

Cigna-HealthSpring® Rx (PDP)

Medicare Part D Prescription Drug Plans

2019 Cigna-HealthSpring Rx COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna-HealthSpring Rx Secure (PDP)



This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Rx Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit www.CignaHealthSpring.com. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring Rx is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring Rx depends on contract renewal.

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

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

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 Rx Comprehensive Drug List?

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

Can the Drug List (formulary) change?

Generally, if you are taking a drug on our 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 Rx 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 Rx, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 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 59. The Covered Drugs Index provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the 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 Rx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Cigna-HealthSpring Rx requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring Rx before you fill these prescriptions. If you don't get approval, Cigna-HealthSpring Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx will cover. For example, Cigna-HealthSpring Rx allows for 1 tablet per day for 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 Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna-HealthSpring Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring Rx will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that Cigna-HealthSpring Rx 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 Rx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna-HealthSpring Rx drug list?" on 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 Rx 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 Rx drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not in the Drug List?

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

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

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

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

- You can ask us to cover a drug even if it is not in our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring Rx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to provide a tiering exception for a higher cost-sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in the Non-Preferred Drugs tier, you can ask us to cover it at the Preferred Brand Drugs tier, and if your drug is contained in the Generic Drugs tier, you can ask us to cover it at the Preferred Generic Drugs tier. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, Cigna-HealthSpring Rx will only approve your request for an exception if the alternative drugs included 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 Rx will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna-HealthSpring Rx's Drug List

The comprehensive drug list that begins on page 17, provides coverage information about all of the drugs covered by Cigna-HealthSpring Rx. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 59.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., 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 Rx has any special requirements for coverage of your drug.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 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 Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

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 Rx is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4 or Tier 5.

Keep in mind that the name “Tier 3: Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

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

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

Cigna-HealthSpring Rx 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.

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
ALABAMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ALASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
ARIZONA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	37%	42%	37%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	40%	45%	40%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	33%	33%	33%	33%	33%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
COLORADO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	38%	43%	38%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
DELAWARE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
FLORIDA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	36%	35%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
GEORGIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
HAWAII					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
IDAHO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	35%	39%	35%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	42%	36%	42%	42%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
INDIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	43%	36%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
IOWA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
KANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	38%	44%	38%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	43%	36%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	34%	36%	34%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MAINE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	38%	45%	38%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MARYLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	42%	48%	42%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MISSOURI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
MONTANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEVADA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	35%	37%	35%	37%	37%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	38%	45%	38%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	36%	35%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$36 / \$72 / \$108	\$30 / \$60 / \$90	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	40%	50%	40%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NEW YORK					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$36 / \$72 / \$108	\$30 / \$60 / \$90	\$36 / \$72 / \$108	\$36
Tier 4: Non-Preferred Drugs	36%	43%	36%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
OHIO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	36%	35%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	33%	35%	33%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
OREGON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	37%	43%	37%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
TEXAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
UTAH					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	35%	39%	35%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
VERMONT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$30 / \$60 / \$90	\$34 / \$68 / \$102	\$34
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$3 / \$6 / \$9	\$8 / \$16 / \$24	\$8
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	37%	43%	37%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$30 / \$60 / \$90	\$35 / \$70 / \$105	\$35
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	35%	38%	35%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
WYOMING					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$3 / \$6 / \$9	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	36%	38%	36%	38%	38%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%

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

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 1-800-222-6700, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – Sept. 30. TTY users can call 711.

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

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>	4	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
<i>butalbital/aspirin/caffeine caps</i>	4	PA QL(180/30)
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA NDS QL(180/30)
<i>esgic caps</i>	4	PA QL(180/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 400mg</i>	4	QL(30/30)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	4	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	
<i>naproxen sodium tabs 275mg, 550mg</i>	4	
<i>naproxen susp</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
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)
<i>ascomp/codeine</i>	4	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>	4	NDS QL(5/30)
<i>endocet tabs 325mg; 10mg</i>	4	NDS QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

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

You can find more information on the symbols by going to page 16.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	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>	4	NDS QL(2700/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 7.5mg</i>	4	NDS QL(180/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 5mg</i>	4	NDS QL(360/30)
<i>hydrocodone bitartrate/ acetaminophen tabs 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>	4	NDS QL(150/30)
<i>hydromorphone hcl dosette</i>	4	NDS
<i>hydromorphone hcl inj</i>	4	NDS
<i>hydromorphone hcl liqd</i>	4	NDS QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	4	NDS QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	4	NDS QL(180/30)
<i>ibudone tabs 5mg; 200mg</i>	4	NDS QL(150/30)
<i>lorcet</i>	4	NDS QL(360/30)
<i>lorcet hd</i>	4	NDS QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	NDS QL(180/30)
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	NDS QL(240/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	NDS QL(700/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	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 conc</i>	4	NDS QL(120/30)
<i>oxycodone hcl oral soln</i>	4	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>	4	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	NDS QL(360/30)
<i>oxycodone/aspirin</i>	4	NDS QL(180/30)
<i>oxycodone/ibuprofen</i>	4	NDS QL(28/30)
<i>tramadol hcl</i>	2	NDS QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	4	NDS QL(240/30)
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	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl jelly</i>	3	PA
<i>lidocaine hcl mouth/throat soln</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	4	PA QL(50/30)
<i>lidocaine ptch</i>	4	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	4	PA

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	4	
<i>disulfiram</i>	4	
<i>naltrexone hcl</i>	3	

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 inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naloxone hcl inj 2mg/2ml</i>	3	
NARCAN	3	QL(4/30)

Smoking Cessation Agents

<i>bupropion hcl sr</i>	3	QL(60/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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Antibacterials

Aminoglycosides

<i>amikacin sulfate</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate crea</i>	4	
<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	

Antibacterials, Other

ALCOHOL PREP PADS	3	
<i>baciim</i>	4	
<i>bacitracin inj</i>	4	
<i>bacitracin ophthalmic oint</i>	4	
<i>bacitracin/polymyxin b</i>	2	
<i>chloramphenicol sodium succinate</i>	4	
<i>clindacin etz pledgets</i>	4	
<i>clindacin-p</i>	4	
<i>clindamycin</i>	4	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin phosphate crea</i>	4	

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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>clindamycin phosphate external soln</i>	4	
<i>clindamycin phosphate gel</i>	4	
<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>	4	
<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>	4	
<i>metronidazole crea</i>	4	
<i>metronidazole gel</i>	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i>	4	
<i>metronidazole lotn</i>	4	
<i>metronidazole tabs</i>	2	
<i>metronidazole vaginal</i>	4	
<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	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	4	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate</i>	3	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	3	
<i>polycin</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polymyxin b sulfate</i>	4	
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
<i>rosadan</i>	3	
<i>silver sulfadiazine</i>	4	
<i>SSD</i>	4	
<i>SYNERCID</i>	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>	4	
<i>XIFAXAN TABS 550MG</i>	5	PA NDS QL(90/30)
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	4	
<i>cefaclor er</i>	4	
<i>cefadroxil</i>	2	
<i>CEFAZOLIN</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	4	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	4	
<i>cefdinir</i>	4	
<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>	4	
<i>cefprozil</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ceftazidime</i>	4	
<i>ceftazidime/dextrose</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
<i>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	
<i>aztreonam inj 2gm</i>	5	NDS
<i>cefotetan</i>	4	
<i>ertapenem</i>	4	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin-sulbactam</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>naftillin 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	
<i>piperacillin/tazobactam</i>	4	
Macrolides		
AZASITE	3	
<i>azithromycin inj</i>	4	
<i>azithromycin pack</i>	3	
<i>azithromycin susr 200mg/5ml</i>	4	QL(90/30)
<i>azithromycin susr 100mg/5ml</i>	4	QL(150/30)
<i>azithromycin tabs 250mg, 500mg</i>	2	QL(12/28)
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin</i>	4	
<i>clarithromycin er</i>	4	
<i>ery</i>	4	
ERY-TAB	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin base</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	4	
<i>erythromycin oint</i>	2	
<i>erythromycin pads</i>	3	
Quinolones		
AVELOX INJ	4	
BAXDELA	4	
BESIVANCE	4	
CILOXAN OINT	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin hcl ophthalmic soln</i>	2	
<i>ciprofloxacin hcl tabs 250mg, 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hydrochloride</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin susr</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i>	4	
<i>levofloxacin oral soln</i>	3	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 250mg, 750mg</i>	2	QL(30/30)
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hcl</i>	4	
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
<i>ofloxacin ophthalmic soln</i>	2	
<i>ofloxacin otic soln</i>	4	
<i>ofloxacin tabs</i>	2	
Sulfonamides		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>sodium sulfacetamide ophthalmic soln</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sulfacetamide sodium lotn</i>	4	
<i>sulfacetamide sodium ophthalmic soln</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>sulfadiazine</i>	4	
<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	
Tetracyclines		
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	QL(60/30)
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	4	
<i>minocycline hcl caps</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>mondoxylene nl</i>	2	QL(60/30)
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 1x50mg</i>	4	
<i>morgidox 2x100mg caps</i>	4	
<i>tetracycline hydrochloride</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG, 400MG, 800MG	5	NDS QL(30/30) ST
APTIOM TABS 600MG	5	NDS QL(60/30) ST
BRIVIACT INJ	5	NDS QL(600/30)
BRIVIACT ORAL SOLN	5	NDS QL(1200/30)
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG	5	NDS QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BRIVIACT TABS 100MG	5	NDS QL(120/30)
FYCOMPA SUSP	4	PA QL(720/30)
FYCOMPA TABS	4	PA QL(30/30)
<i>levetiracetam er tb24 750mg</i>	4	QL(120/30)
<i>levetiracetam er tb24 500mg</i>	4	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	
<i>magnesium sulfate in d5w</i>	4	B/D PA
<i>roweepra</i>	2	
<i>roweepra xr tb24 750mg</i>	4	QL(120/30)
<i>roweepra xr tb24 500mg</i>	4	QL(180/30)
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide</i>	4	
LYRICA CAPS 225MG, 300MG	3	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(90/30)
LYRICA ORAL SOLN	3	QL(900/30)
<i>zonisamide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	4	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	4	QL(300/30)
<i>clonazepam tabs 0.5mg</i>	2	QL(90/30)
<i>clonazepam tabs 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	3	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	3	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	3	QL(40/30)
<i>divalproex sodium</i>	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	4	
<i>gabapentin caps 100mg</i>	2	QL(180/30)
<i>gabapentin caps 300mg, 400mg</i>	2	QL(270/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
GABITRIL TABS 12MG, 16MG	4	ST
GRALISE	3	
GRALISE STARTER	3	QL(156/365)
ONFI SUSP	4	QL(480/30)
ONFI TABS 10MG, 20MG	4	QL(60/30)
<i>phenobarbital elix</i>	4	QL(1500/30)
<i>phenobarbital tabs</i>	4	QL(120/30)
<i>primidone</i>	2	
SABRIL TABS	5	PA NDS QL(180/30)
<i>tiagabine hydrochloride</i>	4	ST
<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>	4	
<i>lamotrigine odt</i>	4	
<i>topiramate</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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 chew</i>	2	
<i>carbamazepine er</i>	4	
<i>carbamazepine susp</i>	4	
<i>carbamazepine tabs</i>	3	
DILANTIN	4	
DILANTIN INFATABS	4	
<i>epitol</i>	3	
<i>fosphenytoin sodium</i>	4	
<i>oxcarbazepine susp</i>	4	
<i>oxcarbazepine tabs</i>	3	
PEGANONE	4	
<i>phenytoin chew</i>	3	
<i>phenytoin infatabs</i>	3	
<i>phenytoin sodium</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin susp</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 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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rivastigmine transdermal system</i>	4	QL(30/30)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl tabs 10mg</i>	3	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	3	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>	4	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)
<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>	4	QL(30/30)
<i>nefazodone hcl</i>	4	QL(60/30)
<i>nefazodone hydrochloride</i>	4	QL(60/30)
<i>trazodone hydrochloride</i>	2	
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>	4	QL(600/30)
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
<i>escitalopram oxalate oral soln</i>	4	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 tabs 25mg, 50mg</i>	3	QL(30/30)
<i>fluvoxamine maleate tabs 100mg</i>	3	QL(90/30)
<i>paroxetine hcl tabs 10mg</i>	1	QL(30/30)
<i>paroxetine hcl tabs 20mg</i>	1	QL(90/30)
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL(60/30)
PAXIL SUSP	4	QL(900/30) ST
PRISTIQ	4	QL(30/30)
<i>sertraline hcl conc</i>	3	QL(300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sertraline hcl tabs 25mg</i>	2	QL(30/30)
<i>sertraline hcl tabs 100mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(120/30)
<i>venlafaxine hcl</i>	2	QL(90/30)
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL(30/30)
<i>venlafaxine hcl er cp24 150mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(30/30) ST
Tricyclics		
<i>amitriptyline hcl</i>	2	PA
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	PA
<i>desipramine hcl</i>	4	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride</i>	2	PA
<i>nortriptyline hcl</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tabs</i>	2	
<i>phenadoz</i>	4	
<i>prochlorperazine</i>	4	
<i>promethazine hcl supp</i>	4	
<i>promethazine hcl syrup</i>	4	PA
<i>promethazine hcl tabs 12.5mg, 25mg</i>	2	PA
<i>promethazine hydrochloride tabs 50mg</i>	2	PA
<i>promethegan</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
scopolamine	4	QL(10/30)
Emetogenic Therapy Adjuncts		
aprepitant caps 40mg	4	B/D PA QL(1/30)
aprepitant caps 125mg	4	B/D PA QL(2/28)
aprepitant caps 80mg	4	B/D PA QL(4/28)
aprepitant caps pack	4	B/D PA QL(6/28)
dronabinol	4	PA QL(60/30)
EMEND SUSR	4	B/D PA QL(6/28)
granisetron hcl inj 0.1mg/ml, 1mg/ml	4	B/D PA
granisetron hcl tabs	4	B/D PA QL(30/30)
granisetron hydrochloride	4	B/D PA
ondansetron hcl inj 40mg/20ml, 4mg/2ml	4	
ondansetron hcl oral soln	4	B/D PA QL(450/30)
ondansetron hcl tabs 24mg	2	B/D PA QL(15/30)
ondansetron hcl tabs 4mg, 8mg	2	B/D PA QL(90/30)
ondansetron odt	2	B/D PA QL(90/30)
SANCUSO	5	NDS QL(4/28)
Antifungals		
Antifungals		
ABELCET	5	PA NDS
AMBISOME	5	PA NDS
amphotericin b	4	PA
caspofungin acetate	5	PA NDS
ciclodan	4	
ciclopirox nail lacquer	4	
ciclopirox olamine	4	
ciclopirox sham	4	
ciclopirox susp	4	
clotrimazole external crea	2	
clotrimazole external soln	3	
clotrimazole lozg	2	
clotrimazole/betamethasone dipropionate crea	2	
clotrimazole/betamethasone dipropionate lotn	4	
econazole nitrate	4	
fluconazole in nacl	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
fluconazole susr	4	
fluconazole tabs	2	
flucytosine	5	NDS
griseofulvin microsize	4	
griseofulvin ultramicrosize	4	
itraconazole caps	4	PA QL(120/30)
ketoconazole crea	2	
ketoconazole sham	2	
ketoconazole tabs	2	
naftifine hcl	4	
naftifine hydrochloride	4	
NATACYN	4	
NOXAFIL SUSP	5	PA NDS QL(600/30)
NOXAFIL TBEC	5	PA NDS QL(96/30)
nyamyc	4	
nystatin crea	2	
nystatin oint	2	
nystatin powd	3	
nystatin susp	2	
nystatin tabs	2	
nystatin/triamcinolone	4	
nystop	4	
SPORANOX ORAL SOLN	5	PA NDS
terbinafine hcl tabs	2	QL(90/365)
terconazole	4	
voriconazole inj	5	PA NDS
voriconazole susr	5	PA NDS QL(300/30)
voriconazole tabs	4	PA QL(90/30)
Antigout Agents		
Antigout Agents		
allopurinol	1	
allopurinol sodium	4	
colchicine caps	3	QL(60/30)
colchicine tabs	3	QL(120/30)
MITIGARE	3	QL(60/30)
probenecid	4	
probenecid/colchicine	4	
ULORIC	3	QL(30/30) ST

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate inj</i>	4	QL(30/28)
<i>dihydroergotamine mesylate nasal soln</i>	4	PA QL(8/30)
<i>ergotamine tartrate/caffeine</i>	3	QL(40/28)
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan hcl</i>	4	QL(9/30)
<i>rizatriptan benzoate</i>	4	QL(12/30)
<i>rizatriptan benzoate odt</i>	4	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>	4	
Antituberculars		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isoniazid inj</i>	4	
<i>isoniazid syrp</i>	4	
<i>isoniazid tabs</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifampin</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>carboplatin inj 450mg/45ml, 50mg/5ml</i>	3	B/D PA
<i>cyclophosphamide caps</i>	4	B/D PA
<i>cyclophosphamide inj</i>	5	B/D PA NDS
<i>dacarbazine</i>	4	B/D PA
EVOMELA	5	PA NDS
GLEOSTINE	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

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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>	3	QL(30/30)
ERLEADA	5	PA NDS QL(120/30)
<i>flutamide</i>	4	
<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	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
<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>	4	
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 sulfata</i>	4	B/D PA
BORTEZOMIB	5	PA NDS QL(14/21)
BRAFTOVI	5	PA NDS QL(180/30)
<i>carboplatin inj 150mg/15ml</i>	3	B/D PA
<i>cisplatin</i>	4	B/D PA
<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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DOCETAXEL INJ 200MG/10ML	5	B/D PA NDS
<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 10mg, 15mg, 25mg</i>	4	
<i>leucovorin calcium tabs 5mg</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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYNPARZA TABS	5	PA NDS QL(120/30)
MEKTOVI	5	PA NDS QL(180/30)
<i>mesna</i>	4	B/D PA
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)
ONCASPAR	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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	4	QL(60/30)
<i>letrozole</i>	2	QL(30/30)
Enzyme Inhibitors		
<i>etoposide inj</i>	3	B/D PA
<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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
<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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TIBSOVO	5	PA NDS QL(60/30)
TYKERB	5	PA NDS QL(180/30)
VOTRIENT	5	PA NDS QL(120/30)
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

POTELIGEO	5	PA NDS
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Monoclonal Antibody/Antibody Drug Conjugate

AVASTIN	5	PA NDS
BAVENCIO	5	PA NDS
BESONSA	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
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Retinoids		
<i>bexarotene</i>	5	NDS
PANRETIN	5	NDS
TARGRETIN GEL	5	NDS QL(60/30)
<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>	4	
<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	4	
<i>quinine sulfate</i>	4	QL(42/7)

Pediculicides/Scabicides

<i>lindane</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	

Antiparkinson Agents

Anticholinergics

<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trihexyphenidyl hcl</i>	2	PA
Antiparkinson Agents, Other		
<i>amantadine hcl caps</i>	3	
<i>amantadine hcl syrp</i>	3	
<i>amantadine hcl tabs</i>	4	
<i>entacapone</i>	4	QL(240/30)
Dopamine Agonists		
APOKYN	5	PA NDS QL(60/30)
<i>bromocriptine mesylate</i>	4	
NEUPRO	4	QL(30/30)
<i>pramipexole dihydrochloride</i>	2	QL(90/30)
<i>ropinirole hcl</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	4	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa/levodopa/ entacapone</i>	4	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	4	QL(30/30)
<i>selegiline hcl</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl</i>	4	
<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</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate</i>	4	
<i>loxapine</i>	4	
<i>loxapine succinate</i>	4	
<i>perphenazine</i>	4	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	4	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	NDS QL(1/28)
<i>aripiprazole odt</i>	5	NDS QL(60/30)
<i>aripiprazole oral soln</i>	4	QL(900/30)
<i>aripiprazole tabs</i>	4	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 1MG, 2MG, 4MG	4	QL(60/30) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	NDS QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
GEODON INJ	4	QL(6/30)
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 SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA TRINZA INJ 273MG/0.875ML	5	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL(30/30)
LATUDA TABS 80MG	4	QL(60/30)
NUPLAZID CAPS	5	PA NDS QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	4	QL(30/30)
<i>olanzapine tabs</i>	2	QL(30/30)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	4	QL(60/30) ST
<i>quetiapine fumarate</i>	2	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>	4	QL(60/30)
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	4	QL(60/30)
<i>risperidone odt tbdp 4mg</i>	4	QL(120/30)
<i>risperidone oral soln</i>	4	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>	4	QL(60/30)
ZYPREXA RELPREVV INJ 210MG	4	QL(2/28)
ZYPREXA RELPREVV INJ 405MG	5	NDS QL(1/28)
ZYPREXA RELPREVV INJ 300MG	5	NDS 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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	QL(120/30)
<i>clozapine tabs 100mg</i>	4	QL(270/30)
VERSACLOZ	4	QL(540/30)

Antispasticity Agents

Antispasticity Agents

<i>baclofen tabs</i>	2	
<i>dantrolene sodium</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>entecavir</i>	4	QL(30/30)
EPIVIR HBV ORAL SOLN	3	
INTRON A INJ 6000000UNIT/ML	4	
INTRON A INJ 10MU, 10MU/ML, 18MU, 50MU	5	NDS
<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)

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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>	4	QL(30/30)
<i>nevirapine er tb24 100mg</i>	4	QL(90/30)
<i>nevirapine tabs</i>	4	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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	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>	4	QL(180/30)
<i>zidovudine syrup</i>	4	QL(1680/28)
<i>zidovudine tabs</i>	4	QL(60/30)
Anti-HIV Agents, Other		
ATRIPLA	5	NDS QL(30/30)
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	3	QL(360/30)
NORVIR ORAL SOLN	3	QL(480/30)
NORVIR PACK	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)
PREZISTA TABS 600MG	5	NDS QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
REYATAZ PACK	5	NDS QL(180/30)
<i>ritonavir</i>	3	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 caps</i>	3	
<i>oseltamivir phosphate susr</i>	4	
<i>rimantadine hcl</i>	2	
Antitherpetic Agents		
<i>acyclovir caps</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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	
<i>famciclovir</i>	4	QL(60/30)
<i>trifluridine</i>	4	
<i>valacyclovir hcl tabs 1gm</i>	3	QL(30/30)
<i>valacyclovir hydrochloride</i>	3	QL(30/30)

Anxiolytics

Anxiolytics, Other

<i>bupirone hcl</i>	2	
<i>doxepin hcl</i>	4	PA

Benzodiazepines

<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)
<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>	4	QL(150/30)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	4	
<i>lorazepam intensol</i>	4	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	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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)
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>	2	QL(60/30)
<i>glipizide er tb24 5mg</i>	2	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	2	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>	2	QL(60/30)
<i>glipizide xl tb24 5mg</i>	2	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	2	QL(240/30)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL(240/30)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	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>	4	QL(750/30)
<i>metformin hydrochloride tabs 500mg</i>	1	QL(150/30)
<i>nateglinide</i>	2	QL(90/30)
OZEMPIC	3	QL(3/28)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>repaglinide tabs 0.5mg, 1mg</i>	4	QL(120/30)
<i>repaglinide tabs 2mg</i>	4	QL(240/30)
RIOMET	4	QL(750/30)
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	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(24/90)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml, 300mg/3ml</i>	4	QL(30/90)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL(15/90)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	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>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>heparin sodium inj 5000unit/0.5ml</i>	4	
<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>	3	
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)

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Covered Drugs By Category

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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)
MOZOBIL	5	NDS QL(9.6/30)
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>dipyridamole tabs</i>	2	PA
<i>prasugrel</i>	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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Cardiovascular Agents

Alpha-adrenergic Agonists

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

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>prazosin hcl</i>	4	
<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>	2	QL(30/30)
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	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>	2	QL(30/30)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL(30/30)
<i>telmisartan</i>	2	QL(30/30)
<i>telmisartan/amlodipine</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide</i>	2	QL(30/30)
<i>valsartan</i>	2	QL(30/30)
<i>valsartan/hydrochlorothiazide</i>	2	QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	2	QL(30/30)
<i>benazepril hcl/ hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	QL(60/30)
<i>captopril</i>	4	
<i>captopril/hydrochlorothiazide</i>	4	
<i>enalapril maleate</i>	1	QL(60/30)
<i>enalapril maleate/ hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	2	QL(60/30)
<i>fosinopril sodium/ hydrochlorothiazide</i>	2	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>	2	
<i>moexipril/hydrochlorothiazide</i>	2	
<i>perindopril erbumine</i>	2	QL(60/30)
<i>quinapril hcl</i>	1	QL(60/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	2	QL(30/30)
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	2	QL(60/30)
<i>ramipril</i>	1	QL(60/30)
<i>trandolapril tabs 1mg</i>	2	QL(30/30)
<i>trandolapril tabs 2mg, 4mg</i>	2	QL(60/30)
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amiodarone hcl tabs 400mg</i>	4	
<i>amiodarone hcl tabs 100mg, 200mg</i>	2	
<i>amiodarone hydrochloride inj</i>	4	
<i>dofetilide</i>	4	QL(60/30)
<i>flecainide acetate</i>	4	
<i>lidocaine hcl inj</i>	4	
<i>mexiletine hcl</i>	4	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	4	
<i>propafenone hcl</i>	4	
<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	4	QL(30/30)

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BYSTOLIC TABS 20MG	4	QL(60/30)
carvedilol	1	
carvedilol phosphate	4	QL(30/30)
labetalol hcl	4	
metoprolol succinate er	1	QL(60/30)
metoprolol tartrate inj	4	
metoprolol tartrate tabs	1	
metoprolol/hydrochlorothiazide	2	
nadolol	4	
nadolol/bendroflumethiazide	4	
pindolol	3	
propranolol hcl er	4	
propranolol hcl inj	4	
propranolol hcl oral soln	4	
propranolol hcl tabs	2	
propranolol hydrochloride tabs 60mg	2	
propranolol/hydrochlorothiazide	3	
timolol maleate tabs	4	
Calcium Channel Blocking Agents		
afeditab cr	4	QL(60/30)
amlodipine besylate tabs 10mg	1	QL(30/30)
amlodipine besylate tabs 5mg	1	QL(60/30)
amlodipine besylate tabs 2.5mg	1	QL(120/30)
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg	2	QL(30/30)
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	2	QL(60/30)
amlodipine besylate/valsartan	2	QL(30/30)
amlodipine/valsartan/hctz	2	QL(30/30)
cartia xt	3	
dilt-xr	3	
diltiazem cd cp24 180mg	3	
diltiazem hcl er cp12	3	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 300mg, 420mg	3	
diltiazem hcl er tb24	3	
diltiazem hcl inj	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
diltiazem hcl tabs	2	
felodipine er	2	QL(60/30)
isradipine	4	
matzim la	3	
nicardipine hcl	4	
nifedipine er tb24 90mg	3	QL(30/30)
nifedipine er tb24 30mg, 60mg	3	QL(60/30)
nimodipine	4	
taztia xt cp24 120mg, 180mg, 240mg, 300mg	3	
verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg	2	QL(30/30)
verapamil hcl er cp24 200mg	2	QL(60/30)
verapamil hcl er tbc	2	
verapamil hcl inj	4	
VERAPAMIL HCL SR CP24 360MG	3	QL(30/30)
verapamil hcl tabs	1	
Cardiovascular Agents, Other		
atropine sulfate inj 0.5mg/5ml	4	
CORLANOR	4	PA QL(60/30)
DEMSEER	5	NDS
digitek tabs 0.25mg	4	PA
digitek tabs 0.125mg	3	QL(30/30)
digox tabs 125mcg	3	QL(30/30)
digox tabs 250mcg	4	PA
digoxin inj	4	PA
digoxin tabs 250mcg	4	PA
digoxin tabs 125mcg	3	QL(30/30)
NORTHERA CAPS 100MG	5	PA NDS QL(90/30)
NORTHERA CAPS 200MG, 300MG	5	PA NDS QL(180/30)
pentoxifylline er	2	
RANEXA	3	QL(60/30)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide	3	
acetazolamide sodium	4	
methazolamide	4	
Diuretics, Loop		
bumetanide inj	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bumetanide tabs 2mg</i>	3	
<i>bumetanide tabs 0.5mg, 1mg</i>	2	
<i>ethacrynate sodium</i>	4	
<i>furosemide inj</i>	2	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>torseamide</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>spironolactone</i>	2	
<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>	2	
<i>metolazone</i>	3	
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, 160mg</i>	4	QL(30/30)
<i>fenofibrate tabs 48mg</i>	4	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)
<i>gemfibrozil</i>	2	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	QL(30/30)
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>	2	QL(30/30)
<i>simvastatin</i>	1	QL(30/30)
Dyslipidemics, Other		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	4	QL(30/30)
<i>ezetimibe/simvastatin</i>	4	QL(30/30)
<i>niacin er tbc 500mg</i>	4	QL(30/30)
<i>niacin er tbc 1000mg, 750mg</i>	4	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>	4	
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)
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>	3	
<i>isosorbide dinitrate tabs</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	4	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</i> 5mg; 5mg; 5mg	3	QL(90/30)
<i>dextroamphetamine sulfate er cp24</i> 5mg	4	QL(60/30)
<i>dextroamphetamine sulfate er cp24</i> 10mg	4	QL(90/30)
<i>dextroamphetamine sulfate er cp24</i> 15mg	4	QL(120/30)
<i>dextroamphetamine sulfate oral soln</i>	4	QL(1800/30)
<i>dextroamphetamine sulfate tabs</i> 5mg	4	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextroamphetamine sulfate tabs</i> 10mg	4	QL(180/30)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine caps</i> 100mg, 60mg, 80mg	4	QL(30/30)
<i>atomoxetine caps</i> 10mg, 18mg, 25mg, 40mg	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>	4	QL(90/30)
<i>methylphenidate hydrochloride er tb24</i> 27mg, 54mg	4	QL(30/30)
<i>methylphenidate hydrochloride er tb24</i> 36mg	4	QL(60/30)
<i>methylphenidate hydrochloride er tb24</i> 18mg	4	QL(120/30)
<i>methylphenidate hydrochloride er tbc</i> 10mg, 27mg, 54mg	4	QL(30/30)
<i>methylphenidate hydrochloride er tbc</i> 36mg	4	QL(60/30)
<i>methylphenidate hydrochloride er tbc</i> 20mg	4	QL(90/30)
<i>methylphenidate hydrochloride er tbc</i> 18mg	4	QL(120/30)
<i>methylphenidate hydrochloride tabs</i>	4	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	4	PA QL(56/365)
NAMZARIC CP24	4	PA QL(30/30)
NUEDEXTA	4	PA QL(60/30)
<i>riluzole</i>	4	
<i>tetrabenazine tabs</i> 12.5mg	5	PA NDS QL(90/30)
<i>tetrabenazine tabs</i> 25mg	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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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>	4	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	4	

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)
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diclofenac sodium gel 1%</i>	3	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	4	QL(1050/30)
<i>erythromycin/benzoyl peroxide</i>	4	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil crea 0.5%</i>	5	NDS
<i>fluorouracil external soln</i>	4	
<i>imiquimod</i>	4	QL(12/30)
<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>	4	
RECTIV	4	QL(30/30)
REGANEX	5	PA NDS QL(15/30)
SANTYL	3	
<i>selenium sulfide lotn</i>	2	
<i>tacrolimus oint</i>	4	QL(100/90)
<i>tazarotene</i>	4	
TAZORAC CREA 0.05%	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
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
<i>zenatane</i>	4	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

AMINOSYN	4	B/D PA
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Covered Drugs By Category

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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
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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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
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	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<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	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
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>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride inj</i> 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	B/D PA
<i>potassium chloride oral soln</i>	4	
<i>potassium chloride sr</i>	2	
<i>potassium chloride/dextrose inj</i> 5%; 20meq/l, 5%; 40meq/l	4	B/D PA
<i>potassium chloride/dextrose/ lactated ringers</i>	4	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	B/D PA
<i>potassium citrate er</i>	4	
PREMASOL	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)
<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

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<i>trientine hydrochloride</i>	5	NDS
VELTASSA	3	
Phosphate Binders		
AURYXIA	4	QL(360/30)
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
PHOSLYRA	4	
<i>sevelamer carbonate pack</i>	4	QL(180/30)
<i>sevelamer carbonate tabs</i>	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>	2	
<i>dicyclomine hcl oral soln</i>	4	
<i>dicyclomine hydrochloride tabs</i>	2	
<i>ed-spaz</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs</i>	4	
<i>hyoscyamine sulfate elix</i>	2	
<i>hyoscyamine sulfate odt</i>	2	
<i>hyoscyamine sulfate sublingual</i>	2	
<i>hyoscyamine sulfate tabs</i>	2	
<i>hyoscyamine sulfate tbdp</i>	2	
<i>methscopolamine bromide</i>	4	
<i>nulev</i>	2	
<i>oscimin</i>	2	
<i>propantheline bromide</i>	4	
Gastrointestinal Agents, Other		
<i>cromolyn sodium conc</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA NDS
<i>loperamide hcl caps</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metoclopramide hcl inj</i>	4	
<i>metoclopramide hcl oral soln</i>	2	
<i>metoclopramide hcl tabs</i>	2	
OSMOPREP	4	
RELISTOR INJ 8MG/0.4ML	5	PA NDS QL(11.2/28)
RELISTOR INJ 12MG/0.6ML	5	PA NDS QL(16.8/28)
TRULANCE	4	QL(30/30)
<i>ursodiol caps</i>	3	
<i>ursodiol tabs</i>	4	
Histamine2 (H2) Receptor Antagonists		
<i>famotidine inj</i>	4	
<i>famotidine premixed</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>ranitidine hcl caps</i>	4	
<i>ranitidine hcl inj</i>	4	
<i>ranitidine hcl syrup</i>	4	
<i>ranitidine hcl tabs</i>	1	
<i>ranitidine hydrochloride inj</i>	4	
Irritable Bowel Syndrome Agents		
<i>alosectron hydrochloride tabs 1mg</i>	5	PA NDS QL(60/30)
<i>alosectron hydrochloride tabs 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 soln</i>	2	
MOVIPREP	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>polyethylene glycol 3350 powd</i>	3	
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>omeprazole cpdr</i>	2	QL(60/30)
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec</i>	2	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
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL(30/30)
MYRBETRIQ	3	QL(30/30)
<i>oxybutynin chloride er tb24 5mg</i>	3	QL(30/30)
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL(60/30)
<i>oxybutynin chloride syrup</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	QL(120/30)
<i>tolterodine tartrate</i>	4	QL(60/30)
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>	3	
ELMIRON	4	
<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 crea</i>	2	
<i>augmented betamethasone dipropionate gel</i>	3	

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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>augmented betamethasone dipropionate lotn</i>	4	
<i>augmented betamethasone dipropionate oint</i>	4	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate crea</i>	3	
<i>betamethasone valerate foam</i>	4	
<i>betamethasone valerate lotn</i>	3	
<i>betamethasone valerate oint</i>	3	
<i>cortisone acetate</i>	4	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide lotn</i>	4	
<i>desonide oint</i>	4	
<i>desoximetasone crea</i>	4	
<i>desoximetasone gel</i>	4	
<i>desoximetasone oint</i>	4	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	
<i>fludrocortisone acetate</i>	2	
<i>fluocinolone acetonide</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide external soln</i>	4	
<i>fluocinonide gel</i>	4	
<i>fluocinonide oint</i>	4	
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate oint</i>	4	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate (lipid)</i>	4	
<i>hydrocortisone butyrate (lipophilic)</i>	4	
<i>hydrocortisone butyrate crea</i>	4	
<i>hydrocortisone butyrate external soln</i>	4	
<i>hydrocortisone butyrate oint</i>	4	
<i>hydrocortisone external crea</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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>	4	
<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>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	4	
<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 5mg</i>	1	
<i>prednisone tbpk 10mg</i>	2	
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	4	
<i>proctozone-hc</i>	4	
SOLU-CORTEF	4	
TEXACORT	3	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	4	
<i>triamcinolone acetonide lotn</i>	3	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm crea 0.1%</i>	2	

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
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		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amethia</i>	3	QL(91/91)
<i>amethia lo</i>	2	QL(91/91)
<i>apri</i>	2	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	QL(91/91)
<i>aubra</i>	3	
<i>aviane</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	4	
<i>bekyree</i>	4	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	3	QL(91/91)
<i>camrese lo</i>	4	QL(91/91)
<i>caziant</i>	2	
<i>cesia</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	4	
<i>cyred</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	QL(91/91)
DELESTROGEN INJ 10MG/ML	4	
<i>delyla</i>	3	
DEPO-ESTRADIOL	4	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	3	
<i>elinest</i>	3	
<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>	3	
<i>estarylla</i>	2	
<i>estradiol crea</i>	4	
<i>estradiol pttw</i>	4	PA QL(8/28)
<i>estradiol ptwk</i>	4	PA QL(4/28)
<i>estradiol tabs 10mcg</i>	4	QL(18/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	2	PA
<i>estradiol valerate</i>	4	
ESTRING	4	QL(1/90)
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	4	PA
<i>introvale</i>	4	QL(91/91)
<i>isibloom</i>	3	
<i>jevantage lo</i>	4	PA
<i>jolessa</i>	3	QL(91/91)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	4	
<i>kurvelo</i>	3	
<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>	3	QL(91/91)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg</i>	4	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	4	QL(91/91)
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	3	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	4	PA
<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	
<i>mono-linyah</i>	3	
<i>myzilra</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	PA
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	3	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	3	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	2	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	4	
<i>ogestrel</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PREMARIN TABS	4	PA QL(30/30)
<i>previfem</i>	2	
<i>quasense</i>	2	QL(91/91)
<i>reclipsen</i>	2	
<i>setlakin</i>	4	QL(91/91)
<i>sprintec 28</i>	2	
<i>sronyx</i>	4	
<i>tarina fe 1/20</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
TRINESSA	3	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	4	
<i>vienva</i>	4	
<i>viorele</i>	3	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>yuvaferm</i>	4	QL(18/28)
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
Progesterone Agonists/Antagonists		
ELLA	3	
MAKENA INJ 275MG/1.1ML	5	PA NDS
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	QL(10/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>errin</i>	2	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate</i>	5	PA NDS
<i>incassia</i>	2	
<i>jencycla</i>	3	
JOLIVETTE	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate inj</i>	4	QL(1/90)
<i>medroxyprogesterone acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate tabs</i>	4	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	4	
<i>norlyroc</i>	3	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	PA QL(30/30)
<i>raloxifene hydrochloride</i>	3	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	4	
<i>levoxy tabs 100mcg, 112mcg, 175mcg</i>	4	
<i>liothyronine sodium inj</i>	4	
<i>liothyronine sodium tabs</i>	2	

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SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	4	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)	5	PA 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
SIGNIFOR	5	PA NDS QL(60/30)
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA NDS QL(0.2/28)
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	4	
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
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	4	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA NDS
<i>mycophenolate mofetil tabs</i>	4	PA
<i>mycophenolic acid dr</i>	4	PA
NULOJIX	5	PA NDS QL(150/30)
RAPAMUNE ORAL SOLN	5	PA NDS
RENFLEXIS	5	PA NDS
SANDIMMUNE ORAL SOLN	4	PA
<i>sirolimus</i>	4	PA
<i>tacrolimus caps</i>	4	PA
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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>	3	QL(30/30)
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)
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)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
Glucocorticoids		
<i>budesonide cpep</i>	4	
<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>	4	QL(90/30)
PROLIA	4	QL(1/180)
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)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
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)
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)
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<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 Prostanamide Analogs

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

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic soln</i>	3	
CYSTARAN	5	PA NDS QL(60/28)
<i>proparacaine hcl</i>	2	
RESTASIS	3	QL(60/30)
<i>tropicamide</i>	2	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl ophthalmic soln</i>	4	
<i>cromolyn sodium ophthalmic soln</i>	2	
<i>epinastine hcl</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>olopatadine hcl ophthalmic soln</i>	4	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>	2	
PROLENSA	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	4	
<i>apraclonidine</i>	4	
AZOPT	3	
<i>betaxolol hcl ophthalmic soln</i>	4	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	4	
SIMBRINZA	4	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate ophthalmic soln</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>fluocinolone acetonide</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
ARNUITY ELLIPTA	3	QL(30/30)
BREO ELLIPTA	3	QL(60/30)
<i>budesonide susp</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)
Antihistamines		
<i>azelastine hcl nasal soln</i>	4	QL(30/25)
<i>desloratadine</i>	4	QL(30/30)
<i>diphenhydramine hcl inj</i>	4	
<i>levocetirizine dihydrochloride oral soln</i>	4	QL(300/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocetirizine dihydrochloride tabs</i>	2	QL(30/30)
Antileukotrienes		
<i>montelukast sodium chew</i>	2	QL(30/30)
<i>montelukast sodium pack</i>	4	QL(30/30)
<i>montelukast sodium tabs</i>	2	QL(30/30)
<i>zafirlukast</i>	4	QL(60/30)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8/30)
COMBIVENT RESPIMAT	4	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>	4	
<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>	4	
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>	3	QL(2/30)
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>levalbuterol tartrate hfa</i>	4	QL(30/30)
<i>metaproterenol sulfate</i>	4	
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
SEREVENT DISKUS	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
DALIRESP TABS 250MCG	4	PA QL(60/365)
<i>theophylline cr</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline er tb24</i>	2	
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)

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Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln</i>	4	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)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	2	PA QL(90/30)
<i>methocarbamol tabs</i>	2	PA
<i>orphenadrine citrate er</i>	2	PA QL(60/30)
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL(60/365)
<i>temazepam caps 15mg, 30mg</i>	2	QL(60/365)
<i>zaleplon</i>	2	QL(30/30)
<i>zolpidem tartrate tabs</i>	2	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)

Covered Drugs Index

DRUG	PAGE	DRUG	PAGE	DRUG	PAGE
A		<i>afeditab cr</i>	40	<i>amantadine hcl caps</i>	32
<i>abacavir/lamivudine</i>	34	AFINITOR DISPERZ TBSO 2MG, 3MG	30	<i>amantadine hcl syrup</i>	32
<i>abacavir oral soln</i>	34	AFINITOR DISPERZ TBSO 5MG	30	<i>amantadine hcl tabs</i>	32
<i>abacavir sulfate/ lamivudine/zidovudine</i>	34	AFINITOR TABS 2.5MG, 5MG, 7.5MG	30	AMBISOME	26
<i>abacavir tabs</i>	34	AFINITOR TABS 10MG	30	<i>a-methapred</i>	47
ABELCET	26	<i>ala-cort crea 1%</i>	47	<i>amethia</i>	49
ABILIFY MAINTENA	32	ALBENZA	31	<i>amethia lo</i>	49
ABRAXANE	28	<i>albuterol sulfate er</i>	57	<i>amikacin sulfate</i>	19
<i>acamprosate calcium dr</i>	19	<i>albuterol sulfate nebu 0.5%</i>	57	<i>amiloride hcl</i>	41
<i>acarbose</i>	36	<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	57	<i>amiloride/hydrochlorothiazide</i>	41
<i>acebutolol hcl</i>	39	<i>albuterol sulfate syrup</i>	57	AMINO ACID	54
<i>acetaminophen/codeine oral soln</i>	17	<i>albuterol sulfate tabs</i>	57	<i>aminophylline</i>	57
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	17	<i>alclometasone dipropionate</i>	47	AMINOSYN	43
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	17	ALCOHOL PREP PADS	19	AMINOSYN 7%/ELECTROLYTES	44
<i>acetazolamide</i>	40	ALDURAZYME	47	AMINOSYN 8.5%/ ELECTROLYTES	44
<i>acetazolamide er</i>	56	ALECENSA	30	AMINOSYN-HBC	44
<i>acetazolamide sodium</i>	40	<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	54	AMINOSYN II	44
<i>acetic acid</i>	56	<i>alendronate sodium tabs 35mg, 70mg</i>	54	AMINOSYN II 8.5%/ ELECTROLYTES	44
<i>acetylcysteine inhalation soln</i>	58	<i>alfuzosin hcl er</i>	47	AMINOSYN M	44
<i>acitretin</i>	43	ALIMTA	28	AMINOSYN-PF	44
ACTEMRA INJ 162MG/0.9ML	53	ALINIA SUSR	31	AMINOSYN-PF 7%	44
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	53	ALINIA TABS	31	AMINOSYN-RF	44
ACTHIB	53	ALIQOPA	30	<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	39
ACTIMMUNE	53	<i>allopurinol</i>	26	<i>amiodarone hcl tabs 100mg, 200mg</i>	39
<i>acyclovir caps</i>	35	<i>allopurinol sodium</i>	26	<i>amiodarone hcl tabs 400mg</i>	39
<i>acyclovir oint</i>	35	<i>alosetron hydrochloride tabs 0.5mg</i>	46	<i>amiodarone hydrochloride inj</i>	39
<i>acyclovir sodium</i>	35	<i>alosetron hydrochloride tabs 1mg</i>	46	AMITIZA	46
<i>acyclovir susp</i>	35	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	35	<i>amitriptyline hcl</i>	25
<i>acyclovir tabs</i>	35	<i>alprazolam tabs 2mg</i>	35	<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	40
ADACEL	53	<i>altavera</i>	49	<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg</i>	40
ADAGEN	47	ALUNBRIG TABS 30MG	30	<i>amlodipine besylate tabs 2.5mg</i>	40
ADEMPAS	57	ALUNBRIG TABS 180MG, 90MG	30	<i>amlodipine besylate tabs 5mg</i>	40
<i>adriamycin inj 2mg/ml</i>	28	ALUNBRIG TBPK	30	<i>amlodipine besylate tabs 10mg</i>	40
<i>adrucil</i>	28	<i>alyacen 1/35</i>	49		
ADVAIR DISKUS	56	<i>alyacen 7/77</i>	49		
ADVAIR HFA	56				

Covered Drugs Index

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<i>amlodipine besylate/valsartan</i>	40	<i>aprepitant caps 40mg</i>	26	ARISTADA INJ 1064MG/3.9ML	32
<i>amlodipine/valsartan/hctz</i>	40	<i>aprepitant caps 80mg</i>	26	<i>armodafinil</i>	58
<i>ammonium lactate</i>	43	<i>aprepitant caps 125mg</i>	26	ARNUITY ELLIPTA	56
<i>amnesteam</i>	43	<i>aprepitant caps pack</i>	26	ARRANON	28
<i>amoxapine</i>	25	<i>apri</i>	49	<i>ascomp/codeine</i>	17
<i>amoxicillin caps</i>	21	APRISO	54	<i>ashlyna</i>	49
<i>amoxicillin chew</i>	21	APTIOM TABS 200MG, 400MG, 800MG	22	<i>aspirin/dipyridamole</i>	38
<i>amoxicillin/clavulanate potassium</i>	21	APTIOM TABS 600MG	22	ASTAGRAF XL	52
<i>amoxicillin/clavulanate potassium er</i>	21	APTIVUS CAPS	34	<i>atazanavir caps 200mg</i>	34
<i>amoxicillin susr</i>	21	APTIVUS ORAL SOLN	34	<i>atazanavir caps 300mg</i>	34
<i>amoxicillin tabs</i>	21	ARALAST NP	58	<i>atazanavir sulfate caps 150mg</i>	35
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	42	<i>aranelle</i>	49	<i>atazanavir sulfate caps 200mg</i>	35
<i>amphetamine/dextroamphetamine cp24 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</i>	42	ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	38	<i>atazanavir sulfate caps 300mg</i>	35
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<i>dicyclomine hcl oral soln</i>	46	<i>donepezil hcl tbdp 10mg</i>	24	EDARBYCLOR	38
<i>dicyclomine hydrochloride tabs</i>	46	<i>donepezil hydrochloride tabs 5mg</i>	24	<i>ed-spaz</i>	46
<i>didanosine</i>	34	<i>donepezil hydrochloride tabs 10mg</i>	24	EDURANT	34
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<i>digitek tabs 0.125mg</i>	40	<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	38	<i>efavirenz tabs</i>	34
<i>digoxin inj</i>	40	<i>doxazosin mesylate tabs 8mg</i>	38	ELAPRASE	47
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<i>digoxin tabs 250mcg</i>	40	<i>doxercalciferol caps 0.5mcg</i>	54	ELIGARD INJ 22.5MG	52
<i>digox tabs 125mcg</i>	40	<i>doxercalciferol caps 1mcg</i>	54	ELIGARD INJ 30MG	52
<i>digox tabs 250mcg</i>	40	<i>doxercalciferol caps 2.5mcg</i>	54	ELIGARD INJ 45MG	52
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		estradiol ptwk	50	fenofibrate caps 130mg, 150mg	41
		estradiol tabs 0.5mg, 1mg, 2mg	50	fenofibrate caps 134mg, 200mg	41
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<i>fenofibric acid dr cpdr 135mg</i>	41	<i>fluoride</i>	44	<i>fosinopril sodium</i>	39
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<i>fentanyl citrate oral transmucosal</i> lpop 200mcg, 400mcg, 600mcg	18	<i>fluorouracil crea 0.5%</i>	43	FREAMINE HBC 6.9%	44
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FLOVENT HFA AERO 110MCG/ACT	56	<i>fluoxetine hydrochloride tabs 20mg</i>	25		
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<i>fluconazole susr</i>	26	<i>fluphenazine hcl elix</i>	32		
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<i>flucytosine</i>	26	<i>fluphenazine hcl tabs</i>	32		
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GATTEX	46	<i>glipizide er tb24 2.5mg</i>	36	<i>heparin sodium inj 5000unit/0.5ml</i>	37
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<i>gavilyte-g</i>	46	<i>glipizide er tb24 10mg</i>	36	<i>heparin sodium/nacl 0.9%</i>	37
<i>gavilyte-n/ flavor pack</i>	46	<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	36	<i>heparin sodium/ nacl 0.45% inj 50unit/ml; 0.45%</i>	37
GAZYVA	31	<i>glipizide tabs 5mg</i>	36	<i>heparin sodium/ sodium chloride 0.9%</i>	37
<i>gemcitabine</i>	28	<i>glipizide tabs 10mg</i>	36	<i>heparin sodium/ sodium chloride 0.9% premix</i>	37
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<i>gemcitabine hydrochloride inj 1gm, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	28	<i>glipizide xl tb24 10mg</i>	36	HERCEPTIN INJ 150MG	31
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HUMIRA PEN	53	<i>hydrocortisone butyrate (lipophilic)</i>	48	IMBRUVICA CAPS 70MG	30
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		<i>ibu tabs 600mg, 800mg</i>	17	INVEGA SUSTENNA INJ 156MG/ML	32
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OPSUMIT	57	<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	29	<i>periogard</i>	43
<i>oralone dental paste</i>	43	<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	33	PERJETA	31
ORFADIN	47	<i>paliperidone er tb24 6mg</i>	33	<i>permethrin</i>	31
ORKAMBI PACK	57	<i>pamidronate disodium</i>	54	<i>perphenazine</i>	32
ORKAMBI TABS	57	PANRETIN	31	<i>perphenazine/amitriptyline</i>	25
<i>orphenadrine citrate er</i>	58	<i>pantoprazole sodium inj</i>	47	<i>pfizerpen inj 20mu, 5000000unit</i>	21
<i>orsythia</i>	50	<i>pantoprazole sodium tbec</i>	47	<i>phenadoz</i>	25
<i>oscimin</i>	46	<i>paricalcitol caps 1mcg, 2mcg</i>	54	<i>phenazopyridine hydrochloride</i>	47
<i>oseltamivir phosphate caps</i>	35	<i>paricalcitol caps 4mcg</i>	54	<i>phenazopyridine hydrocholride</i>	47
<i>oseltamivir phosphate susr</i>	35	<i>paroex</i>	43	<i>phenelzine sulfate</i>	24
OSMOPREP	46	<i>paromomycin sulfate</i>	19	<i>phenobarbital elix</i>	23
<i>oxacillin sodium</i>	21	<i>paroxetine hcl tabs 10mg</i>	25	<i>phenobarbital tabs</i>	23
<i>oxaliplatin inj 100mg</i>	29	<i>paroxetine hcl tabs 20mg</i>	25	<i>phenytoin chew</i>	24
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	29	<i>paroxetine hcl tabs 30mg, 40mg</i>	25	<i>phenytoin infatabs</i>	24
<i>oxandrolone tabs 2.5mg</i>	49	PASER	27	<i>phenytoin sodium</i>	24
<i>oxandrolone tabs 10mg</i>	49	PAXIL SUSP	25	<i>phenytoin sodium extended</i>	24
<i>oxaprozin</i>	17	PAZEO	56	<i>phenytoin susp</i>	24
<i>oxazepam</i>	35			<i>philith</i>	50
<i>oxcarbazepine susp</i>	24			PHOSLYRA	46
<i>oxcarbazepine tabs</i>	24			PHOSPHOLINE IODIDE	56
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<i>pilocarpine hcl</i>	56	<i>pramipexole dihydrochloride</i>	32	PROAIR RESPICLICK	57
<i>pilocarpine hydrochloride</i>	43	<i>prasugrel</i>	38	<i>probenecid</i>	26
<i>pimozide</i>	32	<i>pravastatin sodium</i>	41	<i>probenecid/colchicine</i>	26
<i>pimtrea</i>	50	<i>praziquantel</i>	31	PROCALAMINE	45
<i>pindolol</i>	40	<i>prazosin hcl</i>	38	<i>prochlorperazine</i>	25
<i>pioglitazone hcl</i>	36	PRED-G	56	<i>prochlorperazine edisylate</i>	32
<i>pioglitazone hcl/metformin hcl</i>	36	PRED-G S.O.P.	56	<i>prochlorperazine maleate</i>	32
<i>piperacillin sodium/ tazobactam sodium</i>	21	PRED MILD	56	PROCRIT INJ	
<i>piperacillin/tazobactam</i>	21	<i>prednicarbate oint</i>	48	10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	38
<i>pirmella 1/35</i>	50	<i>prednisolone</i>	48	PROCRIT INJ 20000UNIT/ML	38
<i>pirmella 7/7/7</i>	50	<i>prednisolone acetate</i>	56	PROCRIT INJ 40000UNIT/ML	38
PLENAMINE	45	<i>prednisolone sodium phosphate ophthalmic soln</i>	56	<i>procto-med hc</i>	48
<i>podofilox</i>	43	<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	48	<i>procto-pak</i>	48
<i>polycin</i>	20	<i>prednisone intensol</i>	48	<i>proctosol hc</i>	48
<i>polyethylene glycol 3350 powd</i>	47	<i>prednisone oral soln</i>	48	<i>proctozone-hc</i>	48
<i>polymyxin b sulfate</i>	20	<i>prednisone tabs</i>		<i>progesterone caps</i>	51
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	20	10mg, 1mg, 2.5mg, 20mg, 5mg	48	PROGLYCEM	36
POMALYST	28	<i>prednisone tabs 50mg</i>	48	PROLASTIN-C INJ 1000MG	58
<i>portia-28</i>	50	<i>prednisone tabs 50mg</i>	48	PROLENSA	56
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<i>potassium chloride cr</i>	45	<i>prednisone tbpk 10mg</i>	48	PROLIA	54
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<i>potassium chloride/dextrose/ lactated ringers</i>	45	PREMARIN INJ	50	<i>promethazine hcl supp</i>	25
<i>potassium chloride/dextrose/ sodium chloride</i>	45	PREMARIN TABS	51	<i>promethazine hcl syr</i>	25
<i>potassium chloride er</i>	45	PREMASOL	45	<i>promethazine hcl tabs 12.5mg, 25mg</i>	25
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	45	<i>prevalite</i>	41	<i>promethazine hydrochloride tabs 50mg</i>	25
<i>potassium chloride oral soln</i>	45	<i>previfem</i>	51	<i>promethegan</i>	25
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	45	PREZCOBIX	35	<i>propafenone hcl</i>	39
<i>potassium chloride sr</i>	45	PREZISTA SUSP	35	<i>propafenone hcl er cp12 225mg, 325mg</i>	39
<i>potassium citrate er</i>	45	PREZISTA TABS 75MG	35	<i>propafenone hydrochloride er cp12 425mg</i>	39
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		PREZISTA TABS 600MG	35	<i>proparacaine hcl</i>	55
		PREZISTA TABS 800MG	35	<i>propranolol hcl er</i>	40
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<i>propranolol hydrochloride tabs 60mg</i>	40	REGONOL	27	<i>risperidone m-tab</i>	33
<i>propranolol/hydrochlorothiazide</i>	40	REGRANEX	43	<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	33
<i>propylthiouracil</i>	52	RELISTOR INJ 8MG/0.4ML	46	<i>risperidone odt tbdp 4mg</i>	33
PROQUAD	54	RELISTOR INJ 12MG/0.6ML	46	<i>risperidone oral soln</i>	33
PROSOL	45	REMODULIN	57	<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	33
<i>protriptyline hcl</i>	25	RENFLEXIS	53	<i>risperidone tabs 4mg</i>	33
PULMOZYME	57	<i>repaglinide tabs 0.5mg, 1mg</i>	36	<i>ritonavir</i>	35
PURIXAN	28	<i>repaglinide tabs 2mg</i>	36	RITUXAN	31
<i>pyrazinamide</i>	27	REPATHA	41	RITUXAN HYCELA	31
<i>pyridostigmine bromide</i>	27	REPATHA PUSHTRONEX SYSTEM	41	<i>rivastigmine tartrate</i>	24
<i>pyridostigmine bromide er</i>	27	REPATHA SURECLICK	41	<i>rivastigmine transdermal system</i>	24
Q		RESCRIPTOR TABS 100MG	34	<i>rizatriptan benzoate</i>	27
QUADRACEL	54	RESCRIPTOR TABS 200MG	34	<i>rizatriptan benzoate odt</i>	27
<i>quasense</i>	51	RESTASIS	55	<i>romidepsin</i>	29
<i>quetiapine fumarate</i>	33	RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	38	<i>ropinirole hcl</i>	32
<i>quinapril hcl</i>	39	RETACRIT INJ 40000UNIT/ML	38	<i>rosadan</i>	20
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	39	RETROVIR IV INFUSION	34	<i>rosuvastatin calcium</i>	41
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<i>ranitidine hcl tabs</i>	46	<i>rimantadine hcl</i>	35	SABRIL TABS	23
<i>ranitidine hydrochloride inj</i>	46	<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	45	<i>salsalate</i>	17
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SELZENTRY TABS 150MG, 75MG	34	SOMATULINE DEPOT INJ 90MG/0.3ML	52	sulfadiazine	22
SELZENTRY TABS 300MG	34	SOMATULINE DEPOT INJ 120MG/0.5ML	52	sulfamethoxazole/trimethoprim ds	22
SENSIPAR TABS 30MG, 60MG	54	SOMAVERT	52	sulfamethoxazole/trimethoprim inj	22
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SEREVENT DISKUS	57	sotalol hcl	39	sulfamethoxazole/trimethoprim tabs	22
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sertraline hcl tabs 25mg	25	sotalol hcl af	39	sulfatrim pediatric	22
sertraline hcl tabs 50mg	25	sotalol hydrochloride (af) tabs 80mg	39	sulindac	17
sertraline hcl tabs 100mg	25	sotalol hydrochloride af tabs 160mg	39	sumatriptan	27
setlakin	51	sotalol hydrochloride tabs 120mg	39	sumatriptan succinate inj 4mg/0.5ml	27
sevelamer carbonate pack	46	spironolactone	41	sumatriptan succinate inj 6mg/0.5ml	27
sevelamer carbonate tabs	46	spironolactone/hydrochlorothiazide	41	sumatriptan succinate refill inj 4mg/0.5ml	27
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SHINGRIX	54	sprintec 28	51	sumatriptan succinate tabs	27
SIGNIFOR	52	SPRITAM TB3D 750MG	23	SUPREP BOWEL PREP KIT	47
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SYPRINE	45	<i>temazepam caps 15mg, 30mg</i>	58	<i>timolol maleate ophthalmic gel forming</i>	56
T		<i>temazepam caps 22.5mg, 7.5mg</i>	58	<i>timolol maleate ophthalmic soln</i>	56
TABLOID	28	<i>temsirolimus</i>	30	<i>timolol maleate tabs</i>	40
<i>tacrolimus caps</i>	53	TENIVAC	54	TIS-U-SOL	55
<i>tacrolimus oint</i>	43	<i>tenofovir disoproxil fumarate</i>	34	TIVICAY TABS 10MG	34
TAFINLAR	30	<i>terazosin hcl caps 1mg, 2mg, 5mg</i>	38	TIVICAY TABS 25MG, 50MG	34
TAGRISSO	30	<i>terazosin hcl caps 10mg</i>	38	<i>tizanidine hcl tabs</i>	33
<i>tamoxifen citrate</i>	28	<i>terbinafine hcl tabs</i>	26	TOBI PODHALER	57
<i>tamsulosin hcl</i>	47	<i>terbutaline sulfate</i>	57	TOBRADEX OINT	56
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TARGRETIN GEL	31	<i>testosterone enanthate</i>	49	<i>tobramycin ophthalmic soln</i>	19
<i>tarina fe 1/20</i>	51	<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	49	<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	19
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TAZORAC GEL	43	<i>tetracycline hydrochloride</i>	22	<i>topotecan hcl inj 4mg</i>	30
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	40	TEXACORT	48	TORISEL	53
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TECFIDERA CPDR 240MG	43	<i>theophylline cr</i>	57	TOUJEO SOLOSTAR	37
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		THYROLAR-1/2	52	<i>trandolapril tabs 2mg, 4mg</i>	39
		THYROLAR-1/4	52	<i>tranexamic acid inj</i>	38
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TREANDA INJ 25MG	28	<i>tri-previfem</i>	51	<i>vancomycin hcl caps 125mg</i>	20
TREANDA INJ 100MG	28	TRIPTODUR	52	<i>vancomycin hcl caps 250mg</i>	20
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<i>tretinoin gel 0.025%</i>	43	TRUMENBA	54	VASCEPA CAPS 0.5GM	41
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<i>trientine hydrochloride</i>	46	<i>ursodiol caps</i>	46	<i>venlafaxine hcl er cp24 37.5mg</i>	25
<i>tri-estarylla</i>	51	<i>ursodiol tabs</i>	46	<i>venlafaxine hcl er cp24 75mg</i>	25
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<i>trihexyphenidyl hcl</i>	32	<i>valacyclovir hcl tabs 1gm</i>	35	VENTOLIN HFA	57
<i>tri-legest fe</i>	51	<i>valacyclovir hydrochloride</i>	35	<i>verapamil hcl er cp24 100mg,</i>	
<i>tri-linyah</i>	51	VALCHLOR	28	<i>120mg, 180mg, 240mg, 300mg</i>	40
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<i>trimethoprim</i>	20	<i>valganciclovir hydrochloride</i>	33	<i>verapamil hcl er tbcr</i>	40
<i>trimethoprim sulfate/</i>		<i>valproate sodium inj 100mg/ml</i>	23	<i>verapamil hcl inj</i>	40
<i>polymyxin b sulfate</i>	20	<i>valproic acid</i>	23	VERAPAMIL HCL SR	
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V-GO 30	55	X		ZENPEP	47	
V-GO 40	55		XALKORI	31	ZERIT ORAL SOLN	34
VIBERZI	46		XARELTO STARTER PACK	37	<i>zidovudine caps</i>	34
VICTOZA	36	XARELTO TABS 10MG, 20MG	37	<i>zidovudine syrp</i>	34	
VIDEX EC CPDR 125MG	34	XARELTO TABS 15MG	37	<i>zidovudine tabs</i>	34	
VIDEX PEDIATRIC	34	XATMEP	53	ZIOPTAN	55	
<i>vienva</i>	51	XGEVA	54	<i>ziprasidone hcl</i>	33	
<i>vigabatrin</i>	23	XIFAXAN TABS 550MG	20	ZIRGAN	33	
VIIBRYD	25	XIGDUO XR TB24 5MG; 1000MG	36	<i>zoledronic acid inj 4mg/5ml</i>	54	
VIIBRYD STARTER PACK	25	XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 500MG	36	<i>zoledronic acid inj 5mg/100ml</i>	54	
VIMPAT INJ	24	XOLAIR	58	ZOLINZA	30	
VIMPAT ORAL SOLN	24	XTAMPZA ER	17	<i>zolpidem tartrate tabs</i>	58	
VIMPAT TABS	24	XTANDI	28	<i>zonisamide</i>	23	
<i>vinblastine sulfate</i>	29	XULTOPHY 100/3.6	37	ZORTRESS TABS 0.5MG	53	
<i>vincasar pfs</i>	29	XYREM	58	ZORTRESS TABS 0.25MG	53	
<i>vincristine sulfate</i>	29	Y		ZORTRESS TABS 0.75MG	53	
<i>vinorelbine tartrate inj 50mg/5ml</i>	29		YERVOY INJ 50MG/10ML	31	ZOSTAVAX	54
<i>viorele</i>	51		YERVOY INJ 200MG/40ML	31	<i>zovia 1/35e</i>	51
VIRACEPT TABS 250MG	35	YF-VAX	54	ZUBSOLV SUBL 0.7MG; 0.18MG	19	
VIRACEPT TABS 625MG	35	YONDELIS	28	ZUBSOLV SUBL 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	19	
VIRAMUNE SUSP	34	YONSA	28	ZYDELIG	31	
VIREAD POWD	34	<i>yuvaferm</i>	51	ZYKADIA	31	
VIREAD TABS 150MG, 200MG, 250MG	34	Z		ZYPREXA RELPREVV INJ 210MG	33	
<i>voriconazole inj</i>	26		<i>zafirlukast</i>	57	ZYPREXA RELPREVV INJ 300MG	33
<i>voriconazole susr</i>	26		<i>zaleplon</i>	58	ZYPREXA RELPREVV INJ 405MG	33
<i>voriconazole tabs</i>	26	ZALTRAP	31	ZYTIGA TABS 250MG	28	
VOSEVI	33	ZANOSAR	28	ZYTIGA TABS 500MG	28	
VOTRIENT	31	ZARXIO	38			
VP-PNV-DHA	46	<i>zebutal caps 325mg; 50mg; 40mg</i>	17			
VRAYLAR CAPS	33	ZEJULA	30			
VRAYLAR CPPK	33					
<i>vyfemla</i>	51					
<i>vylibra</i>	51					
VYXEOS	28					



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8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.



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This drug list was updated in November 2018. For more recent information or other questions, please contact Cigna-HealthSpring Rx Customer Service, at 1-800-222-6700 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, 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. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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