

2021 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plans covered

Cigna Alliance Medicare (HMO)
Cigna Preferred Medicare (HMO)
Cigna Preferred Medicare (PPO)
Cigna Preferred GA Medicare (HMO)
Cigna Preferred Savings Medicare (HMO)
Cigna Preferred Plus Medicare (HMO)
Cigna Premier Medicare (HMO-POS)
Cigna Primary Medicare (HMO)
Cigna TotalCare (HMO D-SNP)
Cigna True Choice Medicare (PPO)
Cigna True Choice Plus Medicare (PPO)



HPMS Approved Formulary File Submission ID 21121, Version 17

This formulary was updated on 09/01/2021. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-668-3813 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m. local time, or visit CignaMedicare.com. The Formulary, pharmacy network, and/or provider network may change at any time.

September 2021

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Note to existing customers: This formulary 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. When it refers to “plan” or “our plan,” it means Cigna Alliance Medicare (HMO), Cigna Preferred Medicare (HMO), Cigna Preferred Medicare (PPO), Cigna Preferred GA Medicare (HMO), Cigna Preferred Savings Medicare (HMO), Cigna Preferred Plus Medicare (HMO), Cigna Premier Medicare (HMO-POS), Cigna Primary Medicare (HMO), Cigna TotalCare (HMO D-SNP), Cigna True Choice Medicare (PPO) and Cigna True Choice Plus Medicare (PPO).

This document includes a list of the drugs (formulary) for our plans, which is current as of September 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Cigna Comprehensive Drug List?

A drug list is a list of covered drugs selected by Cigna 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 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 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year. In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and

you can also find information in the section entitled “How do I request an exception to the Cigna 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 both. 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.
 - If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Cigna Drug List?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021

coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed drug list is current as of September 2021. To get updated information about the drugs covered by Cigna, 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 25. 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, HYPERTENSION / LIPIDS." If you know what your drug is used for, look for the category name in the list that begins on page 25. 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 that begins on page 73. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed 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 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 requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna before you fill these prescriptions. If you don't get approval, Cigna may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for atorvastatin 40mg. 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 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna 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 108 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 25. 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 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 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 coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Check the Drug Tier and Cost-share Tables on page 5 to see if your plan offers these savings.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not on 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 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. 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.
- You can ask Cigna 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 Drug List?

You can ask Cigna 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 on 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 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 under following circumstances:

- If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions 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 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 on 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 will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna's Drug List

The comprehensive drug list that begins on page 25 provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 73.

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., *atorvastatin*).

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

Some Cigna plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see if your plan has this coverage and for more information.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 25 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg 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. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit CignaMedicare.com for the most current Pharmacy Directory.

For more information

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

If you have questions about Cigna, 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 on 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 is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4 or Tier 5. Keep in mind that

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

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

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

If you qualified for Extra Help with your drug costs, your costs may be different from those described below. Please refer to your Evidence of Coverage (EOC) or call Customer Service to find out what your costs are.

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

Service Area: Alabama

H7849-012 – Cigna True Choice Medicare (PPO): Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair and Tuscaloosa, Alabama

H7849-013 – Cigna True Choice Medicare (PPO): Autauga, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega and Walker, Alabama

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$5	\$7 / \$14 / \$21	\$2 / \$4 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$4 / \$8 / \$10	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$80 / \$120	\$45 / \$90 / \$135
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Arkansas

H4513-038 – Cigna Preferred Medicare (HMO): Craighead, Crittenden, Cross, Greene, Jackson, Lawrence, Mississippi, Poinsett, Randolph and White, Arkansas

H4513-050 – Cigna Preferred Medicare (HMO): Conway, Faulkner, Garland, Grant, Hot Spring, Lonoke, Perry, Pope, Pulaski and Saline, Arkansas

H4513-051 – Cigna Preferred Medicare (HMO): Crawford Franklin, Johnson, Logan, Scott and Sebastian, Arkansas

H4513-052 – Cigna Preferred Medicare (HMO): Benton, Carroll, Madison and Washington, Arkansas

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$3 / \$6 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs (GC)	\$15 / \$30 / \$30	\$20 / \$40 / \$60	\$15 / \$30 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Colorado

H0672-001 – Cigna Preferred Medicare (HMO): Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson, Colorado

H0672-002 – Cigna Preferred Medicare (HMO): Boulder, Colorado

H0672-003 – Cigna Preferred Medicare (HMO): Larimer and Weld, Colorado

H0672-004 – Cigna Preferred Medicare (HMO): El Paso and Teller, Colorado

H7849-001 – Cigna True Choice Medicare (PPO): Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson, Colorado

H7849-026 – Cigna True Choice Medicare (PPO): Larimer and Weld, Colorado

H7849-027 – Cigna True Choice Medicare (PPO): El Paso and Teller, Colorado

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

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Cigna's pharmacy network includes limited lower-cost, preferred pharmacies in the county of White in Arkansas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at CignaMedicare.com.

Service Area: Florida

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$17 / \$34 / \$51	\$12 / \$24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Florida

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

H5410-027 – Cigna Preferred Medicare (HMO): Brevard, Flagler and Volusia, Florida

H5410-036 – Cigna Preferred Medicare (HMO): Sumter, Florida

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

Service Area: Florida

H5410-026 – Cigna Preferred Savings Medicare (HMO): Lake, Orange, Osceola, Polk and Seminole, Florida

H5410-028 – Cigna Preferred Savings Medicare (HMO): Brevard, Flagler and Volusia, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$7 / \$14 / \$21	\$0 / \$0 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Florida

H5410-025 – Cigna TotalCare (HMO D-SNP): Lake, Orange, Osceola, Polk and Seminole, Florida

Drug Tier	Preferred Retail Cost-Sharing*	Standard Retail Cost-Sharing*	Preferred Mail-Order Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs**	\$1 / \$2 / \$2	\$17 / \$34 / \$51	\$0 / \$0 / \$0	\$17 / \$34 / \$51
Tier 2: Generic Drugs**	\$15 / \$30 / \$30	\$20 / 40 / \$60	\$15 / \$30 / \$30	\$20 / 40 / \$60
Tier 3: Preferred Brand Drugs**	17%	17%	17%	17%
Tier 4: Non-Preferred Drugs**	44%	44%	44%	44%
Tier 5: Specialty Tier**	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)

If you receive “Extra Help”, your cost-shares may be:

Standard Retail and Mail-Order Cost-Sharing*
\$0 / \$1.30 / \$3.70 (generics)
\$0 / \$4.00 / \$9.20 (all other drugs)

Service Area: Florida

H5410-031 – Cigna TotalCare (HMO D-SNP): Brevard, Flagler and Volusia, Florida

H5410-032 – Cigna TotalCare (HMO D-SNP): Hernando, Hillsborough, Manatee, Pasco and Pinellas, Florida

Drug Tier	Preferred Retail Cost-Sharing*	Standard Retail Cost-Sharing*	Preferred Mail-Order Cost-Sharing*	Standard Mail-Order Cost-Sharing*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs**	\$2 / \$4 / \$4	\$18 / \$36 / \$54	\$0 / \$0 / \$0	\$18 / \$36 / \$54
Tier 2: Generic Drugs**	\$15 / \$30 / \$30	\$20 / \$40 / \$60	\$15 / \$30 / \$30	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs**	18%	19%	18%	19%
Tier 4: Non-Preferred Drugs**	39%	39%	39%	39%
Tier 5: Specialty Tier**	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)

If you receive “Extra Help”, your cost-shares may be:

Standard Retail and Mail-Order Cost-Sharing*
\$0 / \$1.30 / \$3.70 (generics)
\$0 / \$4.00 / \$9.20 (all other drugs)

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

**Some additional drugs that are not covered by Medicare may be covered through your Medicaid benefits. To find out about Medicaid drug coverage, call Customer Service at 1-800-668-3813.

Service Area: Florida

H5410-033 – Cigna Primary Medicare (HMO): Lake, Orange, Osceola, Polk and Seminole, Florida

H5410-034 – Cigna Primary Medicare (HMO): Brevard, Flagler and Volusia, Florida

H5410-035 – Cigna Primary Medicare (HMO): Hernando, Hillsborough, Manatee, Pasco and Pinellas, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$4	\$18 / \$36 / \$54	\$0 / \$0 / \$0	\$18 / \$36 / \$54
Tier 2: Generic Drugs	\$15 / \$30 / \$30	\$20 / \$40 / \$60	\$15 / \$30 / \$30	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	18%	19%	18%	19%
Tier 4: Non-Preferred Drugs	39%	39%	39%	39%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)

Service Area: Florida

H7849-017 – Cigna True Choice Medicare (PPO): Lake, Orange, Osceola and Seminole, Florida

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$4	\$7 / \$14 / \$21	\$2 / \$4 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / 18 / \$27	\$4 / \$8 / \$0	\$9 / 18 / \$27
Tier 3: Preferred Brand Drugs	\$40 / \$80 / \$120	\$45 / \$90 / \$135	\$40 / \$80 / \$120	\$45 / \$90 / \$135
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Georgia

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

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$3 / \$6 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$12 / \$24 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	36%	36%	36%	36%
Tier 5: Specialty Tier	27% (30 days)	27% (30 days)	27% (30 days)	27% (30 days)

Service Area: Georgia

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Georgia

H0439-007 – Cigna Preferred Medicare (HMO): Barrow, Butts, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Pickens, Rockdale and Spalding, Georgia

H0439-009 – Cigna Preferred Medicare (HMO): Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe and Walton, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$12 / \$24 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Georgia

H0439-008 – Cigna Preferred Medicare (HMO): Cobb, Douglas and Paulding, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$6	\$8 / \$16 / \$24	\$3 / \$6 / \$0	\$8 / \$16 / \$24
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$17 / \$34 / \$51	\$12 / \$24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

Service Area: Georgia

H0439-010 – Cigna Preferred Medicare (HMO): Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens and White, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$7 / \$14 / \$21	\$0 / \$0 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

Service Area: Georgia

H0439-011 – Cigna Preferred Medicare (HMO): Bartow, Chattooga, Floyd, Gordon and Polk, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$8 / \$16 / \$24	\$0 / \$0 / \$0	\$8 / \$16 / \$24
Tier 2: Generic Drugs	\$12 / \$24 / \$24	\$17 / \$34 / \$51	\$12 / \$24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Georgia

H7849-003 – Cigna True Choice Medicare (PPO): Barrow, Butts, Cherokee, Clayton, Coweta, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Pickens, Rockdale and Spalding, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$12 / 24 / \$30	\$20 / \$40 / \$60	\$12 / 24 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

Cigna's pharmacy network includes limited lower-cost, preferred pharmacies in the county of Bartow in Georgia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at CignaMedicare.com.

Service Area: Georgia

H7849-020 – Cigna True Choice Medicare (PPO): Cobb, Douglas and Paulding, Georgia

H7849-022 – Cigna True Choice Medicare (PPO): Dawson, Hall, Jackson and Lumpkin, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$7.50	\$8 / \$16 / \$24	\$3 / \$6 / \$0	\$8 / \$16 / \$24
Tier 2: Generic Drugs	\$12 / \$24 / \$30	\$17 / \$34 / \$51	\$12 / \$24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	29% (30 days)	29% (30 days)	29% (30 days)	29% (30 days)

Service Area: Georgia

H7849-021 – Cigna True Choice Medicare (PPO): Oconee and Walton, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$3 / \$6 / \$7.50	\$8 / \$16 / \$24	\$3 / \$6 / \$0	\$8 / \$16 / \$24
Tier 2: Generic Drugs	\$12 / \$24 / \$30	\$17 / \$34 / \$51	\$12 / \$24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

Service Area: Georgia

H7849-023 – Cigna True Choice Medicare (PPO): Bartow, Chattooga, Floyd, Gordon and Polk, Georgia

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$8 / \$16 / \$24	\$0 / \$0 / \$0	\$8 / \$16 / \$24
Tier 2: Generic Drugs	\$12 / 24 / \$30	\$17 / \$34 / \$51	\$12 / 24 / \$0	\$17 / \$34 / \$51
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

Cigna's pharmacy network includes limited lower-cost, preferred pharmacies in the county of Bartow in Georgia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at CignaMedicare.com.

Service Area: Georgia

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$3 / \$6 / \$6	\$10 / \$20 / \$20	\$3 / \$6 / \$0	\$10 / \$20 / \$20
Tier 2: Generic Drugs (GC)	\$12 / \$24 / \$24	\$20 / \$40 / \$40	\$12 / \$24 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	38%	38%	38%	38%
Tier 5: Specialty Tier	29% (30 days)	29% (30 days)	29% (30 days)	29% (30 days)

Service Area: Georgia

H7849-035 – Cigna True Choice Medicare (PPO): Catoosa and Dade, Georgia

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

Service Area: Illinois

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

H1415-024 – Cigna Preferred Medicare (HMO): Cook, DuPage, Kane, Kankakee, Lake and Will, Illinois

H7849-002 – Cigna True Choice Medicare (PPO): Cook, DuPage, Kane, Kankakee, Lake and Will, Illinois

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$12 / \$24 / \$24	\$4 / \$8 / \$8	\$12 / \$24 / \$24
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: Kansas/Missouri

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

H7849-024 – Cigna True Choice Medicare (PPO): Cass, Clay, Jackson, Platte and Ray, Missouri; Johnson, Miami and Wyandotte, Kansas

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$20 / \$40 / \$40	\$10 / \$20 / \$20	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$45 / \$90 / \$135	\$47 / \$94 / \$141	\$45 / \$90 / \$135	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Mid-Atlantic

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

H2108-028 – Cigna Preferred Medicare (HMO): District of Columbia; Kent, New Castle and Sussex, Delaware

H2108-036 – Cigna Alliance Medicare (HMO): Anne Arundel, Baltimore and Baltimore City, Maryland

H7849-008 – Cigna True Choice Medicare (PPO): District of Columbia; New Castle, Delaware

H7849-009 – Cigna True Choice Plus Medicare (PPO): District of Columbia; New Castle, Delaware

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$20 / \$40 / \$40	\$5 / \$10 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Mid-Atlantic

H2108-034 – Cigna Preferred Medicare (HMO): Montgomery and Prince George's, Maryland

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$5 / \$5	\$20 / \$40 / \$40	\$0 / \$0 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	28% (30 days)	28% (30 days)	28% (30 days)	28% (30 days)

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: Mississippi**H7849-016 – Cigna True Choice Medicare (PPO): Hancock, Harrison, Jackson and Jones, Mississippi**

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$4	\$7 / \$14 / \$21	\$2 / \$4 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$4	\$7 / \$14 / \$21	\$2 / \$4 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Mississippi**H4407-027 – Cigna Preferred Plus Medicare (HMO): Covington, Forrest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin and Stone, Mississippi**

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: New Jersey

H3949-032 – Cigna Preferred Medicare (HMO): Atlantic, Burlington, Camden, Cumberland, Gloucester and Mercer, New Jersey

H3949-033 – Cigna Preferred Plus Medicare (HMO): Atlantic, Burlington, Camden, Cumberland, Gloucester and Mercer, New Jersey

H3949-034 – Cigna Preferred Medicare (HMO): Monmouth and Ocean, New Jersey

H7849-030 – Cigna True Choice Plus Medicare (PPO): Monmouth and Ocean, New Jersey

H7849-033 – Cigna True Choice Plus Medicare (PPO): Atlantic, Burlington, Camden, Cumberland, Gloucester and Mercer, New Jersey

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$15 / \$30 / \$30	\$5 / \$10 / \$0	\$15 / \$30 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: New Mexico

H0672-005 – Cigna Preferred Medicare (HMO): Bernalillo, Sandoval, Torrance and Valencia, New Mexico

H7849-028 – Cigna True Choice Medicare (PPO): Bernalillo, Sandoval, Torrance and Valencia, New Mexico

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

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: North Carolina

H7849-011 – Cigna True Choice Medicare (PPO): Davidson, Davie, Forsyth and Guilford, North Carolina

H7849-019 – Cigna True Choice Medicare (PPO): Alexander, Cabarrus, Catawba, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stokes, Union and Yadkin, North Carolina

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
Tier 2: Generic Drugs	\$10 / \$20 / \$25	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Ohio

H0672-006 – Cigna Preferred Medicare (HMO): Cuyahoga, Geauga, Lake, Lorain, Medina and Summit, Ohio

H7849-015 – Cigna True Choice Medicare (PPO): Cuyahoga, Geauga, Lake, Lorain, Medina and Summit, Ohio

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$20 / \$40 / \$40	\$5 / \$10 / \$0	\$20 / \$40 / \$40
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Oklahoma

H7849-042 – Cigna True Choice Medicare (PPO): Canadian, Cleveland, Lincoln, Logan, McClain and Oklahoma, Oklahoma

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$20 / \$40 / \$60	\$4 / \$8 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	29% (30 days)	29% (30 days)	29% (30 days)	29% (30 days)

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: Pennsylvania

H3949-013 – Cigna Preferred Plus Medicare (HMO): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

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

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

H3949-035 – Cigna Preferred Medicare (HMO): Berks, Cumberland, Dauphin, Lancaster, Lebanon and York, Pennsylvania

H7849-006 – Cigna True Choice Medicare (PPO): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

H7849-007 – Cigna True Choice Plus Medicare (PPO): Bucks, Chester, Delaware, Montgomery and Philadelphia, Pennsylvania

H7849-031 – Cigna True Choice Medicare (PPO): Berks, Cumberland, Dauphin, Lancaster, Lebanon and York, Pennsylvania

H7849-032 – Cigna True Choice Plus Medicare (PPO): Berks, Cumberland, Dauphin, Lancaster, Lebanon and York, Pennsylvania

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$9 / \$18 / \$18	\$0 / \$0 / \$0	\$9 / \$18 / \$18
Tier 2: Generic Drugs	\$5 / \$10 / \$10	\$15 / \$30 / \$30	\$5 / \$10 / \$0	\$15 / \$30 / \$30
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: South Carolina

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

H7020-008 – Cigna Preferred Medicare (HMO): Charleston, South Carolina

H7849-018 – Cigna True Choice Medicare (PPO): Chester, Lancaster and York, South Carolina

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: South Carolina

H7020-006 – Cigna Preferred Plus Medicare (HMO): Anderson, Cherokee, Chester, Greenville, Lancaster, Pickens, Spartanburg, Union and York, South Carolina

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$9 / \$18 / \$27	\$4 / \$8 / \$0	\$9 / \$18 / \$27
Tier 3: Preferred Brand Drugs	\$35 / \$70 / \$105	\$40 / \$80 / \$120	\$35 / \$70 / \$105	\$40 / \$80 / \$120
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: South Carolina

H7020-007 – Cigna Preferred Savings Medicare (HMO): Greenville, Spartanburg and York, South Carolina

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$4	\$7 / \$14 / \$21	\$2 / \$4 / \$0	\$7 / \$14 / \$21
Tier 2: Generic Drugs	\$10 / \$20 / \$20	\$15 / \$30 / \$45	\$10 / \$20 / \$0	\$15 / \$30 / \$45
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Tennessee

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

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

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs (GC)	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$12 / \$24 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: Tennessee

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

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

Service Area: Tennessee

H4513-043 – Cigna Preferred Plus Medicare (HMO): Davidson, Rutherford, Sumner, Williamson and Wilson, Tennessee

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$3 / \$6 / \$6	\$10 / \$20 / \$30	\$3 / \$6 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs (GC)	\$12 / \$24 / \$24	\$20 / \$40 / \$60	\$12 / \$24 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%
Tier 5: Specialty Tier	33% (30 days)	33% (30 days)	33% (30 days)	33% (30 days)

Service Area: Tennessee

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

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

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Service Area: Tennessee

H4513-059 – Cigna Preferred Medicare (HMO): Johnson, Sullivan, Unicoi and Washington, Tennessee

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

Service Area: Tennessee

H7849-010 – Cigna True Choice Medicare (PPO): Bedford, Cannon, Cheatham, Clay, Davidson, DeKalb, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Moore, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Warren, Wayne, Williamson and Wilson, Tennessee

H7849-036 – Cigna True Choice Medicare (PPO): Bledsoe, Bradley, Cumberland, Grundy, Hamilton, Marion, Sequatchie, Van Buren and White, Tennessee

H7849-037 – Cigna True Choice Medicare (PPO): Benton, Carroll, Decatur, Fayette, Hardeman, Haywood, Lauderdale, McNairy, Madison, Shelby and Tipton, Tennessee

H7849-043 – Cigna True Choice Medicare (PPO): Anderson, Blount, Cocke, Fentress, Grainger, Hamblen, Jackson, Jefferson Knox, Loudon, Morgan, Sevier and Union, Tennessee

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

Service Area: Tri-cities: Tennessee and Virginia

H7849-034 – Cigna True Choice Medicare (PPO): Johnson, Sullivan, Unicoi and Washington, Tennessee; Russell, Scott, Washington and Wise, Virginia

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

Service Area: Texas

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

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

H4513-061-001 – Cigna Preferred Medicare (HMO): Angelina, Atascosa, Bandera, Bexar, Brazoria, Chambers, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Jasper, Jefferson, Kendall, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller and Wilson, Texas

H4513-061-002 – Cigna Preferred Medicare (HMO): Cameron, Hidalgo, Webb and Willacy, Texas

H4513-061-003 – Cigna Preferred Medicare (HMO): El Paso, Texas

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

H7849-038 – Cigna True Choice Medicare (PPO): Fort Bend, Galveston, Harris, Liberty, Montgomery and Walker, Texas

H7849-039 – Cigna True Choice Medicare (PPO): Cameron, Hidalgo and Willacy, Texas

H7849-040 – Cigna True Choice Medicare (PPO): Dallas, Denton, Johnson, Parker, Rusk, Smith, Tarrant, Upshur, Van Zandt and Wise, Texas

H7849-041 – Cigna True Choice Medicare (PPO): El Paso, Texas

Drug Tier	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days
Tier 1: Preferred Generic Drugs (GC)	\$0 / \$0 / \$0	\$10 / \$20 / \$30	\$0 / \$0 / \$0	\$10 / \$20 / \$30
Tier 2: Generic Drugs	\$4 / \$8 / \$8	\$20 / \$40 / \$60	\$4 / \$8 / \$0	\$20 / \$40 / \$60
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141
Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$95 / \$190 / \$285	\$100 / \$200 / \$300
Tier 5: Specialty Tier	29% (30 days)	29% (30 days)	29% (30 days)	29% (30 days)

Service Area: Utah

H7849-029 – Cigna True Choice Medicare (PPO): Davis, Salt Lake, Utah and Weber, Utah

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

GC: We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

My Medications

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

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

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.
- GC** – We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813, 7 days a week, 8 a.m. – 8 p.m. local time. TTY users can call 711.
- NDS** – Non-extended day supply medication. This drug is only available as a 30-day supply or less.
- PA** – This drug requires prior authorization
- QL** – This drug has quantity limits
- ST** – This drug has step therapy requirements

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

Drug List Table of Contents:

The drugs in the drug list are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name in the drug list for your drug.

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
AMBISOME	5	PA; NDS
<i>amphotericin b</i>	4	PA
<i>caspofungin</i>	5	PA; NDS
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	5	NDS
<i>ketoconazole oral</i>	2	
<i>micafungin</i>	5	NDS
<i>nystatin oral</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet 200 mg</i>	5	NDS
<i>voriconazole oral tablet 50 mg</i>	4	
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60/30); NDS
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir</i>	5	NDS
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
ATRIPLA	5	QL (30/30); NDS
BARACLUDE ORAL SOLUTION	4	QL (630/30)
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
COMPLERA	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	QL (30/30)
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
<i>efavirenz oral capsule 200 mg</i>	5	QL (120/30); NDS
<i>efavirenz oral capsule 50 mg</i>	3	QL (180/30)
<i>efavirenz oral tablet</i>	5	QL (30/30); NDS
<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivuv-tenofovir disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivuv-tenofovir disop oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf)</i>	5	QL (30/30); NDS
EMTRIVA ORAL CAPSULE	4	QL (30/30)
EMTRIVA ORAL SOLUTION	4	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA	5	PA; QL (28/28); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EPIVIR HBV ORAL SOLUTION	4	
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (60/30); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	QL (60/30); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
INVIRASE ORAL TABLET	5	QL (120/30); NDS
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	4	QL (60/30)
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	QL (180/30)
JULUCA	5	NDS
KALETRA ORAL TABLET 100-25 MG	4	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	5	QL (120/30); NDS
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LEXIVA ORAL SUSPENSION	4	QL (1575/28)
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
MAVYRET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	3	QL (480/30)
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	3	
PIFELTRO	5	NDS
PREVYMIS ORAL	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 600 MG	5	QL (60/30); NDS
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)
PREZISTA ORAL TABLET 800 MG	5	QL (30/30); NDS
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	2	
<i>ritonavir</i>	3	QL (360/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	QL (60/30); NDS
SELZENTRY ORAL TABLET 25 MG	3	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	5	QL (120/30); NDS
<i>stavudine oral capsule</i>	3	QL (60/30)
STRIBILD	5	QL (30/30); NDS
SYMFI	5	NDS
SYMFI LO	5	QL (30/30); NDS
SYMTUZA	5	NDS
TEMIXYS	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	5	QL (180/30); NDS
TRIUMEQ	5	QL (30/30); NDS
TROGARZO	5	NDS
TRUVADA	5	QL (30/30); NDS
TYBOST	3	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir</i>	5	NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120/30); NDS
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>zidovudine oral tablet</i>	3	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
CEFEPIME IN DEXTROSE 5%	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	PA
<i>cefixime</i>	4	
CEFOTETAN IN DEXTROSE, ISO-OSM	4	PA
<i>cefotetan injection</i>	4	PA
<i>cefoxitin</i>	4	PA
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefpodoxime</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefprozil</i>	2	
<i>ceftazidime</i>	4	PA
CEFTAZIDIME IN D5W	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
ERYPED 400	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG, 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	5	NDS
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	5	NDS
<i>atovaquone-proguanil</i>	2	
<i>aztreonam injection recon soln 1 gram</i>	3	PA
<i>aztreonam injection recon soln 2 gram</i>	4	PA
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9% SOD CHLOR	4	PA
<i>clindamycin in 5% dextrose</i>	4	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	5	PA; NDS
CYCLOSERINE	2	
<i>dapsone oral</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (300/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	2	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	3	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS
ORBACTIV	5	PA; QL (3/30); NDS
<i>paromomycin</i>	4	
PASER	4	
PENTAM	3	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	3	
<i>pyrazinamide</i>	3	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	3	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	5	PA; NDS
SYNERCID	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TOBI PODHALER INHALATION CAPSULE, W/ INHALATION DEVICE	5	QL (224/28); NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
<i>vancomycin oral recon soln</i>	2	QL (450/10)
VANCOMYCIN-WATER INJECT (PEG)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
<i>nafcillin</i>	4	PA
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>oxacillin injection</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet 250 mg</i>	1	
<i>penicillin v potassium oral tablet 500 mg</i>	2	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin intravenous</i>	4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFAS / RELATED AGENTS		
<i>sulfadiazine</i>	3	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	3	
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	3	
<i>morgidox oral capsule 100 mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline</i>	2	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
MONUROL	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	2	
<i>trimethoprim</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
ABRAXANE	5	PA; NDS
ADCETRIS	5	PA; NDS
<i>adriamycin intravenous recon soln 10 mg</i>	4	B/D PA
<i>adriamycin intravenous solution</i>	4	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; QL (150/30); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	5	PA; QL (56/28); NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIMTA	5	PA; NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (30/30); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA
<i>arsenic trioxide</i>	5	B/D PA; NDS
ARZERRA	5	B/D PA; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	B/D PA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG	5	B/D PA; NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	5	B/D PA; NDS
AZASAN	3	B/D PA
<i>azathioprine</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSА	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BLNREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BORTEZOMIB	5	PA; NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180/30); NDS
BRUKINSA	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; LA; QL (30/30); NDS
CABOMETYX ORAL TABLET 40 MG	5	PA; LA; QL (60/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COSMEGEN	5	B/D PA; NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>cyclophosphamide oral</i>	3	B/D PA
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>doxorubicin</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
DROXIA	3	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELLENC	4	B/D PA
ELZONRIS	5	B/D PA; NDS
EMCYT	5	NDS
EMPLICITI	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ENHERTU	5	PA; NDS
ENVARUSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
ERBITUX	5	B/D PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
<i>everolimus (antineoplastic)</i>	5	PA; QL (30/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	5	B/D PA; QL (60/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	5	B/D PA; QL (120/30); NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	2	
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
<i>flutamide</i>	2	
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30/30); NDS
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
INFUGEM	5	B/D PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
IRESSA	5	PA; QL (30/30); NDS
<i>irinotecan</i>	4	B/D PA
IXEMPRA	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JEMPERLI	5	PA; NDS
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	5	PA; NDS
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS	5	PA; QL (240/30); NDS
LUMOXITI	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	5	PA; NDS
LUPRON DEPOT (4 MONTH)	5	PA; NDS
LUPRON DEPOT (6 MONTH)	5	PA; NDS
LUPRON DEPOT-PED	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	5	PA; NDS
LYNPARZA ORAL TABLET	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
MARQIBO	5	B/D PA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	3	PA
<i>megestrol oral tablet</i>	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan</i>	4	B/D PA
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	5	PA; NDS
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; LA; QL (120/30); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	PA; QL (26/28); NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; QL (80/28); NDS
ORGOVYX	5	PA; LA; QL (30/30); NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PADCEV	5	PA; NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
PEPAXTO	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	5	NDS
QINLOCK	5	PA; LA; NDS
RETEVMO	5	PA; LA; NDS
REVLIMID	5	PA; LA; QL (28/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	5	PA; NDS
RYDAPT	5	PA; QL (240/30); NDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; NDS
SARCLISA	5	PA; NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	NDS
<i>sirolimus oral solution</i>	5	B/D PA; NDS
<i>sirolimus oral tablet</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
SUTENT	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	2	B/D PA
TAFINLAR	5	PA; QL (120/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 1 MG	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 200 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
<i>toposar</i>	3	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; NDS
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; QL (1/168); NDS
TRODELVY	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; QL (21/28); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; QL (42/28); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; QL (63/28); NDS
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO	5	PA; LA; NDS
TYKERB	5	PA; LA; QL (180/30); NDS
UKONIQ	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VECTIBIX	5	PA; NDS
VELCADE	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (42/30); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA	5	PA; LA; QL (90/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	5	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60/30); NDS
BANZEL	5	PA; NDS
BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LA; QL (360/30)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LA; QL (180/30)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; LA; QL (360/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; LA; QL (180/30)
DIASTAT	4	
DIASTAT ACUDIAL	4	
<i>diazepam rectal</i>	4	
DILANTIN 30 MG	3	
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
<i>ethosuximide</i>	3	
<i>felbamate oral suspension</i>	5	NDS
<i>felbamate oral tablet</i>	4	
FINTEPLA	5	PA; LA; NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	4	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30/30)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	QL (60/30)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (270/30)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>levetiracetam in nacl (iso-os)</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	QL (30/30)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	QL (60/30)
NAYZILAM	5	PA; QL (10/30); NDS
<i>oxcarbazepine</i>	2	
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	QL (30/30)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	QL (60/30)
<i>primidone</i>	2	
<i>roweepra</i>	2	
<i>rufinamide</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	3	
<i>subvenite starter (blue) kit</i>	3	
<i>subvenite starter (green) kit</i>	3	
<i>subvenite starter (orange) kit</i>	3	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral tablet</i>	2	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	NDS
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	5	QL (1200/30); NDS
VIMPAT ORAL SOLUTION	5	QL (1200/30); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60/30); NDS
VIMPAT ORAL TABLET 50 MG	4	QL (120/30)
XCOPRI	5	PA; NDS
XCOPRI MAINTENANCE PACK	5	PA; NDS
XCOPRI TITRATION PACK	4	PA
<i>zonisamide</i>	2	PA
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; LA; QL (60/30); NDS
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150/30); NDS
NEUPRO	4	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>trihexyphenidyl</i>	2	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>migergot</i>	5	NDS
<i>naratriptan</i>	3	QL (18/28)
<i>rizatriptan</i>	3	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; LA; QL (120/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12/28); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/180); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
FIRDAPSE	5	PA; LA; NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (30/30); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	2	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	2	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
<i>memantine oral tablets, dose pack</i>	3	PA; QL (98/28)
NAMZARIC	3	PA
NUJEXTA	5	PA; NDS
OCREVUS	5	PA; NDS
<i>rivastigmine</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rivastigmine tartrate</i>	4	QL (60/30)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	5	PA; LA; QL (14/30); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; LA; QL (120/180); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	5	PA; LA; QL (60/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	
<i>baclofen oral tablet 20 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	3	
<i>methocarbamol oral</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	5	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>regonol</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	4	PA
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	QL (4/28); NDS
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	4	QL (4/28); NDS
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	4	NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	3	NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL (5550/30); NDS
HYDROCODONE- ACETAMINOPHEN ORAL TABLET 10-300 MG, 7.5-300 MG	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ ML	4	NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	4	NDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS
MORPHINE ORAL TABLET	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	3	QL (180/30); NDS
<i>oxycodone oral solution</i>	3	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	QL (90/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XTAMPZA ER	3	QL (90/30); NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	3	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	QL (300/28)
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diflunisal</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
NARCAN	3	
<i>oxaprozin</i>	4	
<i>salsalate</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60/30)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (360/30)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	QL (90/30)
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	3	QL (240/30); NDS
VIVITROL	5	NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	NDS
ADASUVE	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	
<i>aripiprazole oral solution</i>	3	
<i>aripiprazole oral tablet</i>	2	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	5	QL (60/30); NDS
ARISTADA	5	NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ARISTADA INITIO	5	NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<i>asenapine maleate</i>	4	QL (60/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	QL (60/30)
<i>bupirone</i>	2	
CAPLYTA	5	PA; QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	1	
<i>clomipramine</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	3	
<i>desvenlafaxine succinate</i>	4	QL (30/30)
<i>dexmethylphenidate oral tablet</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral solution</i>	4	QL (1800/30)
<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (240/30)
<i>diazepam oral concentrate</i>	2	QL (240/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200/30)
<i>diazepam oral tablet</i>	2	QL (120/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
<i>doxepin oral tablet</i>	3	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60/30)
EMSAM	5	QL (30/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET 1 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (8/28)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (28/28)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (pmd) oral tablet 10 mg</i>	3	QL (30/30)
<i>fluoxetine (pmd) oral tablet 20 mg</i>	3	
<i>fluoxetine oral capsule 10 mg</i>	2	QL (30/30)
<i>fluoxetine oral capsule 20 mg</i>	2	
<i>fluoxetine oral capsule 40 mg</i>	2	QL (60/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg</i>	3	QL (30/30)
<i>fluoxetine oral tablet 20 mg</i>	3	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 25 mg</i>	2	QL (30/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (60/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA	5	NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30/30); NDS
LATUDA ORAL TABLET 80 MG	5	QL (60/30); NDS
<i>lithium carbonate</i>	2	
<i>lorazepam injection</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	2	
<i>maprotiline</i>	4	
MARPLAN	4	QL (180/30)
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	3	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	2	QL (30/30)
<i>molindone</i>	2	
<i>nefazodone</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nortriptyline</i>	2	
NUPLAZID ORAL CAPSULE	5	PA; QL (30/30); NDS
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
oxazepam	2	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral tablet</i>	2	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
PAXIL ORAL SUSPENSION	4	ST; QL (900/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/30); NDS
<i>phenelzine</i>	3	
<i>pimozide</i>	3	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI	5	QL (30/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	NDS
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	QL (60/30)
<i>risperidone oral tablet, disintegrating 4 mg</i>	3	QL (120/30)
SAPHRIS	5	QL (60/30); NDS
SECUADO	4	QL (30/30)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	
<i>temazepam</i>	4	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine</i>	3	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr</i>	2	
<i>venlafaxine oral tablet</i>	2	QL (90/30)
VERSACLOZ	5	NDS
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VRAYLAR ORAL CAPSULE	5	PA; QL (30/30); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7/30)
XYREM	5	PA; LA; QL (540/30); NDS
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	3	QL (30/30)
ZYPREXA RELPREVV	5	PA; NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral</i>	2	
<i>dofetilide</i>	3	
<i>flecainide</i>	2	
<i>lidocaine (pf) intravenous syringe</i>	4	
<i>mexiletine</i>	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	2	
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	
BYSTOLIC	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>clonidine hcl oral tablet 0.3 mg</i>	2	
DEM SER	5	PA; NDS
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	4	
EDARBYCLOR	4	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isradipine</i>	3	
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	
<i>methyldopa</i>	4	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	2	
<i>nifedipine oral tablet extended release</i>	2	
<i>nifedipine oral tablet extended release 24hr</i>	2	
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	3	
<i>propranolol oral capsule, extended release 24 hr</i>	3	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
TEKTURNA HCT	4	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI	5	PA; LA; NDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	4	
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dipyridamole oral</i>	3	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
PRADAXA	4	
PRASUGREL	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	3	
<i>colestipol</i>	3	
<i>ezetimibe</i>	2	QL (30/30)
<i>ezetimibe-simvastatin</i>	4	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	4	
<i>gemfibrozil</i>	1	
LIVALO	3	QL (30/30)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
<i>niacor</i>	2	
<i>omega-3 acid ethyl esters</i>	4	
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
REPATHA	3	PA; QL (3/28)
REPATHA PUSHTRONEX	3	PA; QL (3.5/28)
REPATHA SURECLICK	3	PA; QL (3/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin oral tablet</i>	1	QL (30/30)
VASCEPA	3	

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR ORAL TABLET	4	PA
<i>digitek</i>	2	
<i>digoxin</i>	2	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet</i>	2	
ENTRESTO	3	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	
<i>ranolazine</i>	4	QL (60/30)
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS

NITRATES

<i>isosorbide dinitrate oral tablet</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>minitran</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5%	5	NDS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>glydo</i>	3	QL (60/30)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	5	NDS
<i>imiquimod topical cream in packet 3.75%</i>	5	NDS
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	1	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5%</i>	4	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
PICATO	5	NDS
<i>pimecrolimus</i>	4	QL (100/30)
<i>podofilox</i>	2	
REGRANEX	5	PA; NDS
SANTYL	4	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>tacrolimus topical</i>	3	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
<i>amneesteem</i>	4	
<i>avita</i>	4	PA
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	2	QL (60/30)
<i>clindacin p</i>	2	QL (60/30)
<i>clindamycin phosphate topical gel</i>	3	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	QL (120/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
ERYTHROMYCIN WITH ETHANOL TOPICAL GEL	4	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	3	
<i>myorisan</i>	4	
<i>rosadan topical cream</i>	3	
<i>rosadan topical gel</i>	3	
<i>tazarotene topical cream</i>	4	PA
TAZORAC	4	PA
<i>tretinoin microspheres</i>	4	PA
<i>tretinoin topical cream 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin topical topical gel 0.01%</i>	3	PA
<i>tretinoin topical topical gel 0.025%, 0.05%</i>	4	PA
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ciclopirox topical suspension</i>	3	QL (60/28)
<i>clotrimazole topical cream</i>	2	QL (45/28)
<i>clotrimazole topical solution</i>	2	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60/28)
<i>econazole</i>	3	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>naftifine</i>	3	QL (60/28)
NAFTIN TOPICAL GEL	3	QL (60/28)
<i>nyamyc</i>	2	
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
DENAVIR	5	NDS
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	1	
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	2	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)

CAPITALIZED = BRAND NAME DRUG

Lower case italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 23.