Cigna®

Medicare Prescription Drug Plans

2023 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

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

Plan covered

Cigna Secure Rx (PDP)

HPMS Approved Formulary File Submission ID 00023072, Version Number 24
This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit CignaMedicare.com. The Formulary, pharmacy network, and/or provider network may change at any time.
Important Message About What You Pay for Insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than $35, you will pay the lower cost for your insulin.
Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

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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 Secure Rx (PDP).

This document includes a list of the drugs (formulary) for our plans, which is current as of December 2023. 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, 2024, 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 (EOC).

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 find information in the section below titled "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 2023 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 December 2023. 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 20. 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 20. 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 67. 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 20. 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 Tier 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 on 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 cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the 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.

  Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost-sharing level.

Generally, Cigna will only approve your request for an exception if the alternative drug is 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 20 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 67.

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.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 20 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 1-800-222-6700 (TTY 711), or you can visit Cigna.com/member-resources 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 (EOC) and other plan materials. To access a copy of your most recent EOC, go to Cigna.com/member-resources.

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. Tier 6 is for Select Care Drugs. Please refer to the following chart. You may also refer to your Evidence of Coverage (EOC) document for additional details.

Cigna is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers. Some generic medications may be in Tier 3, Tier 4, Tier 5 or Tier 6. Keep in mind that the name "Tier 3: Preferred Brand Drugs" is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

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

To locate your drug cost, please refer to the table(s) below to find your service area and the Prescription Drug plan in which you are currently enrolled or would like to enroll. 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 Cigna.com/member-resources to search for a preferred retail or mail-order pharmacy near you.

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing **30 / 60 / 90 Days**	Standard Retail Cost-Sharing **30 / 60 / 90 Days**	Preferred Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Standard Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Long-term Care 31 days Out-of-network 30 days*
ALABAMA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$24 / $48 / $72	$30 / $60 / $90	$24 / $48 / $72	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
ALASKA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$30 / $60 / $90	$26 / $52 / $78	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
ARIZONA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$9 / $18 / $27	$1 / $2 / $0	$9 / $18 / $27	$9
Tier 2: Generic Drugs	$13 / $26 / $39	$18 / $36 / $54	$13 / $26 / $0	$18 / $36 / $54	$18
Tier 3: Preferred Brand Drugs	$45 / $90 / $135	$47 / $94 / $141	$45 / $90 / $135	$47 / $94 / $141	$47
Tier 4: Non-Preferred Drugs	40%	40%	40%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
ARKANSAS					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$34 / $68 / $102	$37 / $74 / $111	$34 / $68 / $102	$37 / $74 / $111	$37
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
CALIFORNIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$33 / $66 / $99	$28 / $56 / $84	$33 / $66 / $99	$33
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
COLORADO					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$8 / $16 / $24	$10 / $20 / $30	$8 / $16 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$34 / $68 / $102	$40 / $80 / $120	$34 / $68 / $102	$40 / $80 / $120	$40
Tier 4: Non-Preferred Drugs	44%	44%	44%	44%	44%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing **30 / 60 / 90 Days**	Standard Retail Cost-Sharing **30 / 60 / 90 Days**	Preferred Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Standard Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Long-term Care 31 days Out-of-network 30 days*
CONNECTICUT					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$36 / $72 / $108	$28 / $56 / $84	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
DELAWARE					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$33 / $66 / $99	$26 / $52 / $78	$33 / $66 / $99	$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
DISTRICT OF COLUMBIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$33 / $66 / $99	$26 / $52 / $78	$33 / $66 / $99	$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
FLORIDA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$32 / $64 / $96	$35 / $70 / $105	$32 / $64 / $96	$35 / $70 / $105	$35
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
GEORGIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$31 / $62 / $93	$36 / $72 / $108	$31 / $62 / $93	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
HAWAII					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$10 / $20 / $30	$15 / $30 / $45	$10 / $20 / $0	$15 / $30 / $45	$15
Tier 3: Preferred Brand Drugs	$42 / $84 / $126	$47 / $94 / $141	$42 / $84 / $126	$47 / $94 / $141	$47
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
IDAHO					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$25 / $50 / $75	$30 / $60 / $90	$25 / $50 / $75	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	45%	45%	45%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
ILLINOIS					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$30 / $60 / $90	$32 / $64 / $96	$30 / $60 / $90	$32 / $64 / $96	$32
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
INDIANA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$30 / $60 / $90	$20 / $40 / $60	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
IOWA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
KANSAS					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$25 / $50 / $75	$30 / $60 / $90	$25 / $50 / $75	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
KENTUCKY					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$30 / $60 / $90	$20 / $40 / $60	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
LOUISIANA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$4 / $8 / $12	$10 / $20 / $30	$4 / $8 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$30 / $60 / $90	$20 / $40 / $60	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MAINE					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$24 / $48 / $72	$30 / $60 / $90	$24 / $48 / $72	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MARYLAND					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$33 / $66 / $99	$26 / $52 / $78	$33 / $66 / $99	$33
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$36 / $72 / $108	$28 / $56 / $84	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing **30 / 60 / 90 Days**	Standard Retail Cost-Sharing **30 / 60 / 90 Days**	Preferred Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Standard Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Long-term Care 31 days Out-of-network 30 days*
MICHIGAN					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$3 / $6 / $9	$10 / $20 / $30	$3 / $6 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$29 / $58 / $87	$20 / $40 / $60	$29 / $58 / $87	$29
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MINNESOTA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$33 / $66 / $99	$28 / $56 / $84	$33 / $66 / $99	$33
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
MISSOURI					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$32 / $64 / $96	$35 / $70 / $105	$32 / $64 / $96	$35 / $70 / $105	$35
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MONTANA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NEBRASKA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NEVADA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$15 / $30 / $45	$7 / $14 / $0	$15 / $30 / $45	$15
Tier 3: Preferred Brand Drugs	$40 / $80 / $120	$47 / $94 / $141	$40 / $80 / $120	$47 / $94 / $141	$47
Tier 4: Non-Preferred Drugs	43%	43%	43%	43%	43%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$24 / $48 / $72	$30 / $60 / $90	$24 / $48 / $72	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NEW JERSEY					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$25 / $50 / $75	$30 / $60 / $90	$25 / $50 / $75	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	48%	48%	48%	48%	48%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NEW MEXICO					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$17 / $34 / $51	$1 / $2 / $0	$17 / $34 / $51	$17
Tier 2: Generic Drugs	$18 / $36 / $54	$20 / $40 / $60	$18 / $36 / $0	$20 / $40 / $60	$20
Tier 3: Preferred Brand Drugs	$47 / $94 / $141	$47 / $94 / $141	$47 / $94 / $141	$47 / $94 / $141	$47
Tier 4: Non-Preferred Drugs	41%	41%	41%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NEW YORK					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$4 / $8 / $12	$10 / $20 / $30	$4 / $8 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$30 / $60 / $90	$20 / $40 / $60	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$38 / $76 / $114	$46 / $92 / $138	$38 / $76 / $114	$46 / $92 / $138	$46
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
OHIO					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$8 / $16 / $24	$10 / $20 / $30	$8 / $16 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$35 / $70 / $105	$38 / $76 / $114	$35 / $70 / $105	$38 / $76 / $114	$38
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
OKLAHOMA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$30 / $60 / $90	$20 / $40 / $60	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
OREGON					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$30 / $60 / $90	$26 / $52 / $78	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$22 / $44 / $66	$30 / $60 / $90	$22 / $44 / $66	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
PUERTO RICO					
Tier 1: Preferred Generic Drugs	$16 / $32 / $48	$19 / $38 / $57	$16 / $32 / $0	$19 / $38 / $57	$19
Tier 2: Generic Drugs	$19 / $38 / $57	$20 / $40 / $60	$19 / $38 / $0	$20 / $40 / $60	$20
Tier 3: Preferred Brand Drugs	$45 / $90 / $135	$47 / $94 / $141	$45 / $90 / $135	$47 / $94 / $141	$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$36 / $72 / $108	$28 / $56 / $84	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$35 / $70 / $105	$38 / $76 / $114	$35 / $70 / $105	$38 / $76 / $114	$38
Tier 4: Non-Preferred Drugs	46%	46%	46%	46%	46%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
TENNESSEE					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$24 / $48 / $72	$30 / $60 / $90	$24 / $48 / $72	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
TEXAS					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$6 / $12 / $18	$10 / $20 / $30	$6 / $12 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$32 / $64 / $96	$36 / $72 / $108	$32 / $64 / $96	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
UTAH					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$25 / $50 / $75	$30 / $60 / $90	$25 / $50 / $75	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	45%	45%	45%	45%	45%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing **30 / 60 / 90 Days**	Standard Retail Cost-Sharing **30 / 60 / 90 Days**	Preferred Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Standard Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Long-term Care 31 days Out-of-network 30 days*
VERMONT					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$36 / $72 / $108	$28 / $56 / $84	$36 / $72 / $108	$36
Tier 4: Non-Preferred Drugs	47%	47%	47%	47%	47%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
VIRGINIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$8 / $16 / $24	$10 / $20 / $30	$8 / $16 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$38 / $76 / $114	$45 / $90 / $135	$38 / $76 / $114	$45 / $90 / $135	$45
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
WASHINGTON					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$26 / $52 / $78	$30 / $60 / $90	$26 / $52 / $78	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$5 / $10 / $15	$1 / $2 / $0	$5 / $10 / $15	$5
Tier 2: Generic Drugs	$5 / $10 / $15	$10 / $20 / $30	$5 / $10 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$22 / $44 / $66	$30 / $60 / $90	$22 / $44 / $66	$30 / $60 / $90	$30
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

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

Cigna Secure Rx (PDP)	Preferred Retail Cost-Sharing **30 / 60 / 90 Days**	Standard Retail Cost-Sharing **30 / 60 / 90 Days**	Preferred Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Standard Mail-Order Cost-Sharing **30 / 60 / 90 Days**	Long-term Care 31 days Out-of-network 30 days*
WISCONSIN					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$4 / $8 / $12	$1 / $2 / $0	$4 / $8 / $12	$4
Tier 2: Generic Drugs	$3 / $6 / $9	$5 / $10 / $15	$3 / $6 / $0	$5 / $10 / $15	$5
Tier 3: Preferred Brand Drugs	$20 / $40 / $60	$29 / $58 / $87	$20 / $40 / $60	$29 / $58 / $87	$29
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11
WYOMING					
Tier 1: Preferred Generic Drugs	$1 / $2 / $3	$6 / $12 / $18	$1 / $2 / $0	$6 / $12 / $18	$6
Tier 2: Generic Drugs	$7 / $14 / $21	$10 / $20 / $30	$7 / $14 / $0	$10 / $20 / $30	$10
Tier 3: Preferred Brand Drugs	$28 / $56 / $84	$34 / $68 / $102	$28 / $56 / $84	$34 / $68 / $102	$34
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	$0 / $0 / $0	$11 / $22 / $33	$0 / $0 / $0	$11 / $22 / $33	$11

Drug List Table of Contents:

The drugs on 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 within the drug list for your drug.

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.

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit Cigna.com/member-resources.

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
amphotericin b	4	PA
amphotericin b liposome	5	PA; NDS
caspofungin intravenous recon soln 50 mg	5	PA; NDS
caspofungin intravenous recon soln 70 mg	4	PA
clotrimazole mucous membrane	3	
CRESEMBA ORAL	4	
fluconazole in nacl (iso-osm)	4	PA
fluconazole oral suspension for reconstitution	3	
fluconazole oral tablet	2	
flucytosine	5	NDS
griseofulvin microsize	4	
griseofulvin ultramicrosize	4	
itraconazole oral capsule	4	QL (120/30)
itraconazole oral solution	4	
ketoconazole oral	3	
nystatin oral	3	
posaconazole oral tablet,delayed release (dr/ec)	5	QL (96/30); NDS
terbinafine hcl oral	2	
voriconazole intravenous	4	PA
voriconazole oral suspension for reconstitution	5	NDS
voriconazole oral tablet	4	
ANTIVIRALS		
abacavir oral solution	3	QL (960/30)
abacavir oral tablet	4	QL (60/30)
abacavir-lamivudine	3	QL (30/30)
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	4	B/D PA
amantadine hcl	3	
APRETUDE	4	
APTIVUS	4	QL (120/30)
atazanavir oral capsule 150 mg, 300 mg	4	QL (30/30)
atazanavir oral capsule 200 mg	4	QL (60/30)
BARACLUDE ORAL SOLUTION	4	QL (630/30)
BIKTARVY	5	NDS
CABENUVA	4	
CIMDUO	4	
COMPLERA	4	QL (30/30)
darunavir ethanolate	5	QL (60/30); NDS
DELSTRIGO	4	
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	4	QL (30/30)
efavirenz oral capsule 200 mg	4	QL (120/30)
efavirenz oral capsule 50 mg	4	QL (180/30)
efavirenz oral tablet	4	QL (30/30)
efavirenz-emtricitabin-tenofov	5	QL (30/30); NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	4	QL (30/30)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	4	
emtricitabine	3	QL (30/30)
emtricitabine-tenofovir (tdf)	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	3	QL (680/28)
entecavir	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
etravirine	5	QL (60/30); NDS
EVOTAZ	4	QL (30/30)
famciclovir	4	QL (60/30)
fosamprenavir	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 (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
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
lamivudine oral solution	3	QL (900/30)
lamivudine oral tablet 100 mg, 300 mg	3	QL (30/30)
lamivudine oral tablet 150 mg	3	QL (60/30)
lamivudine-zidovudine	3	QL (60/30)
LEXIVA ORAL SUSPENSION	4	QL (1575/28)
lopinavir-ritonavir oral solution	4	
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300/30)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120/30)
maraviroc oral tablet 150 mg	5	QL (60/30); NDS
maraviroc oral tablet 300 mg	5	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
nevirapine oral suspension	4	QL (1200/30)
nevirapine oral tablet	3	QL (60/30)
nevirapine oral tablet extended release 24 hr 100 mg	4	QL (90/30)
nevirapine oral tablet extended release 24 hr 400 mg	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
oseltamivir oral capsule	3	
oseltamivir oral suspension for reconstitution	4	
PIFELTRO	4	
PREVYMIS	5	QL (30/30); NDS
PREZCOBIX	4	QL (30/30)
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	4	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
ribavirin oral capsule	3	
ribavirin oral tablet 200 mg	3	
rimantadine	4	
ritonavir	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SELZENTRY ORAL TABLET 25 MG	4	QL (120/30)
SELZENTRY ORAL TABLET 75 MG	5	QL (60/30); NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	LA; NDS
SYMTUZA	4	
tenofovir disoproxil fumarate	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	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	5	QL (300/30); NDS
TRIZIVIR	5	QL (60/30); NDS
TROGARZO	5	NDS
valacyclovir oral tablet 1 gram	3	QL (120/30)
valacyclovir oral tablet 500 mg	3	QL (60/30)
valganciclovir oral recon soln	5	NDS
valganciclovir oral tablet	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
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
zidovudine oral capsule	4	QL (180/30)
zidovudine oral syrup	4	QL (1680/28)
zidovudine oral tablet	2	QL (60/30)
CEPHALOSPORINS		
cefaclor oral capsule	4	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	4	
cefaclor oral tablet extended release 12 hr	4	
cefadroxil oral capsule	3	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	3	
cefadroxil oral tablet	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	4	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
cefazolin intravenous recon soln 1 gram	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
cefdinir	4	
CEFEPIME IN DEXTROSE 5%	4	
CEFEPIME IN DEXTROSE, ISO-OSM	4	
cefepime injection	4	
cefepime intravenous	4	PA
cefixime	4	
cefotetan injection	4	PA
cefoxitin	4	PA
CEFOXITIN IN DEXTROSE, ISO-OSM	4	PA
cefpodoxime	4	
cefprozil	3	
ceftazidime	4	PA
ceftriaxone	4	
ceftriaxone in dextrose,iso-os	4	
cefuroxime axetil oral tablet	3	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
cefuroxime sodium injection recon soln 750 mg	4	PA
cefuroxime sodium intravenous	4	PA
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension for reconstitution	2	
tazicef	4	PA
TEFLARO	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	4	PA
AZITHROMYCIN ORAL PACKET	3	
azithromycin oral suspension for reconstitution	4	
azithromycin oral tablet	2	
clarithromycin	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
erythrocin (as stearate) oral tablet 250 mg	4	
erythrocin intravenous recon soln 500 mg	4	PA
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	4	
erythromycin oral capsule,delayed release(dr/ec)	4	
erythromycin oral tablet	4	
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	NDS
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA
ARIKAYCE	4	PA; LA
atovaquone	4	
atovaquone-proguanil	4	
aztreonam	4	PA
bacitracin intramuscular	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CAYSTON	5	PA; LA; QL (84/28); NDS
chloramphenicol sod succinate	4	
chloroquine phosphate	3	
clindamycin hcl	2	
CLINDAMYCIN IN 0.9% SOD CHLOR	4	PA
clindamycin in 5% dextrose	4	PA
clindamycin palmitate hcl	4	
clindamycin pediatric	4	
clindamycin phosphate injection	4	PA
COARTEM	4	QL (24/30)
colistin (colistimethate na)	4	PA
cycloserine	4	
dapsone oral	3	
daptomycin	5	NDS
DAPTOMYCIN IN 0.9% SOD CHLOR	5	NDS
emverm	4	
ertapenem	4	
ethambutol	4	
FIRVANQ	4	QL (450/10)
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	PA
gentamicin injection solution 40 mg/ml	4	PA
gentamicin sulfate (ped) (pf)	4	PA
hydroxychloroquine	3	
imipenem-cilastatin	4	
isoniazid oral solution	4	
isoniazid oral tablet	2	
ivermectin oral	3	PA
lincomycin	4	PA
linezolid in dextrose 5%	4	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
linezolid oral suspension for reconstitution	5	QL (1800/30); NDS
linezolid oral tablet	3	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
mefloquine	3	
meropenem	4	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
METRO I.V.	4	PA
metronidazole in nacl (iso-os)	4	PA
metronidazole oral tablet	2	
neomycin	2	
nitazoxanide	5	QL (20/10); NDS
paromomycin	4	
paser	4	
pentamidine inhalation	3	B/D PA; QL (1/28)
pentamidine injection	4	
praziquantel	4	
PRIFTIN	4	
primaquine	4	
pyrazinamide	4	
pyrimethamine	5	PA; NDS
quinine sulfate	4	PA; QL (42/7)
rifabutin	4	
rifampin	4	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
streptomycin	4	PA
tigecycline	5	PA; NDS
tobramycin in 0.225% nacl	5	B/D PA; QL (280/28); NDS
tobramycin sulfate	4	PA
TRECATOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	4	
vancomycin injection	4	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	4	
vancomycin oral capsule 125 mg	4	PA; QL (40/10)
vancomycin oral capsule 250 mg	4	PA; QL (80/10)
vancomycin oral recon soln 25 mg/ml	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
PENICILLINS		
amoxicillin oral capsule	2	
amoxicillin oral suspension for reconstitution	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	4	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	4	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg	2	
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg	4	
ampicillin oral capsule 500 mg	2	
ampicillin sodium	4	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ampicillin-sulbactam	4	PA
BICILLIN L-A	4	PA
dicloxacillin	2	
NAFCILLIN IN DEXTROSE ISO-OSM	4	PA
nafcillin injection	4	PA
nafcillin intravenous recon soln 2 gram	4	PA
oxacillin injection	4	PA
penicillin g potassium	4	PA
penicillin v potassium	2	
pfizerpen-g	4	PA
piperacillin-tazobactam	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
ciprofloxacin hcl oral tablet 100 mg	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5% dextrose	4	PA
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	4	
levofloxacin in d5w	4	PA
levofloxacin intravenous	4	PA
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin oral	4	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	4	PA
moxifloxacin-sod.chloride(iso)	4	PA
SULFAS / RELATED AGENTS		
sulfadiazine	4	
sulfamethoxazole-trimethoprim intravenous	4	PA
sulfamethoxazole-trimethoprim oral suspension	4	
sulfamethoxazole-trimethoprim oral tablet	2	
TETRACYCLINES		
doxy-100	4	PA
doxycycline hyclate intravenous	4	PA
doxycycline hyclate oral capsule	4	
doxycycline hyclate oral tablet 100 mg, 20 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	3	
doxycycline monohydrate oral suspension for reconstitution	4	
doxycycline monohydrate oral tablet	3	
minocycline oral capsule	2	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
tetracycline	4	
URINARY TRACT AGENTS		
methenamine hippurate	4	
nitrofurantoin monohyd/m-cryst	3	
nitrofurantoin oral suspension 25 mg/5 ml	4	
trimethoprim	2	
VANCOMYCIN		
vancomycin intravenous recon soln 1.25 gram, 1.5 gram	4	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium injection	4	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	4	
leucovorin calcium oral tablet 5 mg	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
mesna	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; QL (120/30)
abiraterone oral tablet 500 mg	4	PA; QL (60/30)
ABRAXANE	5	PA; NDS
ADCETRIS	4	PA
ADSTILADRIN	5	PA; QL (4/90); NDS
AKEEGA	5	PA; QL (60/30); 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 (60/365); NDS
anastrozole	2	
arsenic trioxide	4	B/D PA
AYVAKIT	5	PA; LA; QL (30/30); NDS
azacitidine	4	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA
azathioprine sodium	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
bendamustine intravenous recon soln	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
bexarotene	5	PA; NDS
bicalutamide	3	
BLENREP	4	PA
bleomycin	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION	5	PA; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN	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
busulfan	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	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
carboplatin intravenous solution	4	B/D PA
carmustine intravenous recon soln 100 mg	4	B/D PA
cisplatin intravenous solution	4	B/D PA
cladribine	4	B/D PA
clofarabine	4	B/D PA
COLUMVI	5	PA; QL (30/21); NDS
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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
cyclophosphamide intravenous recon soln	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
cyclophosphamide oral capsule	3	B/D PA
cyclophosphamide oral tablet 25 mg	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA
cyclosporine intravenous	4	B/D PA
cyclosporine modified	4	B/D PA
cyclosporine oral capsule	4	B/D PA
CYRAMZA	5	PA; NDS
cytarabine	4	B/D PA
cytarabine (pf)	4	B/D PA
dacarbazine	4	B/D PA
dactinomycin	4	B/D PA
DANYELZA	4	PA
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
daunorubicin intravenous solution	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
decitabine	4	B/D PA
docetaxel	4	B/D PA
doxorubicin intravenous recon soln 50 mg	4	B/D PA
doxorubicin intravenous solution	4	B/D PA
doxorubicin, peg-liposomal	4	B/D PA
DROXIA	4	
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMCYT	4	
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
ENVARSUS XR	4	B/D PA
epirubicin intravenous solution	4	B/D PA
EPKINLY	4	PA
ERBITUX	4	B/D PA
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
erlotinib oral tablet 100 mg, 150 mg	5	PA; QL (30/30); NDS
erlotinib oral tablet 25 mg	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
etoposide intravenous	3	B/D PA
everolimus (antineoplastic) oral tablet	5	PA; QL (30/30); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	5	PA; QL (150/30); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg	5	PA; QL (56/28); NDS
everolimus (immunosuppressive)	5	B/D PA; NDS
EVOMELA	5	PA; NDS
exemestane	4	
EXKIVITY	5	PA; LA; QL (120/30); NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA
floxuridine	4	B/D PA
fludarabine	4	B/D PA
fluorouracil intravenous	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
fulvestrant	5	B/D PA; NDS
FYARRO	4	PA; LA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
gefitinib	5	QL (30/30); NDS
gemcitabine intravenous recon soln	4	B/D PA
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)	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
gengraf	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GLEOSTINE	4	
HALAVEN	5	PA; NDS
hydroxyurea	2	
IBRANCE	5	PA; QL (21/28); NDS
ICLUSIG	5	PA; QL (30/30); NDS
idarubicin	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
ifosfamide intravenous recon soln 1 gram	4	B/D PA
IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM	4	B/D PA
ifosfamide intravenous solution	4	B/D PA
imatinib oral tablet 100 mg	5	PA; QL (180/30); NDS
imatinib oral tablet 400 mg	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 SUSPENSION	5	PA; QL (180/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; LA; NDS
INFUGEM	5	B/D PA; NDS
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
irinotecan	4	B/D PA
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	4	PA
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	4	PA
KISQALI	5	PA; QL (63/28); 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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KLISYRI	4	ST; QL (5/30)
KRAZATI	5	PA; LA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
lapatinib	5	PA; QL (180/30); NDS
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	5	PA; LA; QL (28/28); NDS
lenalidomide oral capsule 2.5 mg, 20 mg	5	PA; QL (28/28)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
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
letrozole	2	
LEUKERAN	4	
leuprolide (3 month)	4	PA
leuprolide subcutaneous kit	4	PA
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 ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUMOXITI	5	PA; NDS
LUNSUMIO	5	PA; LA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
LYTGOBI	5	PA; LA; QL (150/30); NDS
MARGENZA	5	PA; NDS
MARQIBO	4	B/D PA
MATULANE	5	NDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	4	PA
megestrol oral tablet 20 mg	4	PA
megestrol oral tablet 40 mg	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1350/30); NDS
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
melphalan hcl	5	B/D PA; NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
mercaptopurine	4	
methotrexate sodium (pf)	4	B/D PA
methotrexate sodium injection	4	B/D PA
methotrexate sodium oral	3	
mitomycin intravenous	4	B/D PA
mitoxantrone	4	B/D PA
MONJUVI	4	PA
MVASI	5	PA; NDS
mycophenolate mofetil (hcl)	4	B/D PA
mycophenolate mofetil oral capsule	3	B/D PA
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; NDS
mycophenolate mofetil oral tablet	4	B/D PA
mycophenolate sodium	4	B/D PA
MYLOTARG	5	PA; NDS
nelarabine	4	B/D PA
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; QL (120/30); NDS
nilutamide	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
octreotide acetate	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	4	B/D PA
ONIVYDE	4	PA
ONUREG	4	PA; QL (14/28)
OPDIVO	5	PA; NDS
OPDUALAG	4	PA
ORGOVYX	4	PA; LA; QL (30/28)
ORSERDU	5	PA; NDS
oxaliplatin	4	B/D PA
paclitaxel	4	B/D PA
PACLITAXEL PROTEIN-BOUND	5	PA; NDS
PADCEV	4	PA
PEMAZYRE	5	PA; LA; QL (14/21); NDS
pemetrexed disodium intravenous recon soln	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; QL (90/30); NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120/30); NDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA; LA; QL (28/28); NDS
REZLIDHIA	5	PA; LA; QL (60/30); NDS
romidepsin intravenous recon soln	5	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVANT	4	PA
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	4	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SARCLISA	4	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
sirolimus	4	B/D PA
SOLTAMOX	4	
SOMATULINE DEPOT	5	PA; NDS
sorafenib	5	PA; QL (120/30); 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
sunitinib malate	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
tacrolimus oral	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	4	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
tamoxifen	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	4	PA; LA
TECENTRIQ	5	PA; NDS
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	B/D PA
temsirolimus	4	B/D PA
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56/28); NDS
thiotepa	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
topotecan intravenous recon soln	5	B/D PA; NDS
topotecan intravenous solution	4	B/D PA
toremifene	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
tretinoin (antineoplastic)	5	NDS
TRIPTODUR	5	PA; QL (1/168); NDS

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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRODELVY	4	PA
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 ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
valrubicin	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
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 (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
vinblastine	4	B/D PA
vincristine	4	B/D PA
vinorelbine	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
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/ WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	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 ORAL CAPSULE	5	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET	5	PA; LA; QL (30/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	4	PA
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZYNLONTA	4	PA
ZYNYZ	5	PA; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	QL (600/30)
BRIVIACT ORAL TABLET	4	QL (60/30)
carbamazepine oral capsule, er multiphase 12 hr	4	
carbamazepine oral suspension	4	
carbamazepine oral tablet	3	
carbamazepine oral tablet extended release 12 hr	4	
carbamazepine oral tablet,chewable	3	
CELONTIN ORAL CAPSULE 300 MG	3	
clobazam oral suspension	4	PA; QL (480/30)
clobazam oral tablet 10 mg	4	PA; QL (120/30)
clobazam oral tablet 20 mg	4	PA; QL (60/30)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (120/30)
clonazepam oral tablet 2 mg	2	QL (300/30)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg	4	QL (90/30)
clonazepam oral tablet,disintegrating 0.5 mg, 1 mg	4	QL (120/30)
clonazepam oral tablet,disintegrating 2 mg	4	QL (300/30)
DIACOMIT	5	LA; NDS
diazepam rectal	4	
dilantin	4	
divalproex oral capsule, delayed rel sprinkle	4	
divalproex oral tablet extended release 24 hr	4	
divalproex oral tablet,delayed release (dr/ec)	3	
EPIDIOLEX	5	PA; LA; NDS
epitol	3	
EPRONTIA	4	PA
ethosuximide	4	
felbamate	4	
FINTEPLA	4	PA; LA; QL (360/30)
fosphenytoin	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)
gabapentin oral capsule 100 mg, 300 mg	2	QL (360/30)
gabapentin oral capsule 400 mg	2	QL (270/30)
gabapentin oral solution	4	QL (2160/30)
gabapentin oral tablet 600 mg	2	QL (180/30)
gabapentin oral tablet 800 mg	2	QL (120/30)
lacosamide intravenous	4	QL (1200/30)
lacosamide oral solution	4	QL (1200/30)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	3	QL (60/30)
lacosamide oral tablet 50 mg	3	QL (120/30)
lamotrigine oral tablet	2	
lamotrigine oral tablet, chewable dispersible	3	
lamotrigine oral tablets,dose pack	2	

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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	4	
levetiracetam intravenous	3	
levetiracetam oral solution	3	
levetiracetam oral tablet 1,000 mg, 750 mg	3	
levetiracetam oral tablet 250 mg, 500 mg	2	
levetiracetam oral tablet extended release 24 hr	3	
methsuximide	3	
NAYZILAM	4	PA; QL (10/30)
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	3	
phenobarbital oral elixir	4	PA; QL (1500/30)
phenobarbital oral tablet	3	PA; QL (120/30)
phenobarbital sodium injection solution	3	
phenytoin oral suspension	2	
phenytoin oral tablet,chewable	3	
phenytoin sodium extended oral capsule 100 mg, 200 mg	2	
phenytoin sodium extended oral capsule 300 mg	3	
phenytoin sodium intravenous solution	3	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120/30)
pregabalin oral capsule 200 mg	3	QL (90/30)
pregabalin oral capsule 225 mg, 300 mg	3	QL (60/30)
pregabalin oral solution	3	QL (900/30)
primidone oral tablet 125 mg	4	
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 500 mg	2	
rufinamide oral suspension	5	PA; NDS
rufinamide oral tablet	3	PA
SPRITAM	4	
subvenite	2	
subvenite starter (blue) kit	2	
subvenite starter (green) kit	2	
subvenite starter (orange) kit	2	
SYMPAZAN	5	PA; QL (60/30); NDS
tiagabine	4	
topiramate oral capsule, sprinkle	3	PA
topiramate oral tablet	3	PA
valproate sodium	3	
valproic acid	2	
valproic acid (as sodium salt)	2	
VALTOCO	4	PA; QL (10/30)
vigabatrin	5	PA; LA; QL (180/30); NDS
vigadrone	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/ DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (56/28)
XCOPRI ORAL TABLET 100 MG	4	PA; QL (120/30)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60/30)
XCOPRI ORAL TABLET 50 MG	4	PA; QL (240/30)
XCOPRI TITRATION PACK	4	PA; QL (56/365)
ZONISADE	5	PA; NDS
zonisamide	3	PA
ZTALMY	5	LA; QL (90/30); NDS
ANTIPARKINSONISM AGENTS		
benztropine injection	4	
benztropine oral	2	PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
bromocriptine	4	
carbidopa	4	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet extended release	3	
carbidopa-levodopa oral tablet,disintegrating	4	
entacapone	4	
GOCOVRI	4	ST
NEUPRO	4	
ONGENTYS	3	
pramipexole oral tablet	2	
rasagiline	4	
ropinirole oral tablet	2	
RYTARY	4	ST
selegiline hcl	3	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
dihydroergotamine nasal	4	PA; QL (8/28)
ergotamine-caffeine	3	
naratriptan	4	QL (18/28)
NURTEC ODT	3	PA; QL (16/30)
rizatriptan	4	QL (36/28)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	QL (18/28)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	QL (36/28)
sumatriptan succinate oral	2	QL (18/28)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE	4	QL (8/28)
sumatriptan succinate subcutaneous pen injector	4	QL (8/28)
sumatriptan succinate subcutaneous solution	4	QL (8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	4	ST; QL (4/28)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; LA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; LA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; LA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; LA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4)	5	PA; QL (84/365); 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
dalfampridine	3	PA; QL (60/30)
donepezil oral tablet 10 mg	2	QL (60/30)
donepezil oral tablet 5 mg	2	QL (30/30)
donepezil oral tablet,disintegrating 10 mg	2	QL (60/30)
donepezil oral tablet,disintegrating 5 mg	2	QL (30/30)
fingolimod	5	PA; QL (30/30); NDS
galantamine oral capsule,ext rel. pellets 24 hr	4	QL (30/30)
galantamine oral solution	4	QL (200/30)
galantamine oral tablet	3	QL (60/30)
GILENYA	5	PA; QL (30/30); NDS
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PACK	5	PA; LA; QL (56/365); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KESIMPTA PEN	5	PA; QL (1.2/28); NDS
memantine oral solution	4	PA; QL (300/30)
memantine oral tablet 10 mg	3	PA; QL (60/30)
memantine oral tablet 5 mg	3	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; QL (98/365)
NAMZARIC	3	PA
NUEDEXTA	5	PA; NDS
OCREVUS	4	PA
rivastigmine	4	
rivastigmine tartrate	4	QL (60/30)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240/30)
tetrabenazine oral tablet 25 mg	4	PA; QL (120/30)
VUMERITY	5	PA; QL (120/30); NDS
ZEPOSIA	5	PA; QL (30/30); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (56/365); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (14/365); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	3	PA
dantrolene oral	4	
methocarbamol oral tablet 500 mg, 750 mg	3	PA
pyridostigmine bromide oral tablet 60 mg	3	
pyridostigmine bromide oral tablet extended release	4	
tizanidine oral tablet	2	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	3	QL (4500/30); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	QL (360/30); NDS
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180/30); NDS
buprenorphine hcl injection	4	NDS
buprenorphine hcl sublingual	3	PA
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360/30); NDS
endocet oral tablet 2.5-325 mg	4	QL (360/30); NDS
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (120/30); NDS
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120/30); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	QL (10/30); NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	4	QL (5550/30); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360/30); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (50/30); NDS
hydromorphone oral liquid	4	QL (2400/30); NDS
hydromorphone oral tablet	4	QL (180/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
methadone injection solution	4	NDS
methadone intensol	4	QL (90/30); NDS
methadone oral concentrate	4	QL (90/30); NDS
methadone oral solution 10 mg/5 ml	4	QL (600/30); NDS
methadone oral solution 5 mg/5 ml	4	QL (1200/30); NDS
methadone oral tablet 10 mg	3	QL (120/30); NDS
methadone oral tablet 5 mg	3	QL (240/30); NDS
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
morphine concentrate oral solution	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 8 MG/ML	4	NDS
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	4	NDS
MORPHINE INTRAVENOUS SYRINGE	4	NDS
morphine oral solution	4	QL (900/30); NDS
morphine oral tablet	3	QL (180/30); NDS
morphine oral tablet extended release	3	QL (120/30); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	QL (180/30); NDS
oxycodone oral tablet 5 mg	3	QL (360/30); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360/30); NDS
oxymorphone oral tablet extended release 12 hr	3	QL (90/30); NDS
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	QL (360/30)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	QL (90/30)
butorphanol nasal	4	QL (10/28)
celecoxib	4	QL (60/30)
diclofenac potassium oral tablet 50 mg	3	
diclofenac sodium oral	2	
diclofenac sodium topical gel 1%	3	QL (1000/28)
diflunisal	4	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	2	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
flurbiprofen oral tablet 100 mg	2	
ibu	1	
ibuprofen oral suspension	4	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
KLOXXADO	3	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (60/30)
nabumetone	2	
naloxone injection solution	2	
naloxone injection syringe 1 mg/ml	2	
naloxone nasal	3	
naltrexone	3	
naproxen oral suspension	4	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
naproxen oral tablet,delayed release (dr/ec) 500 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	4	
oxaprozin	4	
sulindac	2	
tramadol oral tablet 50 mg	2	QL (240/30); NDS
tramadol-acetaminophen	2	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	
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	6	QL (30/30); NDS
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	6	QL (60/30); NDS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	QL (1/28)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120/30)
alprazolam oral tablet 2 mg	2	QL (150/30)
amitriptyline	3	
amoxapine	3	
aripiprazole oral solution	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	3	QL (60/30)
aripiprazole oral tablet 20 mg, 30 mg	3	QL (30/30)
aripiprazole oral tablet,disintegrating	4	QL (60/30)
ARISTADA INITIO	4	QL (4.8/365)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9/56)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4/28)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2/28)
asenapine maleate sublingual tablet 10 mg, 2.5 mg	4	QL (60/30)
asenapine maleate sublingual tablet 5 mg	4	QL (90/30)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60/30)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	QL (30/30)
AUVELITY	4	ST; QL (60/30)
BELSOMRA	3	QL (30/30)
bupropion hcl oral tablet 100 mg	3	QL (120/30)
bupropion hcl oral tablet 75 mg	3	QL (180/30)
bupropion hcl oral tablet extended release 24 hr 150 mg	3	QL (90/30)
bupropion hcl oral tablet extended release 24 hr 300 mg	3	QL (30/30)
bupropion hcl oral tablet sustained-release 12 hr 100 mg	3	QL (120/30)
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	3	QL (60/30)
buspirone	2	
CAPLYTA	4	QL (30/30)
chlorpromazine	4	
citalopram oral solution	4	
citalopram oral tablet 10 mg, 20 mg	1	QL (60/30)
citalopram oral tablet 40 mg	1	QL (30/30)
clomipramine	4	
clorazepate dipotassium oral tablet 15 mg	4	QL (180/30)
clorazepate dipotassium oral tablet 3.75 mg	4	QL (90/30)
clorazepate dipotassium oral tablet 7.5 mg	4	QL (360/30)
clozapine oral tablet 100 mg, 200 mg	4	
clozapine oral tablet 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating	4	
DAYVIGO	3	QL (30/30)
desipramine	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	4	QL (120/30)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	4	QL (60/30)
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	4	QL (90/30)
dexmethylphenidate oral tablet	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
dextroamphetamine sulfate oral capsule, extended release	4	
dextroamphetamine sulfate oral tablet	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	4	QL (60/30)
dextroamphetamine-amphetamine oral tablet 10 mg	3	QL (180/30)
dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg	3	QL (60/30)
dextroamphetamine-amphetamine oral tablet 15 mg	3	QL (120/30)
dextroamphetamine-amphetamine oral tablet 20 mg	3	QL (90/30)
dextroamphetamine-amphetamine oral tablet 5 mg	3	QL (360/30)
diazepam injection	2	
diazepam intensol	3	QL (360/30)
diazepam oral concentrate	3	QL (360/30)
diazepam oral solution	4	QL (1800/30)
diazepam oral tablet	2	QL (180/30)
doxepin oral capsule	3	
doxepin oral concentrate	3	
doxepin oral tablet	3	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	3	QL (60/30)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (120/30)
EMSAM	4	QL (30/30)
escitalopram oxalate oral solution	4	QL (600/30)
escitalopram oxalate oral tablet 10 mg, 5 mg	2	QL (60/30)
escitalopram oxalate oral tablet 20 mg	2	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90/30)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
fluoxetine oral capsule 10 mg	2	QL (120/30)
fluoxetine oral capsule 20 mg, 40 mg	2	QL (90/30)
fluoxetine oral solution	2	
fluphenazine decanoate	4	
fluphenazine hcl injection	4	
fluphenazine hcl oral concentrate	4	
fluphenazine hcl oral elixir	4	
fluphenazine hcl oral tablet	3	
fluvoxamine oral tablet 100 mg, 25 mg	3	QL (90/30)
fluvoxamine oral tablet 50 mg	3	QL (120/30)
guanfacine oral tablet extended release 24 hr	4	QL (30/30)
haloperidol decanoate	4	
haloperidol lactate injection	4	
haloperidol lactate oral	2	
haloperidol oral tablet 0.5 mg, 20 mg	2	
haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HETLIOZ	5	PA; QL (30/30); NDS
imipramine hcl	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5/28)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63/90)
lithium carbonate	2	
lithium citrate oral solution 8 meq/5 ml	2	
lorazepam injection solution	4	
lorazepam injection syringe 2 mg/ml	4	
lorazepam intensol	3	QL (150/30)
lorazepam oral concentrate	3	QL (150/30)
lorazepam oral syringe	3	QL (150/30)
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90/30)
lorazepam oral tablet 2 mg	2	QL (150/30)
loxapine succinate	4	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30/30)
lurasidone oral tablet 80 mg	4	QL (60/30)
LYBALVI	4	PA; QL (30/30)
MARPLAN	4	QL (180/30)
metadate er	4	
methylphenidate hcl oral tablet	4	QL (90/30)
methylphenidate hcl oral tablet extended release	4	
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)	4	
mirtazapine oral tablet	2	
mirtazapine oral tablet,disintegrating	3	QL (30/30)
modafinil oral tablet 100 mg	3	PA; QL (30/30)
modafinil oral tablet 200 mg	3	PA; QL (60/30)
molindone	3	
nefazodone	4	
nortriptyline oral capsule	2	
nortriptyline oral solution	3	
NUPLAZID	4	PA; QL (30/30)
olanzapine intramuscular	4	QL (30/30)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	QL (60/30)
olanzapine oral tablet 15 mg, 20 mg	3	QL (30/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
olanzapine oral tablet,disintegrating 10 mg, 5 mg	4	QL (60/30)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	4	QL (30/30)
paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg	4	PA; QL (30/30)
paliperidone oral tablet extended release 24hr 3 mg, 6 mg	4	PA; QL (60/30)
paroxetine hcl oral suspension	4	ST; QL (900/30)
paroxetine hcl oral tablet 10 mg	2	QL (180/30)
paroxetine hcl oral tablet 20 mg, 40 mg	2	QL (30/30)
paroxetine hcl oral tablet 30 mg	2	QL (60/30)
perphenazine	4	
perphenazine-amitriptyline	4	
PERSERIS	4	QL (1/28)
phenelzine	3	
pimozide	4	
protriptyline	4	
quetiapine oral tablet 100 mg, 25 mg, 50 mg	2	QL (120/30)
quetiapine oral tablet 150 mg, 200 mg	2	QL (90/30)
quetiapine oral tablet 300 mg, 400 mg	2	QL (60/30)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 20 MG, 30 MG	4	PA; QL (60/30)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC24HR 40 MG	4	PA; QL (30/30)
REXULTI ORAL TABLET	4	QL (30/30)
RISPERDAL CONSTA	4	QL (2/28)
risperidone oral solution	4	
risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg	2	QL (120/30)
risperidone oral tablet 1 mg	2	QL (180/30)
risperidone oral tablet 2 mg	2	QL (90/30)
risperidone oral tablet 3 mg	2	QL (60/30)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg	4	QL (120/30)
risperidone oral tablet,disintegrating 1 mg	4	QL (180/30)
risperidone oral tablet,disintegrating 2 mg	4	QL (90/30)
risperidone oral tablet,disintegrating 3 mg	4	QL (60/30)
SECUADO	4	QL (30/30)
sertraline oral concentrate	4	
sertraline oral tablet	1	QL (60/30)
SODIUM OXYBATE	5	PA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (16/28)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (18/28)
tasimelteon	5	PA; QL (30/30); NDS
thioridazine	4	
thiothixene	4	
tranylcypromine	4	
trazodone	2	
trifluoperazine oral tablet 1 mg	3	
trifluoperazine oral tablet 10 mg, 2 mg, 5 mg	4	
trimipramine	4	
TRINTELLIX	4	ST; QL (30/30)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	QL (60/30)
venlafaxine oral capsule,extended release 24hr 75 mg	2	QL (90/30)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg	2	QL (90/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
venlafaxine oral tablet 50 mg, 75 mg	2	QL (120/30)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	4	ST; QL (60/365)
vilazodone	4	ST; QL (30/30)
VRAYLAR ORAL CAPSULE	4	QL (30/30)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	QL (14/365)
XYWAV	5	PA; LA; QL (540/30); NDS
zaleplon oral capsule 10 mg	3	QL (60/30)
zaleplon oral capsule 5 mg	3	QL (30/30)
ziprasidone hcl oral capsule 20 mg	4	QL (180/30)
ziprasidone hcl oral capsule 40 mg	4	QL (120/30)
ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60/30)
ziprasidone mesylate	4	QL (6/30)
zolpidem oral tablet	3	QL (30/30)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; QL (1/28)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	4	B/D PA
amiodarone oral tablet 100 mg, 400 mg	4	
amiodarone oral tablet 200 mg	2	
dofetilide	4	
flecainide	4	
LIDOCAINE (PF) INTRAVENOUS SOLUTION	4	
lidocaine (pf) intravenous syringe	4	
mexiletine	4	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	2	
propafenone	4	
quinidine sulfate oral tablet	2	
sorine	2	
sotalol af	2	
sotalol oral	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	
amiloride	2	
amiloride-hydrochlorothiazide	2	
amlodipine	1	
amlodipine-benazepril	2	
amlodipine-valsartan	2	
amlodipine-valsartan-hcthiazid	3	
atenolol	1	
atenolol-chlorthalidone	2	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol oral	3	
BIDIL	3	PA; QL (180/30)
bisoprolol fumarate	2	
bisoprolol-hydrochlorothiazide	1	
bumetanide injection	4	
bumetanide oral tablet 0.5 mg, 1 mg	2	
bumetanide oral tablet 2 mg	3	
candesartan oral tablet 16 mg, 4 mg, 8 mg	3	QL (60/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
candesartan oral tablet 32 mg	3	QL (30/30)
candesartan-hydrochlorothiazid	3	
captopril	4	
CAROSPIR	3	
cartia xt	3	
carvedilol	1	
chlorothiazide sodium	4	
chlorthalidone oral tablet 25 mg, 50 mg	2	
clonidine	4	QL (4/28)
clonidine hcl oral tablet	2	
diltiazem hcl intravenous	4	
diltiazem hcl oral capsule,ext. rel 24h degradable	3	
diltiazem hcl oral capsule,extended release 12 hr	3	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg	3	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	3	
diltiazem hcl oral tablet	2	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	3	
DILTIAZEM HCL ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	3	
dilt-xr	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	QL (30/30)
doxazosin oral tablet 8 mg	2	QL (60/30)
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ethacrynate sodium	4	
felodipine	2	
fosinopril	2	
fosinopril-hydrochlorothiazide	2	
furosemide injection solution	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
furosemide oral tablet	1	
hydralazine injection	4	
hydralazine oral	1	
hydrochlorothiazide	1	
indapamide	2	
irbesartan	1	QL (30/30)
irbesartan-hydrochlorothiazide	1	QL (30/30)
isosorbide-hydralazine	3	QL (180/30)
KERENDIA	3	PA; QL (30/30)
labetalol oral	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
losartan	1	QL (60/30)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (30/30)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (60/30)
matzim la	3	
metolazone	3	
metoprolol succinate	2	
metoprolol ta-hydrochlorothiaz	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metyrosine	5	PA; NDS
minoxidil oral	2	
moexipril	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
nebivolol	4	
nicardipine intravenous solution	4	
nicardipine oral	4	
nifedipine oral tablet extended release	3	
nifedipine oral tablet extended release 24hr	3	
nimodipine	4	
olmesartan	3	
olmesartan-hydrochlorothiazide	3	
perindopril erbumine	2	
pindolol	3	
prazosin	4	
propranolol oral capsule,extended release 24 hr	4	
propranolol oral solution	4	
propranolol oral tablet	2	
quinapril	1	
quinapril-hydrochlorothiazide	2	
ramipril	1	
spironolactone	2	
spironolacton-hydrochlorothiaz	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg	3	
telmisartan	3	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30/30)
terazosin oral capsule 10 mg	1	QL (60/30)
tiadylt er	3	
timolol maleate oral	4	
torsemide oral	2	
trandolapril	2	
triamterene-hydrochlorothiazid	1	
UPTRAVI ORAL	4	PA; LA
valsartan oral tablet 160 mg, 40 mg, 80 mg	2	QL (60/30)
valsartan oral tablet 320 mg	2	QL (30/30)
valsartan-hydrochlorothiazide	2	QL (30/30)
verapamil intravenous solution	4	
verapamil oral capsule, 24 hr er pellet ct	3	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	4	
verapamil oral tablet	2	
verapamil oral tablet extended release	2	
COAGULATION THERAPY		
aminocaproic acid oral	4	
BRILINTA	4	QL (60/30)
cilostazol	2	
clopidogrel oral tablet 300 mg	4	
clopidogrel oral tablet 75 mg	1	QL (30/30)
dipyridamole oral	3	
DOPTELET (10 TAB PACK)	5	PA; LA; NDS
DOPTELET (15 TAB PACK)	5	PA; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
enoxaparin	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
HEPARIN (PORCINE) IN 5% DEX	4	
heparin (porcine) in nacl (pf)	4	
heparin (porcine) injection solution	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	4	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	4	
jantoven	1	
pentoxifylline	2	
prasugrel	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
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
warfarin	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin	1	QL (30/30)
cholestyramine (with sugar)	3	
cholestyramine light	3	
cholestyramine-aspartame	3	
colestipol oral granules	4	
colestipol oral packet	4	
colestipol oral tablet	3	
ezetimibe	3	QL (30/30)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	3	
fenofibrate nanocrystallized	3	
fenofibrate oral tablet 160 mg, 54 mg	3	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg	3	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	4	
gemfibrozil	2	
icosapent ethyl	4	
lovastatin oral tablet 10 mg	1	QL (30/30)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
niacin oral tablet extended release 24 hr	4	
pravastatin	1	QL (30/30)
prevalite	3	
REPATHA PUSHTRONEX	3	PA; QL (3.5/28)
REPATHA SURECLICK	3	PA; QL (3/28)
REPATHA SYRINGE	3	PA; QL (3/28)
rosuvastatin	2	QL (30/30)
simvastatin	1	QL (30/30)
VASCEPA	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
digoxin injection solution	4	
digoxin oral solution	4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3	
digoxin oral tablet 62.5 mcg (0.0625 mg)	4	
ENTRESTO	3	QL (60/30)
LANOXIN PEDIATRIC	4	
ranolazine	4	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAQEL	4	PA
NITRATES		
isosorbide dinitrate oral tablet	4	
isosorbide mononitrate	2	
nitroglycerin intravenous	4	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
nitroglycerin sublingual	3	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	4	PA
calcipotriene scalp	3	QL (120/30)
calcipotriene topical cream	4	QL (120/30)
calcipotriene topical ointment	4	QL (120/30)
selenium sulfide topical lotion	2	
SKYRIZI INTRAVENOUS	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/28); 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 AUTOINJECTOR	5	PA; LA; QL (4/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34/28); 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 5%	3	
fluorouracil topical solution	3	
glydo	3	QL (60/30)
imiquimod topical cream in packet 5%	3	
lidocaine (pf) injection solution	4	
lidocaine hcl injection solution	4	
lidocaine hcl mucous membrane solution 4% (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5%	4	PA
lidocaine viscous	2	
lidocaine-prilocaine topical cream	4	QL (30/30)
methoxsalen	4	
PANRETIN	5	NDS
podofilox	4	
REGRANEX	5	PA; NDS
SANTYL	4	
SILVER SULFADIAZINE	3	
SSD	3	
tacrolimus topical	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
adapalene topical gel 0.3%	4	QL (45/30)
claravis	4	
clindamycin phosphate topical gel	4	QL (120/30)
clindamycin phosphate topical gel, once daily	4	QL (120/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
clindamycin phosphate topical lotion	3	QL (120/30)
clindamycin phosphate topical solution	4	QL (120/30)
clindamycin phosphate topical swab	4	QL (60/30)
ery pads	4	
erythromycin with ethanol topical gel	4	
erythromycin with ethanol topical solution	3	
erythromycin-benzoyl peroxide	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
metronidazole topical	4	
tazarotene topical cream	4	PA
tazarotene topical gel	4	PA
TAZORAC TOPICAL CREAM 0.05%	4	PA
TAZORAC TOPICAL GEL	4	PA
tretinoin microspheres topical gel 0.1%	4	PA
tretinoin microspheres topical gel with pump 0.1%	4	PA
tretinoin topical cream	4	PA
tretinoin topical gel 0.01%	3	PA
tretinoin topical gel 0.025%, 0.05%	4	PA
TOPICAL ANESTHETICS		
lidocaine hcl laryngotracheal	3	
lidocaine hcl mucous membrane jelly in applicator	3	QL (60/30)
lidocaine hcl mucous membrane solution 2%	2	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	4	QL (60/30)
gentamicin topical ointment	3	
mupirocin	2	QL (44/30)
mupirocin calcium	4	QL (30/30)
sulfacetamide sodium (acne)	4	
TOPICAL ANTIFUNGALS		
ciclodan topical solution	4	
ciclopirox topical cream	4	QL (90/28)
ciclopirox topical shampoo	4	QL (120/28)
ciclopirox topical solution	4	QL (6.6/28)
ciclopirox topical suspension	4	QL (60/28)
clotrimazole topical cream	3	QL (45/28)
clotrimazole topical solution	3	QL (30/28)
clotrimazole-betamethasone topical cream	4	QL (45/28)
econazole	4	QL (85/28)
ketoconazole topical cream	2	QL (60/28)
ketoconazole topical shampoo	2	QL (120/28)
nyamyc	3	QL (180/30)
nystatin topical cream	2	QL (30/28)
nystatin topical ointment	2	QL (30/28)
nystatin topical powder	3	QL (180/30)
nystatin-triamcinolone	4	QL (60/28)
nystop	3	QL (180/30)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1%	2	
alclometasone	3	
betamethasone dipropionate	4	
betamethasone valerate topical cream	3	
betamethasone valerate topical lotion	4	
betamethasone valerate topical ointment	3	
betamethasone, augmented topical cream	2	
betamethasone, augmented topical gel	4	
betamethasone, augmented topical lotion	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
betamethasone, augmented topical ointment	4	
desoximetasone topical cream	4	
desoximetasone topical gel	4	
desoximetasone topical ointment	4	
fluocinolone and shower cap	4	
fluocinolone topical cream 0.01%	3	
fluocinolone topical cream 0.025%	4	
fluocinolone topical oil	4	
fluocinolone topical ointment	3	
fluocinolone topical solution	4	
fluocinonide topical cream 0.05%	3	QL (120/30)
fluocinonide topical gel	4	QL (120/30)
fluocinonide topical ointment	4	QL (120/30)
fluocinonide topical solution	4	QL (120/30)
fluticasone propionate topical cream	4	
fluticasone propionate topical ointment	3	
halobetasol propionate topical cream	4	
halobetasol propionate topical ointment	4	
hydrocortisone topical cream 1%, 2.5%	2	
hydrocortisone topical lotion 2.5%	2	
hydrocortisone topical ointment 1%, 2.5%	2	
mometasone topical	2	
prednicarbate topical ointment	2	
triamcinolone acetonide topical cream	2	
triamcinolone acetonide topical lotion	3	
triamcinolone acetonide topical ointment 0.025%, 0.1%, 0.5%	2	
triderm topical cream 0.1%	2	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	4	
permethrin	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
LACTATED RINGERS IRRIGATION	4	
neomycin-polymyxin b gu	4	
RINGER'S IRRIGATION	4	
TIS-U-SOL PENTALYTE	4	
MISCELLANEOUS AGENTS		
acamprosate	4	
anagrelide	3	
CARBAGLU	5	PA; LA; NDS
carglumic acid	5	PA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; QL (300/30); NDS
D10%-0.45% SODIUM CHLORIDE	4	
d2.5%-0.45% sodium chloride	4	
d5% and 0.9% sodium chloride	4	
d5%-0.45% sodium chloride	4	
deferasirox oral tablet 180 mg, 360 mg	5	PA; NDS
deferasirox oral tablet 90 mg	4	PA
DEXTROSE 10% AND 0.2% NACL	4	
dextrose 10% in water (d10w)	4	
DEXTROSE 25% IN WATER (D25W)	4	
dextrose 5% in water (d5w) intravenous parenteral solution	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PIGGYBACK	4	
DEXTROSE 5%-LACTATED RINGERS	4	
dextrose 5%-0.2% sod chloride	4	
dextrose 5%-0.3% sod.chloride	4	
DEXTROSE 50% IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
dextrose 50% in water (d50w) intravenous syringe	4	
DEXTROSE 70% IN WATER (D70W)	4	
disulfiram	4	
droxidopa oral capsule 100 mg	4	PA; QL (90/30)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180/30)
GLASSIA	5	PA; NDS
INCRELEX	4	PA; LA
levocarnitine (with sugar)	4	
levocarnitine oral solution 100 mg/ml	4	
LEVOCARNITINE ORAL TABLET	4	
midodrine	4	
nitisinone	5	NDS
pilocarpine hcl oral	4	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NDS
riluzole	3	
sevelamer carbonate oral powder in packet 0.8 gram	4	QL (510/30)
sevelamer carbonate oral powder in packet 2.4 gram	4	QL (150/30)
sevelamer carbonate oral tablet	4	QL (510/30)
sodium chloride 0.9% intravenous parenteral solution	4	
SODIUM CHLORIDE 0.9% INTRAVENOUS PIGGYBACK	4	
SODIUM CHLORIDE IRRIGATION	4	
sodium phenylbutyrate	5	PA; NDS
sodium polystyrene sulfonate oral powder	3	
sps (with sorbitol)	3	
trientine oral capsule 250 mg	5	PA; QL (240/30); NDS
TZIELD	4	PA; LA; QL (14/720)
VELPHORO	5	NDS
VELTASSA	4	
WATER FOR IRRIGATION, STERILE	4	
XIAFLEX	4	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	B/D PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	3	QL (60/30)
NICOTROL	4	
varenicline	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	3	QL (60/30)
chlorhexidine gluconate mucous membrane	2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03%)	2	QL (30/30)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06%)	3	QL (30/30)
oralone	4	
periogard	2	
triamcinolone acetonide dental	4	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
flac otic oil	4	
fluocinolone acetonide oil	4	
hydrocortisone-acetic acid	4	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic (ear)	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	4	
DEPO-MEDROL	4	
dexamethasone intensol	4	
dexamethasone oral elixir	3	
dexamethasone oral solution	3	
dexamethasone oral tablet	2	
dexamethasone sodium phos (pf) injection solution	4	
dexamethasone sodium phosphate injection solution	4	
fludrocortisone	2	
hydrocortisone oral	3	
methylpred dp	2	
methylprednisolone	2	
methylprednisolone acetate	4	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	
methylprednisolone sodium succ intravenous	4	
prednisolone oral solution	4	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	4	
prednisone intensol	4	
prednisone oral solution	4	
prednisone oral tablet	2	
prednisone oral tablets,dose pack	2	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
triamcinolone acetonide injection suspension 40 mg/ml	4	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil	3	
DIABETES THERAPY		
acarbose oral tablet 100 mg	3	QL (90/30)
acarbose oral tablet 25 mg	3	QL (360/30)
acarbose oral tablet 50 mg	3	QL (180/30)
ALCOHOL PADS	3	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	QL (200/30)
BAQSIMI	3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64"	3	QL (200/30)
BD ULTRA-FINE MICRO PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE MINI PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	3	QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	3	QL (200/30)
diazoxide	4	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
glimepiride oral tablet 1 mg	1	QL (240/30)
glimepiride oral tablet 2 mg	1	QL (120/30)
glimepiride oral tablet 4 mg	1	QL (60/30)
glipizide oral tablet 10 mg	1	QL (120/30)
glipizide oral tablet 5 mg	1	QL (240/30)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
glipizide oral tablet extended release 24hr 10 mg	2	QL (60/30)
glipizide oral tablet extended release 24hr 2.5 mg	2	QL (240/30)
glipizide oral tablet extended release 24hr 5 mg	2	QL (120/30)
glipizide-metformin oral tablet 2.5-250 mg	2	QL (240/30)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120/30)
GLUCAGEN HYPOKIT	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
glucagon emergency kit (human)	3	
GLYXAMBI	3	QL (30/30)
GVOKE	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	
HUMALOG JUNIOR KWIKPEN U-100	6	
HUMALOG KWIKPEN INSULIN	6	
HUMALOG MIX 50-50 INSULN U-100	6	
HUMALOG MIX 50-50 KWIKPEN	6	
HUMALOG MIX 75-25 KWIKPEN	6	
HUMALOG MIX 75-25(U-100) INSULN	6	
HUMALOG U-100 INSULIN	6	
HUMULIN 70/30 U-100 INSULIN	6	
HUMULIN 70/30 U-100 KWIKPEN	6	
HUMULIN N NPH INSULIN KWIKPEN	6	
HUMULIN N NPH U-100 INSULIN	6	
HUMULIN R REGULAR U-100 INSULN	6	
HUMULIN R U-500 (CONC) INSULIN	5	B/D PA; NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	QL (200/30)
INVOKAMET	3	QL (60/30)
INVOKAMET XR	3	QL (60/30)
INVOKANA	3	QL (30/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	6	
LANTUS U-100 INSULIN	6	
LEVEMIR FLEXPEN	6	
LEVEMIR U-100 INSULIN	6	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LYUMJEV KWIKPEN U-100 INSULIN	6	
LYUMJEV KWIKPEN U-200 INSULIN	6	
LYUMJEV U-100 INSULIN	6	
metformin oral solution	4	QL (765/30)
metformin oral tablet 1,000 mg	1	QL (75/30)
metformin oral tablet 500 mg	1	QL (150/30)
metformin oral tablet 850 mg	1	QL (90/30)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120/30)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60/30)
MOUNJARO	3	QL (2/28)
nateglinide oral tablet 120 mg	3	QL (90/30)
nateglinide oral tablet 60 mg	3	QL (180/30)
NOVOFINE 32	3	QL (200/30)
NOVOFINE AUTOCOVER	3	QL (200/30)
NOVOFINE PLUS	3	QL (200/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1/365)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (20/30)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (20/30)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
OMNIPOD GO PODS	3	QL (10/30)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 15 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 20 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 25 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 30 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 40 UNITS/DAY	3	QL (10/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/ DOSE (4 MG/3 ML), 2 MG/ DOSE (8 MG/3 ML)	3	QL (3/28)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	QL (200/30)
pioglitazone	1	QL (30/30)
repaglinide oral tablet 0.5 mg	4	QL (960/30)
repaglinide oral tablet 1 mg	4	QL (480/30)
repaglinide oral tablet 2 mg	4	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/25)
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	QL (200/30)
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	QL (200/30)
TECHLITE PEN NEEDLE	3	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR	6	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TOUJEO SOLOSTAR U-300 INSULIN	6	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	6	
TRESIBA FLEXTOUCH U-200	6	
TRESIBA U-100 INSULIN	6	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRULICITY	3	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA 2-PAK	3	QL (9/30)
VICTOZA 3-PAK	3	QL (9/30)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
cabergoline	3	
calcitonin (salmon) nasal	3	
calcitriol intravenous solution 1 mcg/ml	4	
calcitriol oral capsule	2	
calcitriol oral solution	3	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
cinacalcet oral tablet 30 mg, 60 mg	4	QL (60/30)
cinacalcet oral tablet 90 mg	4	QL (120/30)
danazol	4	
desmopressin injection	4	
desmopressin nasal spray with pump	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral	3	
doxercalciferol	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
KORLYM	5	PA; QL (120/30); NDS
LUMIZYME	5	PA; NDS
miglustat	5	LA; NDS
NAGLAZYME	5	PA; NDS
NATPARA	5	PA; LA; QL (2/28); NDS
pamidronate	4	
paricalcitol oral	4	
RAYALDEE	5	NDS
sapropterin	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	4	
testosterone cypionate	3	
testosterone enanthate	4	
testosterone transdermal gel	4	PA; QL (300/30)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)	4	PA; QL (300/30)
testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)	4	PA; QL (300/30)
TOLVAPTAN ORAL TABLET 15 MG	5	PA; QL (120/30); NDS
tolvaptan oral tablet 30 mg	5	PA; QL (60/30); NDS
zoledronic acid intravenous solution	4	B/D PA
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	4	B/D PA

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
EUTHYROX	3	
LEVO-T	3	
levothyroxine oral tablet	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
liothyronine oral	3	
SYNTHROID	4	
UNITHROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule	2	
dicyclomine oral solution	4	
dicyclomine oral tablet	2	
diphenoxylate-atropine	4	
glycopyrrolate (pf)	4	
glycopyrrolate (pf) in water injection	4	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	4	
glycopyrrolate oral tablet	4	
loperamide oral capsule	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	4	PA
aprepitant	4	B/D PA
balsalazide	4	
betaine	5	NDS
budesonide oral	4	
CLENPIQ	3	
compro	4	
constulose	2	
CORTIFOAM	4	
CREON	3	
cromolyn oral	3	
dronabinol	4	B/D PA; QL (60/30)
enulose	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
gavilyte-c	2	
generlac	2	
granisetron hcl oral	3	B/D PA
hydrocortisone rectal	3	
hydrocortisone topical cream with perineal applicator	2	
lactulose oral solution	2	
LINZESS	3	QL (30/30)
meclizine oral tablet 12.5 mg, 25 mg	2	
mesalamine oral capsule,extended release 24hr	4	
mesalamine rectal enema	4	
mesalamine with cleansing wipe	4	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
MOVANTIK	4	QL (30/30)
OCALIVA	4	PA; LA; QL (30/30)
ondansetron	2	B/D PA
ondansetron hcl (pf)	4	
ondansetron hcl intravenous	4	
ondansetron hcl oral solution	4	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	4	
peg 3350-electrolytes	2	
peg-electrolyte soln	2	
PENTASA	4	
prochlorperazine	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	4	
prochlorperazine maleate	2	
procto-med hc	4	
proctosol hc topical	4	
proctozone-hc	4	
RECTIV	4	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
scopolamine base	4	QL (10/30)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/28); NDS
SUCRAID	4	PA
sulfasalazine oral tablet	2	
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	4	
TRULANCE	4	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	4	
VIOKACE	4	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
ULCER THERAPY		
cimetidine	4	
famotidine oral suspension	3	
famotidine oral tablet 20 mg, 40 mg	3	
misoprostol	3	
omeprazole oral capsule,delayed release(dr/ec)	2	QL (60/30)
pantoprazole oral tablet,delayed release (dr/ec)	2	QL (60/30)
sucralfate oral tablet	2	
TALICIA	4	QL (168/28)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE	5	PA; QL (1/28); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL (1/28); NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK	5	PA; NDS
MOZOBIL	5	B/D PA; NDS
NIVESTYM	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
PLERIXAFOR	5	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 40,000 UNIT/ML	4	PA
procrit injection solution 20,000 unit/ml, 3,000 unit/ml, 4,000 unit/ml	4	PA
ZIEXTENZO	4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	PA; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	
AREXVY (PF)	3	PA; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	4	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
fomepizole	5	NDS
GARDASIL 9 (PF)	4	
HAVRIX (PF)	3	
HIBERIX (PF)	3	
HIZENTRA	4	B/D PA
IMOVAX RABIES VACCINE (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	4	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA
PRIORIX (PF)	3	
privigen	5	B/D PA; NDS
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	QL (2/999)
STAMARIL (PF)	4	
TDVAX	3	
TENIVAC (PF)	3	
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	4	B/D PA
TICOVAC	3	
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	3	QL (120/30)
febuxostat	4	ST
MITIGARE	3	QL (120/30)
probenecid	3	
probenecid-colchicine	3	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	1	QL (30/30)
alendronate oral tablet 35 mg, 70 mg	2	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
ibandronate oral	3	QL (1/28)
PROLIA	4	QL (1/180)
raloxifene	3	QL (30/30)
TYMLOS	5	PA; QL (1.56/30); NDS
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ	5	PA; QL (1.6/28); NDS
BENLYSTA INTRAVENOUS	5	PA; NDS
CYLTEZO(CF) PEN	5	PA; QL (4/28); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (12/365); NDS
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (8/365); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2/28); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN	5	PA; QL (4/28); NDS
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (12/365); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (8/365); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (6/365); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (4/365); NDS
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; QL (4.8/365); NDS
HYRIMOZ PEN PSORIASIS STARTER	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (3.2/365); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2.4/365); NDS
HYRIMOZ(CF) PEN	5	PA; QL (1.6/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; QL (0.2/28); NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; QL (0.4/28); NDS
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6/28); NDS
leflunomide	3	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
penicillamine	5	NDS
RINVOQ	5	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	4	
deblitane	4	
dotti	4	QL (8/28)
DUAVEE	4	PA
errin	4	
estradiol oral	3	
estradiol transdermal patch semiweekly	4	QL (8/28)
estradiol transdermal patch weekly	4	QL (4/28)
estradiol vaginal	4	
estradiol valerate	4	
heather	4	
hydroxyprogesterone caproate	5	NDS
incassia	4	
jencycla	4	
lyza	4	
medroxyprogesterone intramuscular	4	
medroxyprogesterone oral	2	
NORA-BE	4	
norethindrone (contraceptive)	4	
norethindrone acetate	4	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
progesterone micronized	3	
sharobel	4	
yuvafem	4	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	3	
metronidazole vaginal	4	
mifepristone	4	
terconazole	4	
tranexamic acid oral	3	
VANDAZOLE	4	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	4	
altavera (28)	4	
alyacen 1/35 (28)	4	
alyacen 7/7/7 (28)	4	
amethia	4	
amethyst (28)	4	
apri	4	
aranelle (28)	4	
ashlyna	4	
aubra eq	4	
aurovela 1.5/30 (21)	4	
aurovela 1/20 (21)	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
aurovela 24 fe	4	
aurovela fe 1.5/30 (28)	4	
aurovela fe 1-20 (28)	4	
aviane	4	
ayuna	4	
azurette (28)	4	
balziva (28)	4	
blisovi 24 fe	4	
blisovi fe 1.5/30 (28)	4	
blisovi fe 1/20 (28)	4	
briellyn	4	
CAMRESE	4	
CAMRESE LO	4	
charlotte 24 fe	4	
chateal eq (28)	4	
cryselle (28)	4	
cyred eq	4	
dasetta 1/35 (28)	4	
dasetta 7/7/7 (28)	4	
daysee	4	
desog-e.estradiol/e.estradiol	4	
desogestrel-ethinyl estradiol	4	
dolishale	4	
drospirenone-e.estradiol-lm. fa oral tablet 3-0.02-0.451 mg (24) (4)	4	
DROSPIRENONE-E. ESTRADIOL-LM.FA ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	
drospirenone-ethinyl estradiol	4	
elinest	4	
enpresse	4	
enskyce	4	
estarylla	4	
ethynodiol diac-eth estradiol	4	
falmina (28)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
finzala	4	
gemmily	4	
hailey	4	
hailey 24 fe	4	
hailey fe 1.5/30 (28)	4	
hailey fe 1/20 (28)	4	
iclevia	4	
isibloom	4	
jaimiess	4	
jasmiel (28)	4	
JOLESSA	4	
joyeaux	4	
juleber	4	
junel 1.5/30 (21)	4	
junel 1/20 (21)	4	
junel fe 1.5/30 (28)	4	
junel fe 1/20 (28)	4	
junel fe 24	4	
kaitlib fe	4	
kalliga	4	
kariva (28)	4	
kelnor 1/35 (28)	4	
kelnor 1-50 (28)	4	
kurvelo (28)	4	
l norgest/e.estradiol-e.estrad	4	
larin 1.5/30 (21)	4	
larin 1/20 (21)	4	
larin 24 fe	4	
larin fe 1.5/30 (28)	4	
larin fe 1/20 (28)	4	
LAYOLIS FE	4	
leena 28	4	
lessina	4	
levonest (28)	4	
levonorgestrel-ethinyl estrad	4	
levonorg-eth estrad triphasic	4	
levora-28	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
lojaimiess	4	
loryna (28)	4	
low-ogestrel (28)	4	
lo-zumandimine (28)	4	
lutera (28)	4	
marlissa (28)	4	
merzee	4	
microgestin 1.5/30 (21)	4	
microgestin 1/20 (21)	4	
microgestin fe 1.5/30 (28)	4	
microgestin fe 1/20 (28)	4	
mili	4	
mono-linyah	4	
necon 0.5/35 (28)	4	
nikki (28)	4	
noreth-ethinyl estradiol-iron	4	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	4	
norethindrone-e.estradiol-iron	4	
norgestimate-ethinyl estradiol	4	
nortrel 0.5/35 (28)	4	
nortrel 1/35 (21)	4	
nortrel 1/35 (28)	4	
nortrel 7/7/7 (28)	4	
nylia 1/35 (28)	4	
nylia 7/7/7 (28)	4	
nymyo	4	
ocella	4	
philith	4	
pimtrea (28)	4	
portia 28	4	
reclipsen (28)	4	
RIVELSA	4	
setlakin	4	
simliya (28)	4	
simpesse	4	
sprintec (28)	4	
sronyx	4	
syeda	4	
tarina 24 fe	4	
tarina fe 1-20 eq (28)	4	
taysofy	4	
tilia fe	4	
tri-estarylla	4	
tri-legest fe	4	
tri-linyah	4	
tri-lo-estarylla	4	
tri-lo-marzia	4	
tri-lo-mili	4	
tri-lo-sprintec	4	
tri-mili	4	
tri-nymyo	4	
tri-sprintec (28)	4	
trivora (28)	4	
tri-vylibra	4	
tri-vylibra lo	4	
TYBLUME	4	
tydemy	4	
velivet triphasic regimen (28)	4	
vestura (28)	4	
vienva	4	
viorele (28)	4	
volnea (28)	4	
vyfemla (28)	4	
vylibra	4	
wera (28)	4	
wymzya fe	4	
zovia 1-35 (28)	4	
zumandimine (28)	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
bacitracin-polymyxin b	2	
BESIVANCE	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
ciprofloxacin hcl ophthalmic (eye)	2	
erythromycin ophthalmic (eye)	3	
gentamicin ophthalmic (eye) drops	3	
moxifloxacin ophthalmic (eye)	3	
NATACYN	4	
neomycin-bacitracin-polymyxin	4	
neomycin-polymyxin-gramicidin	3	
neo-polycin	4	
ofloxacin ophthalmic (eye)	2	
polycin	2	
polymyxin b sulf-trimethoprim	2	
tobramycin ophthalmic (eye)	2	
ANTIVIRALS		
trifluridine	4	
ZIRGAN	3	
BETA-BLOCKERS		
carteolol	2	
levobunolol ophthalmic (eye) drops 0.5%	2	
timolol maleate ophthalmic (eye) drops	2	
timolol maleate ophthalmic (eye) gel forming solution	4	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	3	
azelastine ophthalmic (eye)	4	
cromolyn ophthalmic (eye)	2	
CYSTARAN	5	PA; NDS
EYLEA	4	PA; QL (0.1/28)
olopatadine ophthalmic (eye)	4	
OXERVATE	4	PA; QL (112/56)
PHOSPHOLINE IODIDE	4	
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	3	
RESTASIS	3	QL (60/30)
RESTASIS MULTIDOSE	3	QL (5.5/30)
sulfacetamide sodium ophthalmic (eye) drops	3	
sulfacetamide-prednisolone	2	
XDEMVY	4	PA; QL (1/42)
XIIDRA	3	QL (60/30)
ZERVIATE	4	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
diclofenac sodium ophthalmic (eye)	2	
flurbiprofen sodium	3	
KETOROLAC OPHTHALMIC (EYE) DROPS 0.4%	3	
ketorolac ophthalmic (eye) drops 0.5%	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	3	
acetazolamide sodium	4	
methazolamide	4	
OTHER GLAUCOMA DRUGS		
brinzolamide	4	
COMBIGAN	3	
dorzolamide	2	
dorzolamide-timolol	2	
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	3	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
neomycin-polymyxin b-dexameth	2	
neomycin-polymyxin-hc ophthalmic (eye)	4	
neo-polycin hc	4	
TOBRADEX ST	3	
tobramycin-dexamethasone	3	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	3	
difluprednate	3	
EYSUVIS	3	QL (16.6/30)
FLUOROMETHOLONE	3	
INVELTYS	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
loteprednol etabonate	4	
PREDNISOLONE ACETATE	3	
prednisolone sodium phosphate ophthalmic (eye)	4	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	
apraclonidine	4	
brimonidine ophthalmic (eye) drops 0.15%	4	
brimonidine ophthalmic (eye) drops 0.2%	2	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
desloratadine oral tablet	3	QL (30/30)
diphenhydramine hcl injection solution 50 mg/ml	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	QL (2/30)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	QL (2/30)
epinephrine injection solution 1 mg/ml	4	
hydroxyzine hcl oral tablet	3	PA
levocetirizine oral tablet	2	QL (30/30)
promethazine oral syrup	4	PA
promethazine oral tablet	3	PA
PULMONARY AGENTS		
acetylcysteine	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR DISKUS	3	QL (60/30)
ADVAIR HFA	3	QL (12/30)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation	3	QL (17/30)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020503)	3	QL (13.4/30)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/ actuation (nda020983)	3	QL (36/30)
albuterol sulfate inhalation solution for nebulization	2	B/D PA
albuterol sulfate oral syrup	2	
albuterol sulfate oral tablet	4	
alyq	4	PA; QL (60/30)
ambrisentan	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)
breyna	4	QL (10.3/30)
budesonide inhalation	4	B/D PA; QL (120/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
cromolyn inhalation	4	B/D PA
DALIRESP	4	PA; QL (30/30)
DULERA	4	ST; QL (13/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; LA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; LA; QL (90/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	QL (240/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6/30)
flunisolide	3	QL (50/30)
fluticasone propionate nasal	2	QL (16/30)
formoterol fumarate	4	B/D PA; QL (120/30)
icatibant	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
ipratropium bromide inhalation	2	B/D PA
ipratropium-albuterol	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
montelukast oral granules in packet	3	QL (30/30)
montelukast oral tablet	2	QL (30/30)
montelukast oral tablet,chewable	2	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
OPSUMIT	5	PA; LA; NDS
pirfenidone oral capsule	5	PA; QL (270/30); NDS
pirfenidone oral tablet 267 mg	5	PA; QL (270/30); NDS
pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90/30); NDS
PULMOZYME	5	B/D PA; QL (150/30); NDS
roflumilast	4	PA; QL (30/30)
RYALTRIS	4	ST
sajazir	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
sildenafil (pulm.hypertension) oral tablet	3	PA; QL (90/30)
tadalafil (pulm. hypertension)	4	PA; QL (60/30)
terbutaline	4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg	4	
theophylline oral tablet extended release 12 hr 450 mg	2	
theophylline oral tablet extended release 24 hr 400 mg	2	
theophylline oral tablet extended release 24 hr 600 mg	3	
TRELEGY ELLIPTA	3	QL (60/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
VENTAVIS	4	PA
VENTOLIN HFA	3	QL (36/30)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
zafirlukast	3	QL (60/30)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet	2	
oxybutynin chloride oral tablet extended release 24hr	4	QL (60/30)
tolterodine oral capsule,extended release 24hr	4	ST
tolterodine oral tablet	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	
dutasteride	2	
finasteride oral tablet 5 mg	2	QL (30/30)
tamsulosin	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	3	
CYSTAGON	4	LA
ELMIRON	4	
k-phos original	4	
potassium citrate oral tablet extended release	4	
RENACIDIN	4	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	3	QL (360/30)
klor-con	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
klor-con m10	2	
klor-con m20	2	
lactated ringers intravenous	4	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	4	
magnesium sulfate in water	4	
magnesium sulfate injection	4	
PHOSLYRA	4	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 40 meq/l	4	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	4	
potassium chloride in 5% dex intravenous parenteral solution 10 meq/l	4	
POTASSIUM CHLORIDE IN 5% DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
potassium chloride intravenous	4	
potassium chloride oral capsule, extended release	3	
potassium chloride oral liquid	4	
potassium chloride oral packet	3	
potassium chloride oral tablet extended release	2	
potassium chloride oral tablet,er particles/crystals	2	
potassium chloride-0.45% nacl	4	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
POTASSIUM CHLORIDE-D5-0.9%NACL	4	
RINGER'S INTRAVENOUS	4	
sodium bicarbonate intravenous syringe	4	
sodium chloride 0.45% intravenous	4	
sodium chloride 3% hypertonic	4	
SODIUM CHLORIDE 5% HYPERTONIC	4	
sodium chloride intravenous	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
clinisol sf 15%	4	B/D PA
ELECTROLYTE-48 IN D5W	4	
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
plenamine	4	B/D PA
premasol 10%	4	B/D PA
PROSOL 20%	4	B/D PA
TRAVASOL 10%	4	B/D PA
TROPHAMINE 10%	4	B/D PA
VITAMINS / HEMATINICS		
BAL-CARE DHA	3	
C-NATE DHA	3	
COMPLETE NATAL DHA	3	
ELITE-OB	3	
fluoride (sodium) oral tablet	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
FOLIVANE-OB	3	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
M-NATAL PLUS	3	
PNV-DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	

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 19.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PR NATAL 430	3	
PR NATAL 430 EC	3	
PRENATAL PLUS (CALCIUM CARB)	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
SE-NATAL 19 CHEWABLE	3	
SE-NATAL-19	3	
TARON-C DHA	3	
TRINATAL RX 1	3	
WESTAB PLUS	2	
WESTGEL DHA	2	

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Multi-language Interpreter Services

English – ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call **1-800-222-6700** (TTY 711).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-222-6700** (TTY 711).

Chinese – 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-222-6700** (TTY 711)。

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-222-6700** (TTY: 711).

French Creole – ATANSYON: Si w pale Kreyol Ayisyen, gen sevis ed pou lang ki disponib gratis pou ou. Rele **1-800-222-6700** (TTY: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-222-6700** (TTY: 711) 번으로 전화해 주십시오.

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-222-6700** (TTY: 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le **1-800-222-6700** (ATS : 711).

Arabic - ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم **1-800-222-6700** (رقم هاتف الصم والبكم 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-222-6700** (телетайп: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-222-6700** (TTY: 711).

Farsi/Persian - توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با **1-800-222-6700** (TTY:711) تماس بگیرید.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-222-6700** (TTY: 711).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-222-6700** (TTY: 711).

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-222-6700** (TTY: 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-222-6700** (TTY: 711) まで、お電話にてご連絡ください。

Navajo – Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-222-6700** (TTY 711).

Gujarati – સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે. ફોન કરો **1-800-222-6700** (TTY: 711).

Urdu خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال **1-800-222-6700** (TTY: 711.) ک

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

CignaMedicare.com

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit CignaMedicare.com. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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