |
| ZYTIGA TABS 500MG | 5 | PA NDS QL(60/30) |
| ZYTIGA TABS 250MG | 5 | PA NDS QL(120/30) |
| Antiangiogenic Agents | | |
| POMALYST | 5 | PA NDS QL(21/28) |
| REVLIMID CAPS 15MG, 20MG, 25MG | 5 | PA NDS QL(21/28) |
| REVLIMID CAPS 10MG, 2.5MG, 5MG | 5 | PA NDS QL(28/28) |
| THALOMID CAPS 100MG, 150MG, 50MG | 5 | PA NDS QL(28/28) |
| THALOMID CAPS 200MG | 5 | PA NDS QL(56/28) |
| Antiestrogens/Modifiers | | |
| EMCYT | 4 | |
| FARESTON | 5 | NDS QL(30/30) |
| FASLODEX | 5 | B/D PA NDS QL(30/30) |
| SOLTAMOX | 5 | NDS |
| <i>tamoxifen citrate</i> | 2 | |
| Antimetabolites | | |
| <i>adrucil</i> | 4 | B/D PA |
| ALIMTA | 5 | PA NDS |
| 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 NDS |
| <i>fluorouracil inj</i> | 4 | B/D PA |
| FOLOTYN | 5 | B/D PA NDS |
| <i>gemcitabine</i> | 4 | B/D PA |
| <i>gemcitabine hcl</i> | 4 | B/D PA |
| <i>gemcitabine hydrochloride inj 1gm, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i> | 4 | B/D PA |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/10ml, 200mg/2ml, 2gm/20ml</i> | 5 | B/D PA NDS |
| <i>hydroxyurea</i> | 2 | |
| LONSURF TABS 8.19MG; 20MG | 5 | PA NDS QL(80/28) |
| LONSURF TABS 6.14MG; 15MG | 5 | PA NDS QL(100/28) |
| <i>mercaptopurine</i> | 2 | |
| NIPENT | 5 | B/D PA NDS |
| PURIXAN | 5 | PA NDS QL(300/30) |
| TABLOID | 4 | |
| VYXEOS | 5 | B/D PA NDS |
| Antineoplastics, Other | | |
| ABRAXANE | 5 | PA NDS |
| <i>adriamycin inj 2mg/ml</i> | 4 | B/D PA |
| <i>azacitidine</i> | 5 | B/D PA NDS |
| BELEODAQ | 5 | PA NDS |
| <i>bleomycin</i> | 4 | B/D PA |
| <i>bleomycin sulfate</i> | 4 | B/D PA |
| BORTEZOMIB | 5 | PA NDS QL(14/21) |
| BRAFTOVI | 5 | PA NDS QL(180/30) |
| <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 NDS |
| <i>dactinomycin</i> | 5 | B/D PA NDS |
| <i>daunorubicin hcl</i> | 4 | B/D PA |
| DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML | 4 | B/D PA |
| <i>daunorubicin hydrochloride inj 20mg/4ml</i> | 4 | B/D PA |
| <i>decitabine</i> | 5 | NDS |
| <i>dexrazoxane</i> | 4 | B/D PA |
| DOCETAXEL INJ 200MG/10ML | 5 | B/D PA NDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i> | 5 | B/D PA NDS |
| <i>doxorubicin hcl</i> | 4 | B/D PA |
| <i>doxorubicin hcl liposome</i> | 5 | B/D PA NDS |
| <i>doxorubicin hydrochloride liposomal</i> | 5 | B/D PA NDS |
| <i>epirubicin hcl inj 200mg/100ml</i> | 4 | B/D PA |
| ERWINAZE | 5 | B/D PA NDS QL(60/28) |
| ETHYOL | 5 | B/D PA NDS |
| <i>fludarabine phosphate inj 50mg</i> | 4 | B/D PA |
| FUSILEV | 5 | NDS |
| HALAVEN | 5 | PA NDS |
| <i>idarubicin hcl inj 10mg/10ml</i> | 5 | B/D PA NDS |
| <i>idarubicin hydrochloride inj 10mg/10ml</i> | 5 | B/D PA NDS |
| <i>irinotecan</i> | 4 | B/D PA |
| <i>irinotecan hcl</i> | 4 | B/D PA |
| <i>irinotecan hydrochloride</i> | 4 | B/D PA |
| ISTODAX (OVERFILL) | 5 | PA NDS |
| JEVTANA | 5 | PA NDS |
| KISQALI | 5 | PA NDS QL(63/28) |
| LARTRUVO | 5 | PA NDS |
| <i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i> | 4 | |
| <i>leucovorin calcium tabs</i> | 3 | |
| <i>levoleucovorin calcium inj 175mg/17.5ml</i> | 5 | NDS |
| <i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i> | 5 | NDS |
| <i>lipodox 50</i> | 5 | B/D PA NDS |
| LYNPARZA TABS | 5 | PA NDS QL(120/30) |
| MEKTOVI | 5 | PA NDS QL(180/30) |
| <i>mesna</i> | 4 | B/D PA |

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Covered Drugs By Category

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|--|-----------|----------------------|
| MESNEX TABS | 5 | NDS |
| <i>mitomycin inj 40mg</i> | 5 | B/D PA NDS |
| <i>mitomycin inj 20mg, 5mg</i> | 4 | B/D PA |
| <i>mitoxantrone hcl</i> | 3 | B/D PA |
| NERLYNX | 5 | PA NDS QL(180/30) |
| NINLARO | 5 | PA NDS QL(3/28) |
| ODOMZO | 5 | PA NDS QL(30/30) |
| ONCASPASPAR | 5 | B/D PA NDS |
| <i>oxaliplatin inj 100mg</i> | 5 | B/D PA NDS |
| <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 |
| PORTRAZZA | 5 | PA NDS QL(100/21) |
| PROLEUKIN | 5 | B/D PA NDS |
| <i>romidepsin</i> | 5 | PA NDS |
| RUBRACA | 5 | PA NDS QL(120/30) |
| RYDAPT | 5 | PA NDS QL(224/28) |
| SYLATRON | 5 | PA NDS QL(4/28) |
| SYNRIBO | 5 | PA NDS QL(28/28) |
| TRISENOX | 4 | B/D PA |
| VELCADE | 5 | PA NDS QL(14/21) |
| VENCLEXTA STARTING PACK | 5 | PA NDS QL(84/365) |
| VENCLEXTA TABS 100MG | 5 | PA NDS QL(120/30) |
| VENCLEXTA TABS 50MG | 4 | PA QL(30/30) |
| VENCLEXTA TABS 10MG | 4 | PA QL(60/30) |
| VERZENIO | 5 | PA NDS QL(60/30) |
| <i>vinblastine sulfate</i> | 4 | B/D PA |
| <i>vincasar pfs</i> | 4 | B/D PA |
| <i>vincristine sulfate</i> | 4 | B/D PA |
| <i>vinorelbine tartrate inj 50mg/5ml</i> | 4 | B/D PA |
| ZEJULA | 5 | PA NDS QL(90/30) |
| ZOLINZA | 5 | NDS QL(120/30) |
| Aromatase Inhibitors, 3rd Generation | | |
| <i>anastrozole</i> | 2 | QL(30/30) |
| <i>exemestane</i> | 2 | QL(60/30) |
| <i>letrozole</i> | 2 | QL(30/30) |
| Enzyme Inhibitors | | |
| <i>etoposide inj</i> | 3 | B/D PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|------------------------------------|-----------|----------------------|
| <i>irinotecan hydrochloride</i> | 4 | B/D PA |
| KYPROLIS | 5 | B/D PA NDS |
| <i>toposar</i> | 3 | B/D PA |
| <i>topotecan hcl inj 4mg</i> | 5 | NDS |
| Molecular Target Inhibitors | | |
| AFINITOR DISPERZ TBSO 2MG, 3MG | 5 | PA NDS QL(56/28) |
| AFINITOR DISPERZ TBSO 5MG | 5 | PA NDS QL(112/28) |
| AFINITOR TABS 2.5MG, 5MG, 7.5MG | 5 | PA NDS QL(28/28) |
| AFINITOR TABS 10MG | 5 | PA NDS QL(56/28) |
| ALECENSA | 5 | PA NDS QL(240/30) |
| ALIQOPA | 5 | PA NDS QL(3/28) |
| ALUNBRIG TABS 180MG, 90MG | 5 | PA NDS QL(30/30) |
| ALUNBRIG TABS 30MG | 5 | PA NDS QL(180/30) |
| ALUNBRIG TBPK | 5 | PA NDS QL(60/365) |
| BOSULIF TABS 400MG, 500MG | 5 | PA NDS QL(30/30) |
| BOSULIF TABS 100MG | 5 | PA NDS QL(120/30) |
| CABOMETYX TABS 20MG, 60MG | 5 | PA NDS QL(30/30) |
| CABOMETYX TABS 40MG | 5 | PA NDS QL(60/30) |
| CALQUENCE | 5 | PA NDS QL(60/30) |
| CAPRELSA TABS 300MG | 5 | PA NDS QL(30/30) |
| CAPRELSA TABS 100MG | 5 | PA NDS QL(60/30) |
| COMETRIQ 100MG DAILY DOSE KIT | 5 | PA NDS QL(56/28) |
| COMETRIQ 60MG DAILY DOSE KIT | 5 | PA NDS QL(84/28) |
| COMETRIQ 140MG DAILY DOSE KIT | 5 | PA NDS QL(112/28) |
| COTELLIC | 5 | PA NDS QL(63/28) |
| ERIVEDGE | 5 | PA NDS QL(28/28) |
| FARYDAK | 5 | PA NDS QL(6/21) |
| GILOTRIF | 5 | PA NDS QL(30/30) |
| IBRANCE | 5 | PA NDS QL(21/28) |
| ICLUSIG TABS 45MG | 5 | PA NDS QL(30/30) |
| ICLUSIG TABS 15MG | 5 | PA NDS QL(60/30) |
| IDHIFA | 5 | PA NDS QL(30/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---------------------------|-----------|----------------------|
| <i>imatinib mesylate</i> | 5 | PA NDS QL(60/30) |
| IMBRUVICA CAPS 70MG | 5 | PA NDS QL(30/30) |
| IMBRUVICA CAPS 140MG | 5 | PA NDS QL(120/30) |
| IMBRUVICA TABS | 5 | PA NDS QL(30/30) |
| INLYTA | 5 | PA NDS QL(120/30) |
| IRESSA | 5 | PA NDS QL(30/30) |
| JAKAFI | 5 | PA NDS QL(60/30) |
| LENVIMA 10 MG DAILY DOSE | 5 | PA NDS QL(30/30) |
| LENVIMA 12MG DAILY DOSE | 5 | PA NDS QL(90/30) |
| LENVIMA 14 MG DAILY DOSE | 5 | PA NDS QL(60/30) |
| LENVIMA 18 MG DAILY DOSE | 5 | PA NDS QL(90/30) |
| LENVIMA 20 MG DAILY DOSE | 5 | PA NDS QL(60/30) |
| LENVIMA 24 MG DAILY DOSE | 5 | PA NDS QL(90/30) |
| LENVIMA 4 MG DAILY DOSE | 5 | PA NDS QL(30/30) |
| LENVIMA 8 MG DAILY DOSE | 5 | PA NDS QL(60/30) |
| LYNPARZA CAPS | 5 | PA NDS QL(448/28) |
| MEKINIST TABS 2MG | 5 | PA NDS QL(30/30) |
| MEKINIST TABS 0.5MG | 5 | PA NDS QL(90/30) |
| NEXAVAR | 5 | PA NDS QL(120/30) |
| SPRYCEL | 5 | PA NDS QL(30/30) |
| STIVARGA | 5 | PA NDS |
| SUTENT | 5 | PA NDS QL(28/28) |
| TAFINLAR | 5 | PA NDS QL(120/30) |
| TAGRISSO | 5 | PA NDS QL(30/30) |
| TARCEVA TABS 100MG, 150MG | 5 | PA NDS QL(30/30) |
| TARCEVA TABS 25MG | 5 | PA NDS QL(60/30) |
| TASIGNA CAPS 150MG, 200MG | 5 | PA NDS QL(112/28) |
| TASIGNA CAPS 50MG | 5 | PA NDS QL(420/30) |
| <i>temsirolimus</i> | 5 | B/D PA NDS QL(4/28) |
| TIBSOVO | 5 | PA NDS QL(60/30) |
| TYKERB | 5 | PA NDS QL(180/30) |
| VOTRIENT | 5 | PA NDS QL(120/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|-----------|-----------|----------------------|
| XALKORI | 5 | PA NDS QL(60/30) |
| ZALTRAP | 5 | PA NDS QL(40/28) |
| ZELBORAF | 5 | PA NDS QL(240/30) |
| ZYDELIG | 5 | PA NDS QL(60/30) |
| ZYKADIA | 5 | PA NDS QL(140/28) |

Monoclonal Antibody/Antibody-Drug Conjugate

| | | |
|-----------------------|---|------------------|
| AVASTIN | 5 | PA NDS |
| BAVENCIO | 5 | PA NDS |
| BESPONSA | 5 | PA NDS |
| CYRAMZA | 5 | PA NDS |
| DARZALEX | 5 | PA NDS |
| EMPLICITI | 5 | PA NDS |
| ERBITUX | 5 | PA NDS |
| GAZYVA | 5 | PA NDS |
| HERCEPTIN INJ 440MG | 5 | PA NDS |
| HERCEPTIN INJ 150MG | 5 | B/D PA NDS |
| IMFINZI | 5 | PA NDS |
| KADCYLA | 5 | PA NDS |
| KEYTRUDA | 5 | PA NDS |
| MYLOTARG | 5 | PA NDS |
| OPDIVO | 5 | PA NDS QL(80/28) |
| PERJETA | 5 | PA NDS |
| POTELIGEO | 5 | PA NDS |
| RITUXAN | 5 | PA NDS |
| RITUXAN HYCELA | 5 | PA NDS |
| TECENTRIQ | 5 | PA NDS QL(20/21) |
| UNITUXIN | 5 | PA NDS |
| VECTIBIX | 5 | PA NDS |
| YERVOY INJ 50MG/10ML | 5 | PA NDS |
| YERVOY INJ 200MG/40ML | 5 | PA NDS QL(80/21) |

Retinoids

| | | |
|-------------------|---|---------------|
| <i>bexarotene</i> | 5 | NDS |
| PANRETIN | 5 | NDS |
| TARGRETIN GEL | 5 | NDS QL(60/30) |

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|------------------------------------|-----------|----------------------|
| <i>tretinoin caps</i> | 5 | NDS |
| Antiparasitics | | |
| Anthelmintics | | |
| ALBENZA | 5 | NDS |
| BILTRICIDE | 4 | |
| <i>ivermectin</i> | 3 | |
| <i>praziquantel</i> | 4 | |
| Antiprotozoals | | |
| ALINIA SUSR | 5 | NDS QL(150/30) |
| ALINIA TABS | 5 | NDS QL(20/30) |
| <i>atovaquone</i> | 4 | |
| <i>atovaquone/proguanil hcl</i> | 2 | |
| <i>chloroquine phosphate</i> | 2 | |
| COARTEM | 4 | QL(24/30) |
| DARAPRIM | 5 | NDS QL(90/30) |
| <i>hydroxychloroquine sulfate</i> | 2 | |
| <i>mefloquine hcl</i> | 2 | |
| NEBUPENT | 3 | B/D PA QL(6/28) |
| PENTAM 300 | 3 | |
| PRIMAQUINE PHOSPHATE | 3 | |
| <i>quinine sulfate</i> | 4 | QL(42/7) |
| Pediculicides/Scabicides | | |
| <i>lindane</i> | 3 | |
| <i>malathion</i> | 4 | |
| <i>permethrin</i> | 2 | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| <i>benztropine mesylate inj</i> | 4 | |
| <i>benztropine mesylate tabs</i> | 2 | PA |
| <i>trihexyphenidyl hcl</i> | 2 | PA |
| Antiparkinson Agents, Other | | |
| <i>amantadine hcl</i> | 3 | |
| <i>entacapone</i> | 4 | QL(240/30) |
| <i>tolcapone</i> | 5 | NDS |
| Dopamine Agonists | | |
| APOKYN | 5 | PA NDS QL(60/30) |
| <i>bromocriptine mesylate</i> | 2 | |
| NEUPRO | 4 | QL(30/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>pramipexole dihydrochloride</i> | 2 | QL(90/30) |
| <i>pramipexole dihydrochloride er tb24 2.25mg, 3.75mg, 3mg, 4.5mg</i> | 4 | QL(30/30) |
| <i>pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg</i> | 4 | QL(90/30) |
| <i>ropinirole hcl</i> | 2 | |
| Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors | | |
| <i>carbidopa</i> | 2 | |
| <i>carbidopa/levodopa</i> | 2 | |
| <i>carbidopa/levodopa er</i> | 3 | |
| <i>carbidopa/levodopa odt</i> | 2 | |
| <i>carbidopa/levodopa/ entacapone</i> | 3 | |
| RYTARY | 4 | ST |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| <i>rasagiline mesylate</i> | 3 | QL(30/30) |
| <i>selegiline hcl</i> | 3 | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| <i>chlorpromazine hcl inj</i> | 4 | |
| <i>chlorpromazine hcl tabs</i> | 2 | |
| <i>fluphenazine decanoate</i> | 4 | |
| <i>fluphenazine hcl conc</i> | 4 | |
| <i>fluphenazine hcl elix</i> | 4 | |
| <i>fluphenazine hcl inj</i> | 4 | |
| <i>fluphenazine hcl tabs</i> | 2 | |
| <i>haloperidol conc</i> | 2 | |
| <i>haloperidol decanoate</i> | 4 | |
| <i>haloperidol lactate</i> | 4 | |
| <i>haloperidol tabs 10mg, 20mg</i> | 2 | |
| <i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i> | 1 | |
| <i>loxapine</i> | 2 | |
| <i>loxapine succinate</i> | 2 | |
| <i>perphenazine</i> | 4 | |
| <i>pimozide</i> | 3 | |
| <i>prochlorperazine edisylate</i> | 4 | |
| <i>prochlorperazine maleate</i> | 2 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|----------------------------------|-----------|----------------------|
| <i>thioridazine hcl</i> | 3 | |
| <i>thiothixene</i> | 4 | |
| <i>trifluoperazine hcl</i> | 3 | |
| 2nd Generation/Atypical | | |
| ABILIFY MAINTENA | 5 | NDS QL(1/28) |
| <i>aripiprazole odt</i> | 5 | NDS QL(60/30) |
| <i>aripiprazole oral soln</i> | 3 | QL(900/30) |
| <i>aripiprazole tabs</i> | 3 | QL(30/30) |
| ARISTADA INITIO | 5 | NDS QL(4.8/365) |
| ARISTADA INJ 441MG/1.6ML | 5 | NDS QL(1.6/28) |
| ARISTADA INJ 662MG/2.4ML | 5 | NDS QL(2.4/28) |
| ARISTADA INJ 882MG/3.2ML | 5 | NDS QL(3.2/28) |
| ARISTADA INJ 1064MG/3.9ML | 5 | QL(3.9/56) |
| FANAPT TABS 10MG, 12MG, 6MG, 8MG | 5 | NDS QL(60/30) ST |
| FANAPT TABS 1MG, 2MG, 4MG | 4 | QL(60/30) ST |
| FANAPT TITRATION PACK | 4 | QL(16/365) ST |
| GEODON INJ | 4 | QL(6/30) |
| INVEGA SUSTENNA INJ 39MG/0.25ML | 4 | QL(0.25/28) |
| INVEGA SUSTENNA INJ 78MG/0.5ML | 5 | NDS QL(0.5/28) |
| INVEGA SUSTENNA INJ 117MG/0.75ML | 5 | NDS QL(0.75/28) |
| INVEGA SUSTENNA INJ 156MG/ML | 5 | NDS QL(1/28) |
| INVEGA SUSTENNA INJ 234MG/1.5ML | 5 | NDS QL(1.5/28) |
| INVEGA TRINZA INJ 273MG/0.875ML | 5 | QL(0.88/90) |
| INVEGA TRINZA INJ 410MG/1.315ML | 5 | QL(1.32/90) |
| INVEGA TRINZA INJ 546MG/1.75ML | 5 | QL(1.75/90) |
| INVEGA TRINZA INJ 819MG/2.625ML | 5 | QL(2.63/90) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| LATUDA TABS 120MG, 20MG, 40MG, 60MG | 5 | NDS QL(30/30) |
| LATUDA TABS 80MG | 5 | NDS QL(60/30) |
| NUPLAZID CAPS | 5 | PA NDS QL(30/30) |
| NUPLAZID TABS 10MG | 5 | PA NDS QL(30/30) |
| NUPLAZID TABS 17MG | 5 | PA NDS QL(60/30) |
| <i>olanzapine inj</i> | 4 | QL(30/30) |
| <i>olanzapine odt</i> | 3 | QL(30/30) |
| <i>olanzapine tabs</i> | 2 | QL(30/30) |
| <i>paliperidone er tb24 1.5mg, 3mg</i> | 2 | QL(30/30) ST |
| <i>paliperidone er tb24 6mg</i> | 2 | QL(60/30) ST |
| <i>paliperidone er tb24 9mg</i> | 5 | NDS QL(30/30) ST |
| <i>quetiapine fumarate</i> | 2 | QL(60/30) |
| <i>quetiapine fumarate er tb24 150mg, 200mg</i> | 3 | QL(30/30) |
| <i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i> | 3 | QL(60/30) |
| REXULTI | 5 | NDS QL(30/30) |
| RISPERDAL CONSTA INJ 50MG | 5 | NDS QL(2/28) |
| RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG | 4 | QL(2/28) |
| <i>risperidone m-tab</i> | 3 | QL(60/30) |
| <i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i> | 3 | QL(60/30) |
| <i>risperidone odt tbdp 4mg</i> | 3 | QL(120/30) |
| <i>risperidone oral soln</i> | 2 | QL(240/30) |
| <i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i> | 2 | QL(60/30) |
| <i>risperidone tabs 4mg</i> | 2 | QL(120/30) |
| SAPHRIS | 4 | QL(60/30) |
| VRAYLAR CAPS | 5 | NDS QL(30/30) ST |
| VRAYLAR CPPK | 4 | QL(14/365) ST |
| <i>ziprasidone hcl</i> | 3 | QL(60/30) |

CAPITALIZED = BRAND NAME DRUG

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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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|----------------------------|-----------|----------------------|
| ZYPREXA RELPREVV INJ 405MG | 5 | NDS QL(1/28) |
| ZYPREXA RELPREVV INJ 300MG | 5 | NDS QL(2/28) |
| ZYPREXA RELPREVV INJ 210MG | 4 | QL(2/28) |

Treatment-Resistant

| | | |
|--|---|----------------|
| <i>clozapine odt tbdp 200mg</i> | 5 | NDS QL(120/30) |
| <i>clozapine odt tbdp 12.5mg, 25mg</i> | 4 | |
| <i>clozapine odt tbdp 150mg</i> | 4 | QL(180/30) |
| <i>clozapine odt tbdp 100mg</i> | 4 | QL(270/30) |
| <i>clozapine tabs 25mg, 50mg</i> | 3 | |
| <i>clozapine tabs 200mg</i> | 3 | QL(120/30) |
| <i>clozapine tabs 100mg</i> | 3 | QL(270/30) |
| VERSACLOZ | 4 | QL(540/30) |

Antispasticity Agents

Antispasticity Agents

| | | |
|--------------------------------|---|--|
| <i>baclofen tabs 10mg, 5mg</i> | 1 | |
| <i>baclofen tabs 20mg</i> | 2 | |
| <i>dantrolene sodium</i> | 3 | |
| <i>tizanidine hcl caps</i> | 4 | |
| <i>tizanidine hcl tabs</i> | 2 | |

Antivirals

Anti-cytomegalovirus (CMV) Agents

| | | |
|--|---|--------|
| <i>cidofovir</i> | 5 | NDS |
| <i>ganciclovir inj 500mg, 500mg/10ml</i> | 3 | B/D PA |
| <i>valganciclovir</i> | 5 | NDS |
| <i>valganciclovir hydrochloride</i> | 5 | NDS |
| ZIRGAN | 3 | |

Anti-hepatitis B (HBV) Agents

| | | |
|--|---|---------------|
| <i>adefovir dipivoxil</i> | 5 | NDS QL(30/30) |
| BARACLUDE ORAL SOLN | 4 | QL(630/30) |
| <i>entecavir</i> | 4 | QL(30/30) |
| EPIVIR HBV ORAL SOLN | 3 | |
| INTRON A INJ 10MU, 10MU/ML, 18MU, 50MU | 5 | NDS |
| INTRON A INJ 6000000UNIT/ML | 4 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|------------------------------|-----------|----------------------|
| <i>lamivudine tabs 100mg</i> | 3 | |

Anti-hepatitis C (HCV) Agents, Direct Acting Agents

| | | |
|---------|---|------------------|
| EPCLUSA | 5 | PA NDS QL(28/28) |
| HARVONI | 5 | PA NDS QL(28/28) |
| VOSEVI | 5 | PA NDS QL(30/30) |

Anti-hepatitis C (HCV) Agents, Other

| | | |
|--------------------------|---|-----------------|
| PEGASYS INJ 180MCG/0.5ML | 5 | PA NDS QL(2/28) |
| PEGASYS INJ 180MCG/ML | 5 | PA NDS QL(4/28) |
| PEGASYS PROCLICK | 5 | PA NDS QL(2/28) |
| <i>ribavirin caps</i> | 3 | QL(168/28) |
| <i>ribavirin tabs</i> | 3 | QL(168/28) |

Anti-HIV Agents, Integrase Inhibitors (INSTI)

| | | |
|-------------------------|---|----------------|
| BIKTARVY | 5 | NDS QL(30/30) |
| GENVOYA | 5 | NDS QL(30/30) |
| ISENTRESS CHEW 100MG | 5 | NDS QL(180/30) |
| ISENTRESS CHEW 25MG | 3 | QL(180/30) |
| ISENTRESS HD | 5 | NDS QL(60/30) |
| ISENTRESS PACK | 5 | NDS QL(180/30) |
| ISENTRESS TABS | 5 | NDS QL(60/30) |
| JULUCA | 5 | NDS QL(30/30) |
| TIVICAY TABS 25MG, 50MG | 5 | NDS QL(60/30) |
| TIVICAY TABS 10MG | 4 | QL(60/30) |

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

| | | |
|---------------------------------|---|---------------|
| COMPLERA | 5 | NDS QL(30/30) |
| EDURANT | 5 | NDS QL(30/30) |
| <i>efavirenz caps 200mg</i> | 3 | QL(60/30) |
| <i>efavirenz caps 50mg</i> | 3 | QL(90/30) |
| <i>efavirenz tabs</i> | 5 | NDS QL(30/30) |
| INTELENCE TABS 100MG, 200MG | 5 | NDS QL(60/30) |
| INTELENCE TABS 25MG | 4 | QL(120/30) |
| <i>nevirapine er tb24 400mg</i> | 3 | QL(30/30) |
| <i>nevirapine er tb24 100mg</i> | 3 | QL(90/30) |
| <i>nevirapine tabs</i> | 3 | QL(60/30) |
| ODEFSEY | 5 | NDS QL(30/30) |
| RESCRIPTOR TABS 200MG | 4 | QL(180/30) |
| RESCRIPTOR TABS 100MG | 4 | QL(270/30) |
| STRIBILD | 5 | NDS QL(30/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| SYMFI | 5 | NDS QL(30/30) |
| SYMFI LO | 5 | NDS QL(30/30) |
| VIRAMUNE SUSP | 4 | QL(1200/30) |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | |
| <i>abacavir oral soln</i> | 3 | QL(960/30) |
| <i>abacavir sulfate/lamivudine/zidovudine</i> | 5 | NDS QL(60/30) |
| <i>abacavir tabs</i> | 4 | QL(60/30) |
| <i>abacavir/lamivudine</i> | 5 | NDS QL(30/30) |
| CIMDUO | 5 | NDS QL(30/30) |
| DESCOVY | 5 | NDS QL(30/30) |
| <i>didanosine</i> | 4 | QL(30/30) |
| EMTRIVA CAPS | 3 | QL(30/30) |
| EMTRIVA ORAL SOLN | 3 | QL(680/28) |
| <i>lamivudine oral soln</i> | 3 | QL(900/30) |
| <i>lamivudine tabs 300mg</i> | 3 | QL(30/30) |
| <i>lamivudine tabs 150mg</i> | 3 | QL(60/30) |
| <i>lamivudine/zidovudine</i> | 4 | QL(60/30) |
| RETROVIR IV INFUSION | 4 | |
| <i>stavudine</i> | 3 | QL(60/30) |
| <i>tenofovir disoproxil fumarate</i> | 5 | NDS QL(30/30) |
| TRIUMEQ | 5 | NDS QL(30/30) |
| TRUVADA | 5 | NDS QL(30/30) |
| VIDEX EC CPDR 125MG | 4 | |
| VIDEX PEDIATRIC | 4 | QL(1200/30) |
| VIREAD POWD | 5 | NDS QL(240/30) |
| VIREAD TABS 150MG, 200MG, 250MG | 5 | NDS QL(30/30) |
| ZERIT ORAL SOLN | 4 | QL(2400/30) |
| <i>zidovudine caps</i> | 3 | QL(180/30) |
| <i>zidovudine syrp</i> | 3 | QL(1680/28) |
| <i>zidovudine tabs</i> | 3 | QL(60/30) |
| Anti-HIV Agents, Other | | |
| ATRIPLA | 5 | NDS QL(30/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| FUZEON | 5 | NDS QL(60/30) |
| SELZENTRY ORAL SOLN | 5 | NDS QL(1610/26) |
| SELZENTRY TABS 150MG, 75MG | 5 | NDS QL(60/30) |
| SELZENTRY TABS 300MG | 5 | NDS QL(120/30) |
| SELZENTRY TABS 25MG | 4 | QL(240/30) |
| TROGARZO | 5 | B/D PA NDS |
| TYBOST | 3 | QL(30/30) |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS CAPS | 5 | NDS QL(120/30) |
| APTIVUS ORAL SOLN | 5 | NDS QL(285/28) |
| <i>atazanavir caps 300mg</i> | 5 | NDS QL(30/30) |
| <i>atazanavir caps 200mg</i> | 5 | NDS QL(60/30) |
| <i>atazanavir sulfate caps 300mg</i> | 5 | NDS QL(30/30) |
| <i>atazanavir sulfate caps 200mg</i> | 5 | NDS QL(60/30) |
| <i>atazanavir sulfate caps 150mg</i> | 4 | QL(30/30) |
| CRIXIVAN CAPS 400MG | 4 | QL(180/30) |
| CRIXIVAN CAPS 200MG | 4 | QL(270/30) |
| EVOTAZ | 5 | NDS QL(30/30) |
| <i>fosamprenavir calcium</i> | 5 | NDS QL(120/30) |
| INVIRASE CAPS | 5 | NDS QL(300/30) |
| INVIRASE TABS | 5 | NDS QL(120/30) |
| KALETRA TABS 200MG; 50MG | 5 | NDS QL(120/30) |
| KALETRA TABS 100MG; 25MG | 4 | QL(300/30) |
| LEXIVA SUSP | 4 | QL(1575/28) |
| <i>lopinavir/ritonavir</i> | 4 | QL(480/30) |
| NORVIR CAPS | 4 | QL(360/30) |
| NORVIR ORAL SOLN | 4 | QL(480/30) |
| NORVIR PACK | 4 | QL(360/30) |
| NORVIR TABS | 4 | QL(360/30) |
| PREZCOBIX | 5 | NDS QL(30/30) |
| PREZISTA SUSP | 5 | NDS QL(400/30) |
| PREZISTA TABS 800MG | 5 | NDS QL(30/30) |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---------------------|-----------|----------------------|
| PREZISTA TABS 600MG | 5 | NDS QL(60/30) |
| PREZISTA TABS 150MG | 4 | QL(180/30) |
| PREZISTA TABS 75MG | 3 | QL(210/30) |
| REYATAZ PACK | 5 | NDS QL(180/30) |
| <i>ritonavir</i> | 4 | QL(360/30) |
| SYMTUZA | 5 | NDS QL(30/30) |
| VIRACEPT TABS 625MG | 5 | NDS QL(120/30) |
| VIRACEPT TABS 250MG | 5 | NDS QL(270/30) |

Anti-influenza Agents

| | | |
|------------------------------|---|--|
| <i>oseltamivir phosphate</i> | 3 | |
| <i>rimantadine hcl</i> | 2 | |

Antitherpetic Agents

| | | |
|-----------------------------------|---|--------------|
| <i>acyclovir caps</i> | 2 | |
| <i>acyclovir oint</i> | 4 | QL(30/30) |
| <i>acyclovir sodium</i> | 4 | B/D PA |
| <i>acyclovir susp</i> | 4 | |
| <i>acyclovir tabs</i> | 2 | |
| DENAVIR | 5 | NDS QL(5/30) |
| <i>famciclovir</i> | 3 | QL(60/30) |
| <i>trifluridine</i> | 3 | |
| <i>valacyclovir hcl tabs 1gm</i> | 2 | QL(30/30) |
| <i>valacyclovir hydrochloride</i> | 2 | QL(30/30) |
| ZOVIRAX CREA | 4 | QL(5/30) |

Anxiolytics

Anxiolytics, Other

| | | |
|--|---|----|
| <i>bupirone hcl tabs 10mg, 5mg</i> | 1 | |
| <i>bupirone hcl tabs 15mg, 30mg, 7.5mg</i> | 2 | |
| <i>doxepin hcl</i> | 3 | PA |

Benzodiazepines

| | | |
|---|---|------------|
| <i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i> | 3 | QL(90/30) |
| <i>alprazolam odt tbdp 2mg</i> | 3 | QL(150/30) |
| <i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i> | 2 | QL(90/30) |
| <i>alprazolam tabs 2mg</i> | 2 | QL(150/30) |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i> | 3 | QL(90/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>clorazepate dipotassium tabs 15mg</i> | 3 | QL(180/30) |
| <i>diazepam inj 5mg/ml</i> | 2 | |
| <i>diazepam oral soln</i> | 2 | QL(1200/30) |
| <i>diazepam tabs</i> | 2 | QL(120/30) |
| <i>lorazepam conc</i> | 2 | QL(150/30) |
| <i>lorazepam inj 2mg/ml, 4mg/ml</i> | 4 | |
| <i>lorazepam intensol</i> | 2 | QL(150/30) |
| <i>lorazepam tabs 0.5mg, 1mg</i> | 2 | QL(90/30) |
| <i>lorazepam tabs 2mg</i> | 2 | QL(150/30) |
| <i>oxazepam</i> | 2 | QL(120/30) |

Bipolar Agents

Mood Stabilizers

| | | |
|--|---|--|
| <i>lithium carbonate caps 300mg</i> | 1 | |
| <i>lithium carbonate caps 150mg, 600mg</i> | 2 | |
| <i>lithium carbonate er</i> | 2 | |
| <i>lithium carbonate tabs</i> | 2 | |

Blood Glucose Regulators

Antidiabetic Agents

| | | |
|--------------------------------|---|------------|
| <i>acarbose</i> | 2 | QL(90/30) |
| BYDUREON | 4 | QL(4/28) |
| BYDUREON BCISE | 4 | QL(4/28) |
| BYDUREON PEN | 4 | QL(4/28) |
| CYCLOSET | 4 | QL(180/30) |
| FARXIGA | 3 | QL(30/30) |
| <i>glimepiride tabs 4mg</i> | 1 | QL(60/30) |
| <i>glimepiride tabs 2mg</i> | 1 | QL(120/30) |
| <i>glimepiride tabs 1mg</i> | 1 | QL(240/30) |
| <i>glipizide er tb24 10mg</i> | 1 | QL(60/30) |
| <i>glipizide er tb24 5mg</i> | 1 | QL(120/30) |
| <i>glipizide er tb24 2.5mg</i> | 1 | QL(240/30) |
| <i>glipizide tabs 5mg</i> | 1 | QL(60/30) |
| <i>glipizide tabs 10mg</i> | 1 | QL(120/30) |
| <i>glipizide xl tb24 10mg</i> | 1 | QL(60/30) |
| <i>glipizide xl tb24 5mg</i> | 1 | QL(120/30) |
| <i>glipizide xl tb24 2.5mg</i> | 1 | QL(240/30) |

Covered Drugs By Category

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|---|-----------|----------------------|
| <i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i> | 1 | QL(120/30) |
| <i>glipizide/metformin hcl tabs 2.5mg; 250mg</i> | 1 | QL(240/30) |
| GLYXAMBI | 3 | QL(30/30) |
| INVOKAMET | 4 | QL(60/30) |
| INVOKAMET XR | 4 | QL(60/30) |
| INVOKANA | 4 | QL(30/30) |
| JANUMET | 3 | QL(60/30) |
| JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG | 3 | QL(30/30) |
| JANUMET XR TB24 1000MG; 50MG | 3 | QL(60/30) |
| JANUVIA | 3 | QL(30/30) |
| JARDIANCE | 3 | QL(30/30) |
| JENTADUETO | 3 | QL(60/30) |
| JENTADUETO XR TB24 5MG; 1000MG | 3 | QL(30/30) |
| JENTADUETO XR TB24 2.5MG; 1000MG | 3 | QL(60/30) |
| <i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i> | 1 | QL(60/30) |
| <i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i> | 1 | QL(120/30) |
| <i>metformin hcl er tb24 1000mg, 500mg (generic for Fortamet)</i> | 1 | QL(60/30) |
| <i>metformin hcl tabs 1000mg</i> | 1 | QL(60/30) |
| <i>metformin hcl tabs 850mg</i> | 1 | QL(90/30) |
| <i>metformin hydrochloride oral soln</i> | 3 | QL(750/30) |
| <i>metformin hydrochloride tabs 500mg</i> | 1 | QL(150/30) |
| <i>miglitol</i> | 4 | QL(90/30) |
| <i>nateglinide</i> | 1 | QL(90/30) |
| OZEMPIC | 3 | QL(3/28) |
| <i>pioglitazone hcl</i> | 1 | QL(30/30) |
| <i>pioglitazone hcl/metformin hcl</i> | 1 | QL(90/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|-----------------------|
| <i>repaglinide tabs 0.5mg, 1mg</i> | 1 | QL(120/30) |
| <i>repaglinide tabs 2mg</i> | 1 | QL(240/30) |
| RIOMET | 3 | QL(750/30) |
| SYMLINPEN 120 | 5 | PA NDS QL(10.8/28) |
| SYMLINPEN 60 | 5 | PA NDS QL(6/30) |
| SYNJARDY | 3 | QL(60/30) |
| SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG | 3 | QL(30/30) |
| SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG | 3 | QL(60/30) |
| TRADJENTA | 3 | QL(30/30) |
| TRULICITY | 3 | QL(2/28) |
| VICTOZA | 3 | QL(9/30) |
| XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG | 3 | QL(30/30) |
| XIGDUO XR TB24 5MG; 1000MG | 3 | QL(60/30) |

Glycemic Agents

| | | |
|------------------------|---|----------|
| GLUCAGEN HYPOKIT | 3 | QL(4/30) |
| GLUCAGON EMERGENCY KIT | 3 | QL(4/30) |
| PROGLYCEM | 4 | |

Insulins

| | | |
|---------------------------|---|--|
| HUMALOG | 3 | |
| HUMALOG JUNIOR KWIKPEN | 3 | |
| HUMALOG KWIKPEN | 3 | |
| HUMALOG MIX 50/50 | 3 | |
| HUMALOG MIX 50/50 KWIKPEN | 3 | |
| HUMALOG MIX 75/25 | 3 | |
| HUMALOG MIX 75/25 KWIKPEN | 3 | |
| HUMULIN 70/30 | 3 | |
| HUMULIN 70/30 KWIKPEN | 3 | |

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|--------------------------------|-----------|----------------------|
| HUMULIN N | 3 | |
| HUMULIN N KWIKPEN | 3 | |
| HUMULIN R | 3 | |
| HUMULIN R U-500 (CONCENTRATED) | 3 | |
| HUMULIN R U-500 KWIKPEN | 3 | |
| LANTUS | 3 | |
| LANTUS SOLOSTAR | 3 | |
| LEVEMIR | 3 | |
| LEVEMIR FLEXTOUCH | 3 | |
| SOLIQUA 100/33 | 3 | QL(18/30) ST |
| TOUJEO MAX SOLOSTAR | 3 | |
| TOUJEO SOLOSTAR | 3 | |
| TRESIBA FLEXTOUCH | 3 | |
| XULTOPHY 100/3.6 | 3 | QL(15/30) ST |

Blood Products/Modifiers/Volume Expanders

Anticoagulants

| | | |
|--|---|---------------|
| COUMADIN | 4 | |
| ELIQUIS STARTER PACK | 4 | QL(74/30) |
| ELIQUIS TABS 2.5MG | 4 | QL(60/30) |
| ELIQUIS TABS 5MG | 4 | QL(74/30) |
| <i>enoxaparin sodium inj 30mg/0.3ml</i> | 4 | QL(9/90) |
| <i>enoxaparin sodium inj 40mg/0.4ml</i> | 4 | QL(12/90) |
| <i>enoxaparin sodium inj 60mg/0.6ml</i> | 4 | QL(18/90) |
| <i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i> | 4 | QL(24/90) |
| <i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i> | 4 | QL(30/90) |
| <i>fondaparinux sodium inj 5mg/0.4ml</i> | 5 | NDS QL(12/90) |
| <i>fondaparinux sodium inj 7.5mg/0.6ml</i> | 5 | NDS QL(18/90) |
| <i>fondaparinux sodium inj 10mg/0.8ml</i> | 5 | NDS QL(24/90) |
| <i>fondaparinux sodium inj 2.5mg/0.5ml</i> | 4 | QL(15/90) |
| <i>heparin sodium inj 5000unit/0.5ml</i> | 4 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i> | 3 | |
| <i>heparin sodium/d5w</i> | 4 | |
| <i>heparin sodium/dextrose</i> | 4 | |
| <i>heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%</i> | 4 | |
| <i>heparin sodium/nacl 0.9%</i> | 4 | |
| <i>heparin sodium/sodium chloride 0.9%</i> | 4 | |
| <i>heparin sodium/sodium chloride 0.9% premix</i> | 4 | |
| <i>jantoven</i> | 1 | |
| PRADAXA | 4 | QL(60/30) |
| <i>warfarin sodium</i> | 1 | |
| XARELTO STARTER PACK | 3 | QL(102/365) |
| XARELTO TABS 10MG, 20MG | 3 | QL(30/30) |
| XARELTO TABS 15MG | 3 | QL(60/30) |

Blood Formation Modifiers

| | | |
|--|---|-------------------|
| <i>anagrelide hydrochloride</i> | 2 | |
| ARANESP ALBUMIN FREE INJ 60MCG/0.3ML | 4 | PA QL(1.2/28) |
| ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML | 4 | PA QL(1.6/28) |
| ARANESP ALBUMIN FREE INJ 25MCG/0.42ML | 4 | PA QL(1.68/28) |
| ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML | 4 | PA QL(4/28) |
| ARANESP ALBUMIN FREE INJ 500MCG/ML | 5 | PA NDS QL(1/21) |
| ARANESP ALBUMIN FREE INJ 150MCG/0.3ML | 5 | PA NDS QL(1.2/28) |
| ARANESP ALBUMIN FREE INJ 200MCG/0.4ML | 5 | PA NDS QL(1.6/28) |
| ARANESP ALBUMIN FREE INJ 100MCG/0.5ML | 5 | PA NDS QL(2/28) |
| ARANESP ALBUMIN FREE INJ 300MCG/0.6ML | 5 | PA NDS QL(2.4/28) |
| ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML | 5 | PA NDS QL(4/28) |
| LEUKINE INJ 250MCG | 5 | PA NDS |
| MOZOBIL | 5 | NDS QL(9.6/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| PROCRIT INJ 40000UNIT/ML | 5 | PA NDS QL(6/28) |
| PROCRIT INJ 20000UNIT/ML | 5 | PA NDS QL(12/28) |
| PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 4 | PA QL(12/28) |
| PROMACTA | 5 | PA NDS QL(30/30) |
| ZARXIO | 5 | PA NDS |

Hemostasis Agents

| | | |
|--|---|-----------------|
| RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 4 | PA QL(12/28) |
| RETACRIT INJ 40000UNIT/ML | 5 | PA NDS QL(6/28) |
| <i>tranexamic acid inj</i> | 2 | |
| <i>tranexamic acid tabs</i> | 3 | QL(30/28) |

Platelet Modifying Agents

| | | |
|-------------------------------|---|-----------|
| <i>aspirin/dipyridamole</i> | 4 | QL(60/30) |
| BRILINTA | 3 | QL(60/30) |
| <i>cilostazol</i> | 2 | |
| <i>clopidogrel tabs 300mg</i> | 2 | QL(2/365) |
| <i>clopidogrel tabs 75mg</i> | 2 | QL(30/30) |
| <i>prasugrel</i> | 4 | QL(30/30) |

Cardiovascular Agents

Alpha-adrenergic Agonists

| | | |
|--|---|----------|
| <i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i> | 2 | QL(4/28) |
| <i>clonidine hcl ptwk 0.3mg/24hr</i> | 2 | QL(8/28) |
| <i>clonidine hcl tabs 0.3mg</i> | 2 | |
| <i>clonidine hcl tabs 0.1mg, 0.2mg</i> | 1 | |
| <i>midodrine hcl</i> | 2 | |

Alpha-adrenergic Blocking Agents

| | | |
|--|---|-----------|
| <i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i> | 2 | QL(30/30) |
| <i>doxazosin mesylate tabs 8mg</i> | 2 | QL(60/30) |
| <i>phenoxybenzamine hydrochloride</i> | 5 | NDS |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>prazosin hcl</i> | 2 | |
| <i>terazosin hcl caps 1mg, 2mg, 5mg</i> | 1 | |
| <i>terazosin hcl caps 10mg</i> | 1 | QL(60/30) |

Angiotensin II Receptor Antagonists

| | | |
|--|---|--------------|
| <i>candesartan cilexetil</i> | 1 | QL(30/30) |
| <i>candesartan cilexetil/ hydrochlorothiazide</i> | 1 | QL(30/30) |
| EDARBI | 4 | QL(30/30) ST |
| EDARBYCLOR | 4 | ST |
| ENTRESTO | 3 | QL(60/30) |
| <i>irbesartan</i> | 1 | QL(30/30) |
| <i>irbesartan/hydrochlorothiazide</i> | 1 | QL(30/30) |
| <i>losartan potassium tabs 100mg</i> | 1 | QL(30/30) |
| <i>losartan potassium tabs 25mg, 50mg</i> | 1 | QL(60/30) |
| <i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i> | 1 | QL(30/30) |
| <i>losartan potassium/ hydrochlorothiazide tabs 12.5mg; 50mg</i> | 1 | QL(60/30) |
| <i>olmesartan medoxomil</i> | 1 | QL(30/30) |
| <i>olmesartan medoxomil/ hydrochlorothiazide</i> | 1 | QL(30/30) |
| <i>telmisartan</i> | 1 | QL(30/30) |
| <i>telmisartan/amlodipine</i> | 1 | QL(30/30) |
| <i>telmisartan/hydrochlorothiazide</i> | 1 | QL(30/30) |
| <i>valsartan</i> | 1 | QL(30/30) |
| <i>valsartan/hydrochlorothiazide</i> | 1 | QL(30/30) |

Angiotensin-converting Enzyme (ACE) Inhibitors

| | | |
|---|---|-----------|
| <i>benazepril hcl</i> | 1 | QL(60/30) |
| <i>benazepril hcl/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i> | 1 | QL(30/30) |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>benazepril hcl/ hydrochlorothiazide tabs 20mg; 12.5mg</i> | 1 | QL(60/30) |
| <i>enalapril maleate</i> | 1 | QL(60/30) |
| <i>enalapril maleate/ hydrochlorothiazide</i> | 1 | |
| <i>fosinopril sodium</i> | 1 | QL(60/30) |
| <i>fosinopril sodium/ hydrochlorothiazide</i> | 1 | QL(120/30) |
| <i>lisinopril</i> | 1 | QL(60/30) |
| <i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 25mg; 20mg</i> | 1 | QL(60/30) |
| <i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i> | 1 | QL(120/30) |
| <i>moexipril hcl</i> | 1 | |
| <i>moexipril/hydrochlorothiazide</i> | 1 | |
| <i>perindopril erbumine</i> | 1 | QL(60/30) |
| <i>quinapril hcl</i> | 1 | QL(60/30) |
| <i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i> | 1 | QL(30/30) |
| <i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i> | 1 | QL(60/30) |
| <i>ramipril</i> | 1 | QL(60/30) |
| <i>trandolapril tabs 1mg</i> | 1 | QL(30/30) |
| <i>trandolapril tabs 2mg, 4mg</i> | 1 | QL(60/30) |
| <i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i> | 1 | QL(30/30) |
| <i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i> | 1 | QL(60/30) |
| Antiarrhythmics | | |
| <i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i> | 4 | |
| <i>amiodarone hcl tabs</i> | 2 | |
| <i>amiodarone hydrochloride inj</i> | 4 | |
| <i>dofetilide</i> | 3 | QL(60/30) |
| <i>flecainide acetate</i> | 2 | |
| <i>lidocaine hcl inj</i> | 4 | |
| <i>mexiletine hcl</i> | 2 | |
| MULTAQ | 3 | QL(60/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>pacerone</i> | 2 | |
| <i>propafenone hcl</i> | 2 | |
| <i>propafenone hcl er cp12 225mg, 325mg</i> | 4 | |
| <i>propafenone hydrochloride er cp12 425mg</i> | 4 | |
| <i>quinidine sulfate</i> | 2 | |
| <i>sorine</i> | 2 | |
| <i>sotalol hcl</i> | 2 | |
| <i>sotalol hcl (af)</i> | 2 | |
| <i>sotalol hcl af</i> | 2 | |
| <i>sotalol hydrochloride (af) tabs 80mg</i> | 2 | |
| <i>sotalol hydrochloride af tabs 160mg</i> | 2 | |
| <i>sotalol hydrochloride tabs 120mg</i> | 2 | |
| Beta-adrenergic Blocking Agents | | |
| <i>acebutolol hcl</i> | 2 | |
| <i>atenolol</i> | 1 | |
| <i>atenolol/chlorthalidone</i> | 1 | |
| <i>betaxolol hcl tabs</i> | 2 | |
| <i>bisoprolol fumarate</i> | 2 | |
| <i>bisoprolol fumarate/ hydrochlorothiazide</i> | 1 | |
| BYSTOLIC TABS 10MG, 2.5MG, 5MG | 3 | QL(30/30) |
| BYSTOLIC TABS 20MG | 3 | QL(60/30) |
| <i>carvedilol</i> | 1 | |
| <i>carvedilol phosphate</i> | 3 | QL(30/30) |
| <i>labetalol hcl inj</i> | 4 | |
| <i>labetalol hcl tabs</i> | 2 | |
| <i>metoprolol succinate er</i> | 1 | QL(60/30) |
| <i>metoprolol tartrate inj</i> | 4 | |
| <i>metoprolol tartrate tabs</i> | 1 | |
| <i>metoprolol/hydrochlorothiazide</i> | 2 | |
| <i>nadolol</i> | 3 | |
| <i>nadolol/bendroflumethiazide</i> | 3 | |
| <i>pindolol</i> | 1 | |
| <i>propranolol hcl er</i> | 3 | |
| <i>propranolol hcl inj</i> | 4 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>propranolol hcl oral soln</i> | 2 | |
| <i>propranolol hcl tabs</i> | 1 | |
| <i>propranolol hydrochloride tabs 60mg</i> | 1 | |
| <i>propranolol/hydrochlorothiazide</i> | 2 | |
| <i>timolol maleate tabs</i> | 4 | |
| Calcium Channel Blocking Agents | | |
| <i>afeditab cr</i> | 2 | QL(60/30) |
| <i>amlodipine besylate tabs 10mg</i> | 1 | QL(30/30) |
| <i>amlodipine besylate tabs 5mg</i> | 1 | QL(60/30) |
| <i>amlodipine besylate tabs 2.5mg</i> | 1 | QL(120/30) |
| <i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i> | 1 | QL(30/30) |
| <i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i> | 1 | QL(60/30) |
| <i>amlodipine besylate/valsartan</i> | 1 | QL(30/30) |
| <i>amlodipine/valsartan/hctz</i> | 1 | QL(30/30) |
| <i>cartia xt</i> | 2 | |
| <i>dilt-xr</i> | 2 | |
| <i>diltiazem cd cp24 180mg</i> | 2 | |
| <i>diltiazem hcl er cp12</i> | 2 | |
| <i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg</i> | 2 | |
| <i>diltiazem hcl er tb24</i> | 2 | |
| <i>diltiazem hcl inj</i> | 4 | |
| <i>diltiazem hcl tabs</i> | 2 | |
| <i>felodipine er</i> | 2 | QL(60/30) |
| <i>isradipine</i> | 3 | |
| <i>matzim la</i> | 2 | |
| <i>nicardipine hcl caps</i> | 2 | |
| <i>nicardipine hcl inj</i> | 4 | |
| <i>nifedipine er tb24 90mg</i> | 2 | QL(30/30) |
| <i>nifedipine er tb24 30mg, 60mg</i> | 2 | QL(60/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>nimodipine</i> | 4 | |
| <i>nisoldipine er tb24 20mg, 30mg, 40mg</i> | 2 | |
| <i>nisoldipine er tb24 17mg, 25.5mg, 34mg, 8.5mg</i> | 2 | QL(30/30) |
| <i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i> | 2 | |
| <i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i> | 2 | QL(30/30) |
| <i>verapamil hcl er cp24 200mg</i> | 2 | QL(60/30) |
| <i>verapamil hcl er tbc</i> | 2 | |
| <i>verapamil hcl inj</i> | 4 | |
| VERAPAMIL HCL SR CP24 360MG | 3 | QL(30/30) |
| <i>verapamil hcl tabs</i> | 1 | |
| Cardiovascular Agents, Other | | |
| <i>atropine sulfate inj 0.5mg/5ml</i> | 4 | |
| CORLANOR | 4 | PA QL(60/30) |
| DEMSE | 5 | NDS |
| <i>digitek tabs 0.125mg</i> | 2 | QL(30/30) |
| <i>digitek tabs 0.25mg</i> | 2 | PA |
| <i>digox tabs 125mcg</i> | 2 | QL(30/30) |
| <i>digox tabs 250mcg</i> | 2 | PA |
| <i>digoxin inj</i> | 4 | PA |
| <i>digoxin tabs 125mcg</i> | 2 | QL(30/30) |
| <i>digoxin tabs 250mcg</i> | 2 | PA |
| NORTHERA CAPS 100MG | 5 | PA NDS QL(90/30) |
| NORTHERA CAPS 200MG, 300MG | 5 | PA NDS QL(180/30) |
| <i>pentoxifylline er</i> | 2 | |
| RANEXA | 3 | QL(60/30) |
| TEKTURNA | 3 | QL(30/30) |
| TEKTURNA HCT | 3 | QL(30/30) |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide</i> | 3 | |
| <i>acetazolamide sodium</i> | 4 | |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>methazolamide</i> | 4 | |
| Diuretics, Loop | | |
| <i>bumetanide inj</i> | 4 | |
| <i>bumetanide tabs 0.5mg, 1mg</i> | 1 | |
| <i>bumetanide tabs 2mg</i> | 2 | |
| <i>ethacrynate sodium</i> | 4 | |
| <i>furosemide inj</i> | 2 | |
| <i>furosemide oral soln</i> | 2 | |
| <i>furosemide tabs</i> | 1 | |
| <i>torseamide</i> | 2 | |
| Diuretics, Potassium-sparing | | |
| <i>amiloride hcl</i> | 2 | |
| <i>amiloride/hydrochlorothiazide</i> | 1 | |
| <i>spironolactone</i> | 1 | |
| <i>spironolactone/hydrochlorothiazide</i> | 2 | |
| <i>triamterene/hydrochlorothiazide</i> | 1 | |
| Diuretics, Thiazide | | |
| <i>chlorothiazide</i> | 2 | |
| <i>chlorothiazide sodium</i> | 4 | |
| <i>chlorthalidone</i> | 2 | |
| <i>hydrochlorothiazide</i> | 1 | |
| <i>indapamide</i> | 1 | |
| METHYCLOTHIAZIDE | 3 | |
| <i>metolazone</i> | 2 | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate caps 134mg, 200mg</i> | 3 | QL(30/30) |
| <i>fenofibrate caps 67mg</i> | 3 | QL(60/30) |
| <i>fenofibrate caps 130mg, 150mg</i> | 4 | QL(30/30) |
| <i>fenofibrate caps 43mg, 50mg</i> | 4 | QL(60/30) |
| <i>fenofibrate micronized caps 134mg, 200mg</i> | 3 | QL(30/30) |
| <i>fenofibrate micronized caps 67mg</i> | 3 | QL(60/30) |
| <i>fenofibrate tabs 145mg</i> | 4 | QL(30/30) |
| <i>fenofibrate tabs 48mg</i> | 4 | QL(60/30) |
| <i>fenofibrate tabs 160mg</i> | 2 | QL(30/30) |
| <i>fenofibrate tabs 54mg</i> | 2 | QL(60/30) |
| <i>fenofibric acid dr cpdr 135mg</i> | 4 | QL(30/30) |
| <i>fenofibric acid dr cpdr 45mg</i> | 4 | QL(60/30) |

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

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|----------------------------------|-----------|----------------------|
| <i>minitran</i> | 2 | QL(30/30) |
| <i>nitroglycerin inj</i> | 4 | |
| <i>nitroglycerin lingual</i> | 4 | |
| <i>nitroglycerin subl</i> | 2 | |
| <i>nitroglycerin transdermal</i> | 2 | QL(30/30) |

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

| | | |
|---|---|------------|
| <i>amphetamine/ dextroamphetamine cp24</i> 2.5mg; 2.5mg; 2.5mg; 2.5mg; 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg; 7.5mg; 7.5mg; 7.5mg; 7.5mg | 4 | QL(30/30) |
| <i>amphetamine/ dextroamphetamine cp24</i> 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg | 4 | QL(60/30) |
| <i>amphetamine/ dextroamphetamine tabs</i> 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg | 3 | QL(60/30) |
| <i>amphetamine/ dextroamphetamine tabs 5mg;</i> 5mg; 5mg; 5mg | 3 | QL(90/30) |
| <i>dextroamphetamine sulfate er cp24 5mg</i> | 4 | QL(60/30) |
| <i>dextroamphetamine sulfate er cp24 10mg</i> | 4 | QL(90/30) |
| <i>dextroamphetamine sulfate er cp24 15mg</i> | 4 | QL(120/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>dextroamphetamine sulfate oral soln</i> | 4 | QL(1800/30) |
| <i>dextroamphetamine sulfate tabs 5mg</i> | 4 | QL(60/30) |
| <i>dextroamphetamine sulfate tabs 10mg</i> | 4 | QL(180/30) |

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

| | | |
|--|---|------------|
| <i>atomoxetine caps 100mg, 60mg, 80mg</i> | 4 | QL(30/30) |
| <i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i> | 4 | QL(60/30) |
| <i>clonidine hcl er</i> | 4 | QL(120/30) |
| <i>dexmethylphenidate hcl</i> | 2 | QL(60/30) |
| <i>metadate er</i> | 3 | QL(90/30) |
| <i>methylphenidate hydrochloride er tb24 27mg, 54mg</i> | 3 | QL(30/30) |
| <i>methylphenidate hydrochloride er tb24 36mg</i> | 3 | QL(60/30) |
| <i>methylphenidate hydrochloride er tb24 18mg</i> | 3 | QL(120/30) |
| <i>methylphenidate hydrochloride er tbc 10mg, 27mg, 54mg</i> | 3 | QL(30/30) |
| <i>methylphenidate hydrochloride er tbc 36mg</i> | 3 | QL(60/30) |
| <i>methylphenidate hydrochloride er tbc 20mg</i> | 3 | QL(90/30) |
| <i>methylphenidate hydrochloride er tbc 18mg</i> | 3 | QL(120/30) |
| <i>methylphenidate hydrochloride tabs</i> | 3 | QL(90/30) |

Central Nervous System, Other

| | | |
|------------------------------|---|------------------|
| HETLIOZ | 5 | PA NDS QL(30/30) |
| LYRICA CR TB24 330MG | 3 | QL(60/30) |
| LYRICA CR TB24 165MG, 82.5MG | 3 | QL(90/30) |
| NAMZARIC C4PK | 3 | PA QL(56/365) |
| NAMZARIC CP24 | 3 | PA QL(30/30) |

CAPITALIZED = BRAND NAME DRUG

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NDS = Non-extended day supply medication

Lower case italic = Generic drug

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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| NUEDEXTA | 4 | PA QL(60/30) |
| <i>riluzole</i> | 4 | |
| <i>tetrabenazine tabs 12.5mg</i> | 5 | PA NDS QL(90/30) |
| <i>tetrabenazine tabs 25mg</i> | 5 | PA NDS QL(120/30) |
| Multiple Sclerosis Agents | | |
| AMPYRA | 5 | PA NDS QL(60/30) |
| AVONEX | 5 | PA NDS QL(4/28) |
| AVONEX PEN | 5 | PA NDS QL(4/28) |
| BETASERON | 5 | PA NDS QL(14/28) |
| COPAXONE INJ 40MG/ML | 5 | PA NDS QL(12/28) |
| COPAXONE INJ 20MG/ML | 5 | PA NDS QL(30/30) |
| GILENYA | 5 | PA NDS QL(30/30) |
| REBIF | 5 | PA NDS QL(6/28) |
| REBIF REBIDOSE | 5 | PA NDS QL(6/28) |
| REBIF REBIDOSE TITRATION PACK | 5 | PA NDS QL(4.2/28) |
| REBIF TITRATION PACK | 5 | PA NDS QL(4.2/28) |
| TECFIDERA CPDR 120MG | 5 | PA NDS QL(14/30) |
| TECFIDERA CPDR 240MG | 5 | PA NDS QL(60/30) |
| TECFIDERA STARTER PACK | 5 | PA NDS QL(120/365) |
| TYSABRI | 5 | PA NDS QL(15/28) |
| Dental and Oral Agents | | |
| Dental and Oral Agents | | |
| <i>chlorhexidine gluconate mouth/throat soln</i> | 1 | |
| <i>oralone dental paste</i> | 3 | |
| <i>paroex</i> | 1 | |
| <i>periogard</i> | 1 | |
| <i>pilocarpine hcl</i> | 3 | |
| <i>pilocarpine hydrochloride</i> | 3 | |
| <i>triamcinolone acetonide dental paste</i> | 3 | |
| Dermatological Agents | | |
| Dermatological Agents | | |
| <i>acitretin</i> | 4 | PA |
| <i>ammonium lactate</i> | 2 | |
| <i>amnesteem</i> | 4 | |
| <i>avita crea</i> | 4 | PA QL(45/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>avita gel</i> | 4 | PA |
| <i>calcipotriene crea</i> | 4 | QL(120/30) |
| <i>calcipotriene external soln</i> | 4 | QL(60/30) |
| <i>calcipotriene oint</i> | 4 | QL(120/30) |
| <i>calcitrene</i> | 4 | QL(120/30) |
| <i>calcitriol oint</i> | 3 | QL(800/30) |
| <i>claravis</i> | 4 | |
| CURITY GAUZE PADS 2"X2" | 3 | |
| <i>diclofenac sodium gel 1%</i> | 3 | QL(1000/30) |
| <i>diclofenac sodium transdermal soln</i> | 4 | QL(1050/30) |
| ELIDEL | 4 | QL(100/90) |
| <i>erythromycin/benzoyl peroxide</i> | 4 | |
| <i>fluorouracil crea 5%</i> | 3 | |
| <i>fluorouracil crea 0.5%</i> | 5 | NDS |
| <i>fluorouracil external soln</i> | 2 | |
| <i>imiquimod</i> | 3 | QL(12/30) |
| <i>imiquimod pump</i> | 5 | NDS QL(56/30) |
| <i>isotretinoin</i> | 4 | |
| <i>methoxsalen</i> | 4 | |
| <i>myorisan</i> | 4 | |
| PICATO GEL 0.05% | 4 | QL(2/56) |
| PICATO GEL 0.015% | 4 | QL(3/56) |
| <i>podofilox</i> | 2 | |
| RECTIV | 4 | QL(30/30) |
| REGANEX | 5 | PA NDS QL(15/30) |
| SANTYL | 3 | |
| <i>selenium sulfide lotn</i> | 2 | |
| <i>tacrolimus oint</i> | 3 | QL(100/90) |
| <i>tazarotene</i> | 4 | |
| TAZORAC CREA | 4 | |
| TAZORAC GEL | 4 | QL(100/30) |
| TOLAK | 4 | |
| <i>tretinoin crea</i> | 4 | PA QL(45/30) |
| <i>tretinoin gel 0.025%</i> | 4 | PA |
| <i>tretinoin gel 0.05%</i> | 4 | PA QL(45/30) |
| <i>tretinoin gel 0.01%</i> | 3 | PA QL(45/30) |
| <i>tretinoin microsphere</i> | 4 | PA |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>tretinoin microsphere pump gel 0.1%</i> | 4 | PA |
| <i>zenatane</i> | 4 | |
| ZYCLARA | 5 | NDS QL(56/30) |
| ZYCLARA PUMP CREA 2.5% | 5 | NDS QL(15/30) |
| ZYCLARA PUMP CREA 3.75% | 5 | NDS QL(56/30) |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| AMINOSYN | 4 | B/D PA |
| AMINOSYN 7%/ ELECTROLYTES | 4 | B/D PA |
| AMINOSYN 8.5%/ ELECTROLYTES | 4 | B/D PA |
| AMINOSYN II | 4 | B/D PA |
| AMINOSYN II 8.5%/ ELECTROLYTES | 4 | B/D PA |
| AMINOSYN M | 4 | B/D PA |
| AMINOSYN-HBC | 4 | B/D PA |
| AMINOSYN-PF | 4 | B/D PA |
| AMINOSYN-PF 7% | 4 | B/D PA |
| AMINOSYN-RF | 4 | B/D PA |
| CARBAGLU | 5 | PA NDS |
| CLINIMIX 2.75%/DEXTROSE 5% | 4 | B/D PA |
| CLINIMIX 4.25%/DEXTROSE 10% | 4 | B/D PA |
| CLINIMIX 4.25%/DEXTROSE 20% | 4 | B/D PA |
| CLINIMIX 4.25%/DEXTROSE 25% | 4 | B/D PA |
| CLINIMIX 4.25%/DEXTROSE 5% | 4 | B/D PA |
| CLINIMIX 5%/DEXTROSE 15% | 4 | B/D PA |
| CLINIMIX 5%/DEXTROSE 20% | 4 | B/D PA |
| CLINIMIX 5%/DEXTROSE 25% | 4 | B/D PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| CLINIMIX E 2.75%/ DEXTROSE 10% | 4 | B/D PA |
| CLINIMIX E 4.25%/ DEXTROSE 10% | 4 | B/D PA |
| CLINIMIX E 4.25%/ DEXTROSE 25% | 4 | B/D PA |
| CLINIMIX E 5%/DEXTROSE 25% | 4 | B/D PA |
| CLINIMIX N9G15E | 4 | B/D PA |
| CLINISOL SF 15% | 4 | B/D PA |
| <i>dextrose 10%/nacl 0.45%</i> | 4 | B/D PA |
| <i>dextrose 5% /electrolyte #48 viaflex</i> | 4 | B/D PA |
| DEXTROSE 10% | 4 | B/D PA |
| <i>dextrose 10%/nacl 0.2%</i> | 4 | B/D PA |
| <i>dextrose 2.5%/nacl 0.45%</i> | 4 | B/D PA |
| DEXTROSE 20% | 4 | B/D PA |
| DEXTROSE 25% | 4 | B/D PA |
| DEXTROSE 30% | 4 | B/D PA |
| DEXTROSE 40% | 4 | B/D PA |
| DEXTROSE 5% | 4 | |
| <i>dextrose 5%/lactated ringers</i> | 4 | B/D PA |
| <i>dextrose 5%/nacl 0.2%</i> | 4 | |
| <i>dextrose 5%/nacl 0.225%</i> | 4 | |
| DEXTROSE 5%/NACL 0.3% | 4 | |
| <i>dextrose 5%/nacl 0.33%</i> | 4 | |
| <i>dextrose 5%/nacl 0.45%</i> | 4 | |
| <i>dextrose 5%/nacl 0.9%</i> | 4 | |
| DEXTROSE 50% | 4 | B/D PA |
| DEXTROSE 70% | 4 | |
| <i>fluoride</i> | 1 | |
| <i>fluoritab chew 0.5mg, 1mg</i> | 1 | |
| FREAMINE HBC 6.9% | 4 | B/D PA |

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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML | 4 | B/D PA |
| HEPATAMINE | 4 | B/D PA |
| KABIVEN | 4 | B/D PA |
| KCL 0.075%/D5W/NACL 0.45% | 4 | B/D PA |
| KCL 0.15%/D5W/NACL 0.2% | 4 | B/D PA |
| KCL 0.15%/D5W/NACL 0.225% | 4 | B/D PA |
| KCL 0.15%/D5W/NACL 0.45% | 4 | B/D PA |
| KCL 0.15%/D5W/NACL 0.9% | 4 | B/D PA |
| KCL 0.3%/D5W/NACL 0.45% | 4 | B/D PA |
| KCL 0.3%/D5W/NACL 0.9% | 4 | B/D PA |
| <i>klor-con</i> | 2 | |
| KLOR-CON 10 | 3 | |
| KLOR-CON 8 | 3 | |
| <i>klor-con m10</i> | 1 | |
| <i>klor-con m20</i> | 1 | |
| <i>klor-con sprinkle</i> | 2 | |
| LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L | 4 | B/D PA |
| LACTATED RINGERS VIAFLEX | 4 | B/D PA |
| <i>ludent</i> | 1 | |
| MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML | 4 | B/D PA |
| <i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50% | 4 | B/D PA |
| NEPHRAMINE | 4 | B/D PA |
| NORMOSOL -R | 4 | B/D PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| NORMOSOL-M IN D5W | 4 | B/D PA |
| NORMOSOL-R | 4 | B/D PA |
| NORMOSOL-R IN D5W | 4 | B/D PA |
| PERIKABIVEN | 4 | B/D PA |
| PLENAMINE | 4 | B/D PA |
| <i>potassium chloride cr</i> | 1 | |
| <i>potassium chloride er cpcr</i> | 2 | |
| <i>potassium chloride er tbc</i> | 1 | |
| <i>potassium chloride inj</i> 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml | 4 | B/D PA |
| <i>potassium chloride oral soln</i> | 3 | |
| <i>potassium chloride sr</i> | 1 | |
| <i>potassium chloride/dextrose inj</i> 5%; 20meq/l, 5%; 40meq/l | 4 | B/D PA |
| POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 44MEQ/L; 130MEQ/L | 4 | B/D PA |
| <i>potassium chloride/dextrose/ lactated ringers inj 3meq/l;</i> 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l | 4 | B/D PA |
| <i>potassium chloride/dextrose/ sodium chloride</i> | 4 | B/D PA |
| <i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i> | 4 | B/D PA |
| <i>potassium citrate er</i> | 3 | |
| PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML | 4 | B/D PA |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i> | 4 | B/D PA |
| PROCALAMINE | 4 | B/D PA |
| PROSOL | 4 | B/D PA |
| <i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i> | 4 | B/D PA |
| <i>sodium bicarbonate inj</i> | 4 | |
| <i>sodium bicarbonate partial fill</i> | 4 | |
| <i>sodium chloride 0.45%</i> | 4 | |
| <i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i> | 4 | |
| <i>sodium fluoride chew 0.5mg, 1mg</i> | 1 | |
| SODIUM LACTATE INJ 5MEQ/ML | 4 | B/D PA |
| TPN ELECTROLYTES | 4 | B/D PA |
| TRAVASOL | 4 | B/D PA |
| TROPHAMINE | 4 | B/D PA |
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET | 5 | NDS |
| CUPRIMINE | 5 | NDS |
| DEPEN TITRATABS | 5 | NDS |
| JADENU | 5 | NDS |
| JADENU SPRINKLE | 5 | NDS |
| <i>kionex</i> | 3 | |
| SAMSCA TABS 15MG | 5 | PA NDS QL(30/30) |
| SAMSCA TABS 30MG | 5 | PA NDS QL(60/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>sodium polystyrene sulfonate powd</i> | 3 | |
| <i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i> | 3 | |
| <i>sps</i> | 3 | |
| SYPRINE | 5 | NDS |
| <i>trientine hydrochloride</i> | 5 | NDS |
| VELTASSA | 3 | |
| Phosphate Binders | | |
| AURYXIA | 4 | QL(360/30) |
| <i>calcium acetate caps</i> | 2 | |
| <i>calcium acetate tabs 667mg</i> | 2 | |
| PHOSLYRA | 4 | |
| SEVELAMER CARBONATE PACK | 4 | QL(180/30) |
| SEVELAMER CARBONATE TABS | 4 | QL(540/30) |
| VELPHORO | 4 | QL(180/30) |
| Vitamins | | |
| <i>multivitamin with fluoride chew</i> | 2 | |
| VP-PNV-DHA | 3 | |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| <i>anaspaz</i> | 2 | |
| <i>atropine sulfate inj 0.25mg/5ml, 1mg/ml, 8mg/20ml</i> | 4 | |
| <i>dicyclomine hcl caps</i> | 1 | |
| <i>dicyclomine hcl oral soln</i> | 3 | |
| <i>dicyclomine hydrochloride tabs</i> | 1 | |
| <i>ed-spaz</i> | 2 | |
| <i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i> | 4 | |
| <i>glycopyrrolate tabs</i> | 2 | |
| <i>hyoscyamine sulfate elix</i> | 2 | |
| <i>hyoscyamine sulfate odt</i> | 2 | |

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Covered Drugs By Category

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|--|-----------|-----------------------|
| <i>hyoscyamine sulfate sublingual</i> | 2 | |
| <i>hyoscyamine sulfate tablets</i> | 2 | |
| <i>hyoscyamine sulfate transdermal patch</i> | 2 | |
| <i>methscopolamine bromide</i> | 3 | |
| <i>nulev</i> | 2 | |
| <i>oscimin</i> | 2 | |
| <i>propantheline bromide</i> | 4 | |
| Gastrointestinal Agents, Other | | |
| <i>cromolyn sodium concentrate</i> | 4 | |
| <i>diphenoxylate/atropine liquid</i> | 3 | |
| <i>diphenoxylate/atropine tablets</i> | 2 | |
| GATTEX | 5 | PA NDS |
| <i>loperamide hydrochloride capsules</i> | 2 | |
| <i>metoclopramide hydrochloride injection</i> | 4 | |
| <i>metoclopramide hydrochloride oral solution</i> | 2 | |
| <i>metoclopramide hydrochloride tablets</i> | 2 | |
| OSMOPREP | 4 | |
| RELISTOR INJ 8MG/0.4ML | 5 | PA NDS QL(11.2/28) |
| RELISTOR INJ 12MG/0.6ML | 5 | PA NDS QL(16.8/28) |
| TRULANCE | 4 | QL(30/30) |
| <i>ursodiol</i> | 3 | |
| Histamine2 (H2) Receptor Antagonists | | |
| <i>cimetidine</i> | 2 | |
| <i>cimetidine hydrochloride</i> | 2 | |
| <i>famotidine injection</i> | 4 | |
| <i>famotidine premixed</i> | 4 | |
| <i>famotidine tablets 20mg, 40mg</i> | 2 | |
| <i>nizatidine capsules</i> | 2 | |
| <i>ranitidine hydrochloride capsules</i> | 2 | |
| <i>ranitidine hydrochloride injection</i> | 4 | |
| <i>ranitidine hydrochloride syrup</i> | 2 | |
| <i>ranitidine hydrochloride tablets</i> | 1 | |
| <i>ranitidine hydrochloride injection 50mg/2ml</i> | 4 | |
| Irritable Bowel Syndrome Agents | | |
| <i>alosetron hydrochloride tablets 1mg</i> | 5 | PA NDS QL(60/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>alosetron hydrochloride tablets 0.5mg</i> | 4 | PA QL(60/30) |
| AMITIZA | 3 | QL(60/30) |
| LINZESS | 3 | QL(30/30) |
| VIBERZI | 4 | PA QL(60/30) |
| Laxatives | | |
| <i>constulose</i> | 2 | |
| <i>enulose</i> | 2 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>gavilyte-n/ flavor pack</i> | 2 | |
| <i>generlac</i> | 2 | |
| <i>lactulose oral solution</i> | 2 | |
| MOVIPREP | 3 | |
| <i>peg 3350/electrolytes</i> | 2 | |
| <i>peg-3350/electrolytes</i> | 2 | |
| <i>peg-3350/sodium chloride/sodium bicarbonate/potassium chloride</i> | 2 | |
| <i>polyethylene glycol 3350 powder</i> | 2 | |
| SUPREP BOWEL PREP KIT | 3 | |
| <i>trilyte</i> | 2 | |
| Protectants | | |
| CARAFATE SUSP | 4 | |
| <i>misoprostol</i> | 3 | |
| <i>sucralfate</i> | 2 | |
| Proton Pump Inhibitors | | |
| <i>esomeprazole magnesium</i> | 3 | QL(60/30) |
| <i>esomeprazole sodium</i> | 4 | |
| <i>omeprazole capsule</i> | 2 | QL(60/30) |
| <i>pantoprazole sodium tablets</i> | 1 | QL(60/30) |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| ADAGEN | 5 | PA NDS |
| ALDURAZYME | 5 | PA NDS |
| CEREZYME | 5 | B/D PA NDS |
| CREON | 3 | |
| CYSTADANE | 5 | NDS |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|------------------------------|-----------|----------------------|
| CYSTAGON | 4 | |
| ELAPRASE | 5 | PA NDS |
| FABRAZYME | 5 | B/D PA NDS |
| KUVAN | 5 | PA NDS |
| LUMIZYME | 5 | PA NDS |
| <i>miglustat</i> | 5 | NDS QL(90/30) |
| NAGLAZYME | 5 | PA NDS |
| ORFADIN | 5 | NDS |
| <i>sodium phenylbutyrate</i> | 5 | PA NDS |
| ZENPEP | 3 | |

Genitourinary Agents

Antispasmodics, Urinary

| | | |
|---|---|------------|
| <i>darifenacin hydrobromide er</i> | 4 | QL(30/30) |
| <i>flavoxate hcl</i> | 2 | |
| MYRBETRIQ | 3 | QL(30/30) |
| <i>oxybutynin chloride er tb24 5mg</i> | 2 | QL(30/30) |
| <i>oxybutynin chloride er tb24 10mg, 15mg</i> | 2 | QL(60/30) |
| <i>oxybutynin chloride syrup</i> | 1 | QL(600/30) |
| <i>oxybutynin chloride tabs</i> | 1 | QL(120/30) |
| <i>tolterodine tartrate</i> | 3 | QL(60/30) |
| <i>tolterodine tartrate er</i> | 3 | QL(30/30) |
| VESICARE | 4 | QL(30/30) |

Benign Prostatic Hypertrophy Agents

| | | |
|---|---|-----------|
| <i>alfuzosin hcl er</i> | 2 | QL(30/30) |
| <i>dutasteride</i> | 2 | QL(30/30) |
| <i>dutasteride/tamsulosin hydrochloride</i> | 4 | QL(30/30) |
| <i>finasteride tabs 5mg</i> | 2 | QL(30/30) |
| <i>tamsulosin hcl</i> | 2 | QL(60/30) |

Genitourinary Agents, Other

| | | |
|-----------------------------|---|--|
| <i>bethanechol chloride</i> | 2 | |
| ELMIRON | 4 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--------------------------------------|-----------|----------------------|
| <i>phenazopyridine hydrochloride</i> | 2 | |
| <i>phenazopyridine hydrochloride</i> | 2 | |

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

| | | |
|---|---|--|
| <i>a-methapred</i> | 4 | |
| <i>ala-cort crea 1%</i> | 1 | |
| <i>alclometasone dipropionate</i> | 2 | |
| <i>augmented betamethasone dipropionate</i> | 2 | |
| <i>betamethasone dipropionate</i> | 3 | |
| <i>betamethasone valerate crea</i> | 2 | |
| <i>betamethasone valerate foam</i> | 3 | |
| <i>betamethasone valerate lotn</i> | 2 | |
| <i>betamethasone valerate oint</i> | 2 | |
| <i>clobetasol propionate crea</i> | 2 | |
| <i>clobetasol propionate emollient crea</i> | 2 | |
| <i>clobetasol propionate emollient foam</i> | 4 | |
| <i>clobetasol propionate external soln</i> | 2 | |
| <i>clobetasol propionate foam</i> | 4 | |
| <i>clobetasol propionate gel</i> | 2 | |
| <i>clobetasol propionate oint</i> | 2 | |
| <i>clobetasol propionate sham</i> | 4 | |
| <i>clodan</i> | 4 | |
| <i>cortisone acetate</i> | 4 | |
| DEPO-MEDROL INJ 20MG/ML | 4 | |
| <i>desonide lotn</i> | 2 | |
| <i>desonide oint</i> | 2 | |
| <i>desoximetasone crea</i> | 4 | |
| <i>desoximetasone gel</i> | 4 | |
| <i>desoximetasone oint</i> | 4 | |

CAPITALIZED = BRAND NAME DRUG

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NDS = Non-extended day supply medication

Lower case italic = Generic drug

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

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>dexamethasone elix</i> | 2 | |
| <i>dexamethasone intensol</i> | 4 | |
| <i>dexamethasone oral soln</i> | 2 | |
| <i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i> | 4 | |
| <i>dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg</i> | 2 | |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 4mg</i> | 1 | |
| <i>fludrocortisone acetate</i> | 2 | |
| <i>fluocinolone acetonide body</i> | 3 | |
| <i>fluocinolone acetonide crea</i> | 2 | |
| <i>fluocinolone acetonide external soln</i> | 2 | |
| <i>fluocinolone acetonide oint</i> | 2 | |
| <i>fluocinolone acetonide scalp</i> | 3 | |
| <i>fluocinonide crea 0.1%</i> | 4 | |
| <i>fluocinonide crea 0.05%</i> | 2 | |
| <i>fluocinonide external soln</i> | 3 | |
| <i>fluocinonide gel</i> | 2 | |
| <i>fluocinonide oint</i> | 3 | |
| <i>fluticasone propionate crea</i> | 2 | |
| <i>fluticasone propionate oint</i> | 2 | |
| <i>halobetasol propionate</i> | 3 | |
| <i>hydrocortisone butyrate (lipid)</i> | 4 | |
| <i>hydrocortisone butyrate (lipophilic)</i> | 4 | |
| <i>hydrocortisone butyrate crea</i> | 4 | |
| <i>hydrocortisone butyrate external soln</i> | 3 | |
| <i>hydrocortisone butyrate oint</i> | 3 | |
| <i>hydrocortisone external crea</i> | 1 | |
| <i>hydrocortisone lotn 2.5%</i> | 2 | |
| <i>hydrocortisone oint 1%, 2.5%</i> | 2 | |
| <i>hydrocortisone rectal crea</i> | 2 | |
| <i>hydrocortisone tabs</i> | 2 | |
| <i>hydrocortisone valerate</i> | 3 | |
| MEDROL TABS 2MG | 3 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i> | 4 | |
| <i>methylprednisolone dose pack</i> | 2 | |
| <i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i> | 4 | |
| <i>methylprednisolone tabs</i> | 2 | |
| <i>mometasone furoate crea</i> | 2 | |
| <i>mometasone furoate external soln</i> | 2 | |
| <i>mometasone furoate oint</i> | 2 | |
| <i>prednicarbate oint</i> | 2 | |
| <i>prednisolone</i> | 3 | |
| <i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i> | 3 | |
| <i>prednisone intensol</i> | 4 | |
| <i>prednisone oral soln</i> | 2 | |
| <i>prednisone tabs 50mg</i> | 2 | |
| <i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg</i> | 1 | |
| <i>prednisone tbpk</i> | 1 | |
| <i>procto-med hc</i> | 2 | |
| <i>procto-pak</i> | 2 | |
| <i>proctosol hc</i> | 2 | |
| <i>proctozone-hc</i> | 2 | |
| SOLU-CORTEF | 4 | |
| TEXACORT | 3 | |
| <i>triamcinolone acetonide crea 0.1%</i> | 1 | |
| <i>triamcinolone acetonide crea 0.025%, 0.5%</i> | 2 | |
| <i>triamcinolone acetonide inj 40mg/ml</i> | 2 | |
| <i>triamcinolone acetonide lotn</i> | 2 | |
| <i>triamcinolone acetonide oint</i> | 2 | |
| <i>trianex</i> | 5 | NDS |
| <i>triderm crea 0.1%</i> | 1 | |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| <i>chorionic gonadotropin</i> | 4 | PA |
| <i>desmopressin acetate inj</i> | 4 | |
| <i>desmopressin acetate nasal soln</i> | 4 | QL(15/30) |
| <i>desmopressin acetate tabs</i> | 2 | |
| GENOTROPIN | 5 | PA NDS |
| GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5 | PA NDS |
| GENOTROPIN MINIQUICK INJ 0.2MG | 4 | PA |
| INCRELEX | 4 | PA |
| STIMATE | 5 | NDS |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Anabolic Steroids | | |
| ANADROL-50 | 5 | PA NDS |
| <i>oxandrolone tabs 2.5mg</i> | 3 | PA QL(120/30) |
| <i>oxandrolone tabs 10mg</i> | 4 | PA QL(60/30) |
| Androgens | | |
| <i>danazol caps 50mg</i> | 3 | |
| <i>danazol caps 100mg, 200mg</i> | 4 | |
| <i>testosterone cypionate</i> | 4 | |
| <i>testosterone enanthate</i> | 4 | QL(5/30) |
| <i>testosterone gel 25mg/2.5gm, 50mg/5gm</i> | 4 | PA QL(300/30) |
| <i>testosterone pump</i> | 4 | PA QL(300/30) |
| Estrogens | | |
| ALORA | 3 | PA QL(8/28) |
| <i>altavera</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--------------------------------------|-----------|----------------------|
| <i>alyacen 1/35</i> | 2 | |
| <i>alyacen 7/7/7</i> | 2 | |
| <i>amethia</i> | 2 | QL(91/91) |
| <i>amethia lo</i> | 2 | QL(91/91) |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |
| <i>ashlyna</i> | 2 | QL(91/91) |
| <i>aubra</i> | 2 | |
| <i>aviane</i> | 2 | |
| <i>azurette</i> | 2 | |
| <i>balziva</i> | 2 | |
| <i>bekyree</i> | 2 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>blisovi fe 1/20</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camrese</i> | 2 | QL(91/91) |
| <i>camrese lo</i> | 2 | QL(91/91) |
| <i>caziant</i> | 2 | |
| <i>cesia</i> | 2 | |
| <i>chateal</i> | 2 | |
| <i>cryselle-28</i> | 2 | |
| <i>cyclafem 1/35</i> | 2 | |
| <i>cyclafem 7/7/7</i> | 2 | |
| <i>cyred</i> | 2 | |
| <i>dasetta 1/35</i> | 2 | |
| <i>dasetta 7/7/7</i> | 2 | |
| <i>daysee</i> | 2 | QL(91/91) |
| DELESTROGEN INJ 10MG/ML | 4 | |
| <i>delyla</i> | 2 | |
| DEPO-ESTRADIOL | 4 | |
| <i>desogestrel/ethinyl estradiol</i> | 2 | |
| <i>elinest</i> | 2 | |
| <i>emoquette</i> | 2 | |
| <i>enpresse-28</i> | 2 | |

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Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>enskyce</i> | 2 | |
| <i>estarylla</i> | 2 | |
| <i>estradiol crea</i> | 4 | |
| <i>estradiol pttw</i> | 2 | PA QL(8/28) |
| <i>estradiol ptwk</i> | 2 | PA QL(4/28) |
| <i>estradiol tabs 0.5mg, 1mg, 2mg</i> | 2 | PA |
| <i>estradiol tabs 10mcg</i> | 4 | QL(18/28) |
| <i>estradiol valerate</i> | 4 | |
| ESTRING | 4 | QL(1/90) |
| <i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i> | 2 | |
| <i>falmina</i> | 2 | |
| <i>femynor</i> | 2 | |
| <i>fyavolv tabs 2.5mcg; 0.5mg</i> | 3 | PA |
| <i>introvale</i> | 2 | QL(91/91) |
| <i>isibloom</i> | 2 | |
| <i>jevantique lo</i> | 3 | PA |
| <i>jolessa</i> | 2 | QL(91/91) |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>kariva</i> | 2 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kelnor 1/50</i> | 2 | |
| <i>kimidess</i> | 2 | |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>larissia</i> | 2 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorgestrel and ethinyl estradiol tabs 0; 0</i> | 2 | QL(91/91) |
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i> | 2 | QL(91/91) |
| <i>levora 0.15/30-28</i> | 2 | |
| <i>low-ogestrel</i> | 2 | |
| <i>lutera</i> | 2 | |
| <i>marlissa</i> | 2 | |
| <i>melodetta 24 fe</i> | 2 | |
| MENEST | 3 | PA |
| MENOSTAR | 3 | PA QL(4/28) |
| <i>mibelas 24 fe</i> | 2 | |
| <i>microgestin 1.5/30</i> | 2 | |
| <i>microgestin 1/20</i> | 2 | |
| <i>microgestin fe</i> | 2 | |
| <i>microgestin fe 1.5/30</i> | 2 | |
| <i>mili</i> | 2 | |
| MINIVELLE | 4 | PA QL(8/28) |
| <i>mono-linyah</i> | 2 | |
| <i>myzilra</i> | 2 | |
| <i>necon 0.5/35-28</i> | 2 | |
| <i>necon 7/7/7</i> | 3 | |
| <i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i> | 3 | PA |
| <i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i> | 2 | |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i> | 2 | |
| <i>norgestimate/ethinyl estradiol</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | |
| <i>nortrel 1/35</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>ogestrel</i> | 3 | |
| <i>orsythia</i> | 2 | |
| <i>philith</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>pirmella 1/35</i> | 2 | |
| <i>pirmella 7/7/7</i> | 2 | |
| <i>portia-28</i> | 2 | |
| PREMARIN CREA | 3 | |
| PREMARIN INJ | 4 | |
| PREMARIN TABS | 3 | PA QL(30/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| <i>previfem</i> | 2 | |
| <i>quasense</i> | 2 | QL(91/91) |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | QL(91/91) |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>tarina fe 1/20</i> | 2 | |
| <i>tri-estarylla</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |
| <i>tri-linyah</i> | 2 | |
| <i>tri-mili</i> | 2 | |
| <i>tri-previfem</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |
| <i>tri-vylibra</i> | 2 | |
| <i>trinessa</i> | 3 | |
| <i>trivora-28</i> | 2 | |
| <i>tydemy</i> | 2 | |
| <i>velivet</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>viorele</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>vylibra</i> | 2 | |
| <i>wera</i> | 2 | |
| <i>yuvafem</i> | 4 | QL(18/28) |
| <i>zenchent</i> | 2 | |
| <i>zovia 1/35e</i> | 2 | |
| Progesterone Agonists/Antagonists | | |
| ELLA | 3 | |
| MAKENA | 5 | PA NDS |
| Progestins | | |
| <i>camila</i> | 2 | |
| <i>deblitane</i> | 2 | |
| DEPO-PROVERA | 4 | QL(10/28) |
| <i>errin</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>heather</i> | 2 | |
| <i>hydroxyprogesterone caproate</i> | 5 | PA NDS |
| <i>incassia</i> | 2 | |
| <i>jencycla</i> | 2 | |
| <i>jolivette</i> | 3 | |
| <i>lyza</i> | 2 | |
| MAKENA | 5 | PA NDS |
| <i>medroxyprogesterone acetate inj 150mg/ml</i> | 4 | QL(1/90) |
| <i>medroxyprogesterone acetate inj 150mg/ml</i> | 2 | QL(1/90) |
| <i>medroxyprogesterone acetate tabs</i> | 1 | |
| <i>megestrol acetate susp 40mg/ml</i> | 3 | PA |
| <i>megestrol acetate tabs</i> | 3 | PA |
| <i>nora-be</i> | 2 | |
| <i>norethindrone</i> | 2 | |
| <i>norethindrone acetate</i> | 2 | |
| <i>norlyroc</i> | 2 | |
| <i>progesterone caps</i> | 2 | |
| <i>sharobel</i> | 2 | |
| Selective Estrogen Receptor Modifying Agents | | |
| DUAVEE | 4 | PA QL(30/30) |
| <i>raloxifene hydrochloride</i> | 2 | QL(30/30) |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| <i>levothyroxine sodium tabs</i> | 1 | |
| LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG | 3 | |
| <i>levoxyl tabs 100mcg, 112mcg, 175mcg</i> | 3 | |

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|---|-----------|----------------------|
| <i>liothyronine sodium inj</i> | 4 | |
| <i>liothyronine sodium tabs</i> | 2 | |
| SYNTHROID | 3 | |
| THYROLAR-1 | 3 | |
| THYROLAR-1/2 | 3 | |
| THYROLAR-1/4 | 3 | |
| THYROLAR-2 | 3 | |
| THYROLAR-3 | 3 | |
| UNITHROID | 3 | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN | 5 | NDS |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| <i>cabergoline</i> | 3 | QL(16/28) |
| ELIGARD INJ 30MG | 4 | PA QL(1/120) |
| ELIGARD INJ 45MG | 4 | PA QL(1/180) |
| ELIGARD INJ 7.5MG | 4 | PA QL(1/30) |
| ELIGARD INJ 22.5MG | 4 | PA QL(1/90) |
| FIRMAGON INJ 80MG | 4 | B/D PA QL(1/28) |
| FIRMAGON INJ 120MG | 5 | B/D PA NDS QL(4/365) |
| <i>leuprolide acetate</i> | 4 | PA |
| LUPRON DEPOT (1-MONTH) | 5 | PA NDS QL(1/30) |
| LUPRON DEPOT (3-MONTH) INJ 11.25MG | 5 | PA QL(1/84) |
| LUPRON DEPOT (3-MONTH) INJ 22.5MG | 5 | PA NDS QL(1/84) |
| LUPRON DEPOT (4-MONTH) | 5 | PA QL(1/112) |
| LUPRON DEPOT (6-MONTH) | 5 | PA QL(1/168) |
| LUPRON DEPOT-PED (1-MONTH) | 5 | PA NDS QL(1/30) |
| LUPRON DEPOT-PED (3-MONTH) | 5 | PA QL(1/84) |
| <i>octreotide acetate</i> | 4 | PA |
| SANDOSTATIN LAR DEPOT | 5 | PA NDS |
| SIGNIFOR | 5 | PA NDS QL(60/30) |
| SOMATULINE DEPOT INJ 60MG/0.2ML | 5 | PA NDS QL(0.2/28) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| SOMATULINE DEPOT INJ 90MG/0.3ML | 5 | PA NDS QL(0.3/28) |
| SOMATULINE DEPOT INJ 120MG/0.5ML | 5 | PA NDS QL(0.5/28) |
| SOMAVERT | 5 | PA NDS QL(30/30) |
| SYNAREL | 5 | PA NDS |
| TRELSTAR MIXJECT INJ 22.5MG | 5 | PA QL(1/168) |
| TRELSTAR MIXJECT INJ 3.75MG | 5 | PA NDS QL(1/28) |
| TRELSTAR MIXJECT INJ 11.25MG | 5 | PA QL(1/84) |
| TRIPTODUR | 5 | PA NDS QL(1/168) |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole</i> | 2 | |
| <i>propylthiouracil</i> | 3 | |
| Immunological Agents | | |
| Angioedema Agents | | |
| CINRYZE | 5 | PA NDS QL(20/30) |
| FIRAZYR | 5 | PA NDS QL(18/30) |
| RUCONEST | 5 | PA NDS QL(8/30) |
| Immune Suppressants | | |
| ASTAGRAF XL | 4 | PA |
| AZASAN | 3 | PA |
| <i>azathioprine inj</i> | 4 | PA |
| <i>azathioprine tabs</i> | 2 | PA |
| <i>cyclosporine</i> | 4 | PA |
| <i>cyclosporine modified</i> | 4 | PA |
| ENBREL INJ 25MG/0.5ML | 5 | PA NDS QL(4.08/28) |
| ENBREL INJ 25MG, 50MG/ML | 5 | PA NDS QL(8/28) |
| ENBREL MINI | 5 | PA NDS QL(8/28) |
| ENBREL SURECLICK | 5 | PA NDS QL(8/28) |
| ENVARUSUS XR TB24 4MG | 5 | PA NDS |
| ENVARUSUS XR TB24 0.75MG, 1MG | 4 | PA |
| <i>gengraf</i> | 4 | PA |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML | 5 | PA NDS QL(2/28) |
| HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML | 5 | PA NDS QL(4/28) |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH) | 5 | PA NDS QL(4/365) |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK) | 5 | PA NDS QL(6/365) |
| HUMIRA PEN | 5 | PA NDS QL(4/28) |
| HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML | 5 | PA NDS QL(6/365) |
| HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML | 5 | PA NDS QL(12/365) |
| HUMIRA PEN-PS/UV STARTER INJ | 5 | PA NDS QL(6/365) |
| HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML | 5 | PA NDS QL(8/365) |
| <i>methotrexate sodium</i> | 4 | |
| <i>methotrexate tabs</i> | 2 | |
| <i>mycophenolate mofetil caps</i> | 2 | PA |
| <i>mycophenolate mofetil inj</i> | 4 | PA |
| <i>mycophenolate mofetil susr</i> | 5 | PA NDS |
| <i>mycophenolate mofetil tabs</i> | 2 | PA |
| <i>mycophenolic acid dr</i> | 2 | PA |
| NULOJIX | 5 | PA NDS QL(150/30) |
| PROGRAF INJ | 4 | PA |
| RAPAMUNE ORAL SOLN | 5 | PA NDS |
| RENFLEXIS | 5 | PA NDS |
| SANDIMMUNE ORAL SOLN | 4 | PA |
| <i>sirolimus</i> | 4 | PA |
| <i>tacrolimus caps</i> | 2 | PA |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| TORISEL | 5 | B/D PA NDS QL(4/28) |
| XATMEP | 4 | PA |
| ZORTRESS TABS 0.25MG | 4 | PA QL(60/30) |
| ZORTRESS TABS 0.75MG | 5 | PA NDS QL(60/30) |
| ZORTRESS TABS 0.5MG | 5 | PA NDS QL(120/30) |
| Immunizing Agents, Passive | | |
| ATGAM | 4 | PA |
| GAMMAKED INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 5GM/50ML | 5 | B/D PA NDS |
| GAMMAKED INJ 1GM/10ML | 3 | B/D PA |
| GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML | 5 | B/D PA NDS |
| GAMUNEX-C INJ 1GM/10ML | 4 | B/D PA |
| THYMOGLOBULIN | 3 | B/D PA |
| Immunomodulators | | |
| ACTEMRA INJ 162MG/0.9ML | 5 | PA NDS QL(3.6/28) |
| ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML | 5 | PA NDS QL(40/28) |
| ACTIMMUNE | 5 | PA NDS |
| ARCALYST | 5 | PA NDS |
| BENLYSTA INJ 400MG | 5 | PA NDS QL(9/28) |
| BENLYSTA INJ 120MG | 5 | PA NDS QL(30/28) |
| <i>leflunomide</i> | 2 | QL(30/30) |
| RIDAURA | 4 | |
| SIMULECT | 5 | B/D PA NDS |
| SYNAGIS | 5 | PA NDS |
| Vaccines | | |
| ACTHIB | 4 | |
| ADACEL | 4 | QL(0.5/365) |
| BCG VACCINE | 4 | |
| BEXSERO | 4 | |
| BOOSTRIX | 4 | QL(0.5/365) |

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|---|-----------|----------------------|
| DAPTACEL | 4 | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC | 4 | |
| ENGERIX-B INJ 10MCG/0.5ML | 4 | B/D PA QL(3/365) |
| ENGERIX-B INJ 20MCG/ML | 4 | B/D PA QL(8/365) |
| GARDASIL 9 | 4 | QL(1.5/365) |
| HAVRIX | 4 | |
| HEPLISAV-B | 4 | B/D PA QL(3/365) |
| HIBERIX | 4 | |
| IMOVAX RABIES (H.D.C.V.) | 4 | B/D PA |
| INFANRIX | 4 | |
| IPOL INACTIVATED IPV | 4 | |
| IXIARO | 4 | |
| KINRIX | 4 | |
| M-M-R II | 4 | QL(2/365) |
| MENACTRA | 4 | |
| MENVEO | 4 | |
| PEDIARIX | 4 | |
| PEDVAX HIB | 4 | |
| PROQUAD | 4 | QL(2/365) |
| QUADRACEL | 4 | |
| RABAVERT | 4 | B/D PA |
| RECOMBIVAX HB | 4 | B/D PA QL(3/365) |
| ROTARIX | 3 | |
| ROTATEQ | 3 | |
| SHINGRIX | 4 | QL(2/999) |
| STAMARIL | 4 | QL(1/999) |
| TENIVAC | 4 | QL(0.5/28) |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED | 4 | |
| TRUMENBA | 4 | |
| TWINRIX | 4 | |
| TYPHIM VI | 4 | |
| VAQTA | 4 | |
| VARIVAX | 4 | QL(1/365) |
| VARIZIG | 4 | QL(12/30) |
| VAXCHORA | 4 | |
| YF-VAX | 4 | |
| ZOSTAVAX | 4 | QL(1/999) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| APRISO | 3 | QL(120/30) |
| <i>balsalazide disodium</i> | 4 | |
| <i>mesalamine</i> | 4 | |
| <i>mesalamine dr tbec 1.2gm</i> | 4 | QL(120/30) |
| Glucocorticoids | | |
| <i>budesonide cpep</i> | 4 | |
| <i>colocort</i> | 3 | |
| <i>hydrocortisone enem</i> | 3 | |
| Sulfonamides | | |
| <i>sulfasalazine</i> | 2 | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium tabs 35mg, 70mg</i> | 1 | QL(4/28) |
| <i>alendronate sodium tabs 10mg, 40mg, 5mg</i> | 1 | QL(30/30) |
| BINOSTO | 4 | |
| <i>calcitonin-salmon</i> | 2 | QL(3.7/30) |
| <i>calcitriol caps</i> | 2 | |
| <i>calcitriol inj</i> | 4 | |
| <i>calcitriol oral soln</i> | 2 | |
| <i>doxercalciferol caps 0.5mcg</i> | 4 | QL(90/30) |
| <i>doxercalciferol caps 2.5mcg</i> | 4 | QL(120/30) |
| <i>doxercalciferol caps 1mcg</i> | 4 | QL(240/30) |
| <i>etidronate disodium</i> | 2 | |
| FORTEO | 5 | PA NDS QL(2.4/28) |
| <i>ibandronate sodium tabs</i> | 3 | QL(1/28) |
| MIACALCIN | 5 | NDS |
| <i>pamidronate disodium</i> | 4 | B/D PA |
| <i>paricalcitol caps 4mcg</i> | 4 | QL(60/30) |
| <i>paricalcitol caps 1mcg, 2mcg</i> | 2 | QL(90/30) |
| PROLIA | 4 | QL(1/180) |
| <i>risedronate sodium tabs 150mg</i> | 3 | QL(1/30) |
| <i>risedronate sodium tabs 35mg</i> | 3 | QL(4/28) |
| <i>risedronate sodium tabs 30mg, 5mg</i> | 3 | QL(30/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|--|-----------|----------------------|
| SENSIPAR TABS 30MG, 60MG | 5 | NDS QL(60/30) |
| SENSIPAR TABS 90MG | 5 | NDS QL(120/30) |
| XGEVA | 5 | PA NDS QL(1.7/28) |
| <i>zoledronic acid inj 4mg/5ml</i> | 4 | B/D PA QL(15/21) |
| <i>zoledronic acid inj 5mg/100ml</i> | 4 | B/D PA QL(100/365) |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| AMINO ACID | 4 | B/D PA |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | 3 | QL(200/30) |
| BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" | 3 | QL(200/30) |
| BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" | 3 | QL(200/30) |
| BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" | 3 | QL(200/30) |
| BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16" | 3 | QL(200/30) |
| BD PEN NEEDLE/NANO/ULTRA FINE/32G X 4MM | 3 | QL(200/30) |
| BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM | 3 | QL(200/30) |
| CARNITOR INJ | 4 | B/D PA |
| FERRIPROX | 5 | PA NDS |
| INTRALIPID | 4 | B/D PA |
| KORLYM | 5 | PA NDS QL(120/30) |
| LACTATED RINGERS IRRIGATION | 4 | |
| <i>levocarnitine</i> | 2 | |
| LIPOSYN III | 4 | B/D PA |
| NATPARA | 5 | PA NDS QL(2/28) |
| NOVOFINE 31 | 3 | QL(200/30) |
| NOVOFINE 32GX6MM | 3 | QL(200/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| NOVOFINE AUTOCOVER 30GX8MM | 3 | QL(200/30) |
| NOVOTWIST 32GX5MM | 3 | QL(200/30) |
| NUTRILIPID | 4 | B/D PA |
| OMNIPOD 5 PACK | 3 | QL(30/30) |
| OMNIPOD DASH 5 PACK | 3 | QL(30/30) |
| OMNIPOD DASH SYSTEM | 3 | QL(1/365) |
| OMNIPOD STARTER KIT | 3 | QL(1/365) |
| PHYSIOLYTE | 4 | |
| <i>physiosol irrigation</i> | 4 | |
| RINGERS IRRIGATION | 4 | |
| <i>sodium chloride irrigation 0.9%</i> | 4 | |
| <i>sterile water irrigation</i> | 4 | |
| <i>sterile water irrigation plastic bottle</i> | 4 | |
| <i>sterile water irrigation w/hanger</i> | 4 | |
| TECHLITE PEN NEEDLES/31G X 6 MM | 3 | QL(200/30) |
| TECHLITE PEN NEEDLES/31G X 8MM | 3 | QL(200/30) |
| TECHLITE PEN NEEDLES/32G X 4MM | 3 | QL(200/30) |
| TECHLITE PEN NEEDLES/32G X 6MM | 3 | QL(200/30) |
| TECHLITE PEN NEEDLES/32G X 8MM | 3 | QL(200/30) |
| TIS-U-SOL | 4 | |
| V-GO 20 | 3 | |
| V-GO 30 | 3 | |
| V-GO 40 | 3 | |
| Ophthalmic Agents | | |
| Ophthalmic Prostaglandin and Prostaglandin Analogs | | |
| <i>bimatoprost ophthalmic soln</i> | 2 | QL(5/30) |
| COMBIGAN | 3 | |
| <i>latanoprost</i> | 2 | QL(5/30) |

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Covered Drugs By Category

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|---|-----------|----------------------|
| LUMIGAN | 4 | QL(5/30) ST |
| TRAVATAN Z | 3 | QL(5/30) |
| ZIOPTAN | 4 | QL(30/30) |
| Ophthalmic Agents, Other | | |
| <i>atropine sulfate ophthalmic soln</i> | 3 | |
| CYSTARAN | 5 | PA NDS QL(60/28) |
| LACRISERT | 3 | |
| <i>proparacaine hcl</i> | 2 | |
| RESTASIS | 3 | QL(60/30) |
| <i>tropicamide</i> | 2 | |
| Ophthalmic Anti-allergy Agents | | |
| <i>azelastine hcl ophthalmic soln</i> | 2 | |
| <i>cromolyn sodium ophthalmic soln</i> | 2 | |
| <i>epinastine hcl</i> | 3 | |
| <i>olopatadine hcl ophthalmic soln</i> | 3 | QL(5/30) |
| <i>olopatadine hydrochloride ophthalmic soln 0.2%</i> | 4 | |
| PAZEO | 3 | QL(2.5/30) |
| Ophthalmic Anti-inflammatories | | |
| <i>bromfenac</i> | 4 | |
| <i>dexamethasone sodium phosphate ophthalmic soln</i> | 2 | |
| <i>diclofenac sodium ophthalmic soln</i> | 2 | |
| DUREZOL | 3 | |
| <i>fluorometholone</i> | 3 | |
| <i>flurbiprofen sodium</i> | 2 | |
| ILEVRO | 3 | |
| <i>ketorolac tromethamine ophthalmic soln</i> | 2 | |
| LOTEMAX | 4 | |
| <i>neomycin/polymyxin/ dexamethasone</i> | 2 | |
| PRED MILD | 3 | |
| PRED-G | 3 | |
| PRED-G S.O.P. | 3 | |
| <i>prednisolone acetate</i> | 3 | |
| <i>prednisolone sodium phosphate ophthalmic soln</i> | 1 | |
| PROLENSA | 3 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| TOBRADEX OINT | 3 | |
| <i>tobramycin/dexamethasone</i> | 3 | |
| Ophthalmic Antiglaucoma Agents | | |
| <i>acetazolamide er</i> | 3 | |
| <i>apraclonidine</i> | 3 | |
| AZOPT | 3 | |
| <i>betaxolol hcl ophthalmic soln</i> | 3 | |
| <i>brimonidine tartrate ophthalmic soln 0.15%</i> | 3 | |
| <i>brimonidine tartrate ophthalmic soln 0.2%</i> | 2 | |
| <i>carteolol hcl</i> | 2 | |
| <i>dorzolamide hcl</i> | 2 | QL(10/30) |
| <i>dorzolamide hcl/timolol maleate</i> | 2 | QL(10/30) |
| <i>levobunolol hcl</i> | 1 | |
| <i>metipranolol</i> | 2 | |
| PHOSPHOLINE IODIDE | 4 | |
| <i>pilocarpine hcl</i> | 3 | |
| SIMBRINZA | 4 | |
| TIMOLOL MALEATE OPTHALMIC GEL FORMING | 4 | |
| <i>timolol maleate ophthalmic soln</i> | 1 | |
| Otic Agents | | |
| Otic Agents | | |
| <i>acetic acid</i> | 2 | |
| COLY-MYCIN S | 4 | |
| <i>fluocinolone acetonide oil</i> | 4 | |
| <i>hydrocortisone/acetic acid</i> | 2 | |
| <i>neomycin/polymyxin/hc</i> | 3 | |
| <i>neomycin/polymyxin/ hydrocortisone otic soln</i> | 3 | |
| <i>neomycin/polymyxin/ hydrocortisone otic susp</i> | 3 | |
| Respiratory Tract/Pulmonary Agents | | |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ADVAIR DISKUS | 3 | QL(60/30) |
| ADVAIR HFA | 3 | QL(12/30) |
| ARNUITY ELLIPTA | 3 | QL(30/30) |
| BREO ELLIPTA | 3 | QL(60/30) |

Covered Drugs By Category

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|----------------------|
| <i>budesonide susp</i> | 4 | B/D PA QL(120/30) |
| FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST | 3 | QL(60/30) |
| FLOVENT DISKUS AEPB 250MCG/BLIST | 3 | QL(240/30) |
| FLOVENT HFA AERO 44MCG/ACT | 3 | QL(10.6/30) |
| FLOVENT HFA AERO 110MCG/ACT | 3 | QL(12/30) |
| FLOVENT HFA AERO 220MCG/ACT | 3 | QL(24/30) |
| <i>flunisolide</i> | 3 | QL(50/30) |
| <i>fluticasone propionate susp</i> | 2 | QL(16/30) |
| <i>mometasone furoate susp</i> | 3 | QL(34/30) |
| Antihistamines | | |
| <i>azelastine hcl nasal soln</i> | 3 | QL(30/25) |
| <i>desloratadine</i> | 2 | QL(30/30) |
| <i>diphenhydramine hcl inj</i> | 4 | |
| <i>levocetirizine dihydrochloride oral soln</i> | 4 | QL(300/30) |
| <i>levocetirizine dihydrochloride tabs</i> | 2 | QL(30/30) |
| Antileukotrienes | | |
| <i>montelukast sodium</i> | 2 | QL(30/30) |
| <i>zafirlukast</i> | 3 | QL(60/30) |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA | 3 | QL(25.8/30) |
| COMBIVENT RESPIMAT | 3 | QL(8/30) |
| INCRUSE ELLIPTA | 3 | QL(30/30) |
| <i>ipratropium bromide inhalation soln</i> | 2 | B/D PA QL(300/30) |
| <i>ipratropium bromide nasal soln</i> | 2 | QL(30/30) |
| <i>ipratropium bromide/albuterol sulfate</i> | 2 | B/D PA QL(540/30) |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate er</i> | 2 | |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|---|-----------|-----------------------|
| <i>albuterol sulfate nebu 0.5%</i> | 2 | B/D PA QL(180/30) |
| <i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i> | 2 | B/D PA QL(360/30) |
| <i>albuterol sulfate syrp</i> | 2 | |
| <i>albuterol sulfate tabs</i> | 2 | |
| ANORO ELLIPTA | 3 | QL(60/30) |
| <i>epinephrine hcl inj 1mg/10ml, 1mg/ml, 30mg/30ml</i> | 4 | |
| <i>epinephrine auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i> | 2 | QL(2/30) |
| EPIPEN 2-PAK | 3 | QL(2/30) |
| EPIPEN-JR 2-PAK | 3 | QL(2/30) |
| <i>levalbuterol tartrate hfa</i> | 3 | QL(30/30) |
| <i>metaproterenol sulfate</i> | 3 | |
| PERFOROMIST | 3 | B/D PA QL(120/30) |
| PROAIR HFA | 3 | QL(17/30) |
| PROAIR RESPICLICK | 3 | QL(2/30) |
| SEREVENT DISKUS | 3 | QL(60/30) |
| <i>terbutaline sulfate</i> | 4 | |
| VENTOLIN HFA | 4 | QL(36/30) |
| Cystic Fibrosis Agents | | |
| CAYSTON | 5 | PA NDS QL(84/56) |
| KALYDECO | 5 | PA NDS QL(60/30) |
| ORKAMBI PACK | 5 | PA NDS QL(56/28) |
| ORKAMBI TABS | 5 | PA NDS QL(120/30) |
| PULMOZYME | 5 | B/D PA NDS QL(150/30) |
| TOBI PODHALER | 5 | NDS QL(1568/365) |
| <i>tobramycin nebu</i> | 5 | B/D PA NDS |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium nebu</i> | 2 | B/D PA QL(240/30) |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| <i>aminophylline</i> | 4 | |
| DALIRESP TABS 500MCG | 4 | PA QL(30/30) |

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|---|-----------|----------------------|
| DALIRESP TABS 250MCG | 4 | PA QL(60/365) |
| THEO-24 | 4 | |
| <i>theophylline cr</i> | 3 | |
| <i>theophylline er tb12 300mg, 450mg</i> | 3 | |
| <i>theophylline er tb24</i> | 3 | |
| Pulmonary Antihypertensives | | |
| ADEMPAS | 5 | PA NDS QL(90/30) |
| OPSUMIT | 5 | PA NDS QL(30/30) |
| REMODULIN | 5 | B/D PA NDS |
| <i>sildenafil tabs 20mg</i> | 3 | PA QL(90/30) |
| TRACLEER TABS | 5 | PA NDS QL(60/30) |
| TRACLEER TBSO | 5 | PA NDS |
| VENTAVIS | 5 | PA NDS QL(270/30) |
| Pulmonary Fibrosis Agents | | |
| ESBRIET CAPS | 5 | PA NDS QL(270/30) |
| ESBRIET TABS 801MG | 5 | PA NDS QL(90/30) |
| ESBRIET TABS 267MG | 5 | PA NDS QL(270/30) |
| OFEV | 5 | PA NDS QL(60/30) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine inhalation soln</i> | 3 | B/D PA |
| ARALAST NP | 5 | B/D PA NDS |
| PROLASTIN-C INJ 1000MG | 5 | B/D PA NDS |
| <i>ribavirin inhalation soln</i> | 5 | B/D PA NDS |
| TRELEGY ELLIPTA | 3 | QL(60/30) |
| XOLAIR | 5 | PA NDS QL(6/28) |
| ZEMAIRA | 5 | B/D PA NDS |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>cyclobenzaprine hcl tabs 10mg, 5mg</i> | 3 | PA QL(90/30) |
| <i>methocarbamol tabs</i> | 2 | PA |
| <i>orphenadrine citrate er</i> | 2 | PA QL(60/30) |

| DRUG NAME | DRUG TIER | REQUIREMENTS/ LIMITS |
|-------------------------------------|-----------|----------------------|
| Sleep Disorder Agents | | |
| GABA Receptor Modulators | | |
| <i>temazepam caps 15mg, 30mg</i> | 2 | QL(60/365) |
| <i>temazepam caps 22.5mg, 7.5mg</i> | 3 | QL(60/365) |
| <i>zaleplon</i> | 2 | QL(30/30) |
| <i>zolpidem tartrate tabs</i> | 3 | PA QL(30/30) |
| Sleep Disorders, Other | | |
| <i>armodafinil</i> | 4 | PA QL(30/30) |
| ROZEREM | 3 | QL(30/30) |
| SILENOR | 3 | QL(30/30) |
| XYREM | 5 | PA NDS QL(540/30) |

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| 5%; 3GM/50ML; 0.375GM/50ML, | | | | | |
| 5%; 4GM/100ML; 0.5GM/100ML | 22 | | | | |
| <i>zovia 1/35e</i> | 53 | | | | |
| ZOVIRAX CREA | 36 | | | | |
| ZUBSOLV SUBL 0.7MG; 0.18MG | 19 | | | | |
| ZUBSOLV SUBL | | | | | |
| 1.4MG; 0.36MG, 11.4MG; | | | | | |
| 2.9MG, 2.9MG; 0.71MG, | | | | | |
| 5.7MG; 1.4MG, 8.6MG; 2.1MG | 19 | | | | |
| ZYCLARA | 45 | | | | |
| ZYCLARA PUMP CREA 2.5% | 45 | | | | |
| ZYCLARA PUMP CREA 3.75% | 45 | | | | |
| ZYDELIG | 31 | | | | |
| ZYKADIA | 31 | | | | |
| ZYLET | 19 | | | | |
| ZYPREXA RELPREVV | | | | | |
| INJ 210MG | 34 | | | | |
| ZYPREXA RELPREVV | | | | | |
| INJ 300MG | 34 | | | | |
| ZYPREXA RELPREVV | | | | | |
| INJ 405MG | 34 | | | | |
| ZYTIGA TABS 250MG | 28 | | | | |
| ZYTIGA TABS 500MG | 28 | | | | |



1-800-668-3813 (TTY 711)

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time; Saturday 8 a.m. – 6 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.



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This drug list was updated in November 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. local time, or visit www.CignaHealthSpring.com. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc.

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