

Cigna Medicare

Prescription Drug Plans

2020 CIGNA COMPREHENSIVE DRUG LIST (Formulary)

Please read: This document contains information about all of the drugs we cover in this plan.

Plan covered

Cigna-HealthSpring Rx Secure (PDP)



This drug list was updated in October 2019. For more recent information or other questions, please contact Cigna Customer Service, at 1-800-222-6700, or, for TTY users, 711, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30, or visit www.Cigna.com/part-d. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna-HealthSpring® Rx is a Medicare Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Cigna-HealthSpring depends on contract renewal.

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

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

This document includes a list of the drugs (formulary) for our plans, which is current as of October 2019. For an updated drug list, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Cigna Comprehensive Drug List?

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

Can the Drug List (formulary) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and

you can also find information in the section entitled “How do I request an exception to the Cigna Drug List?”

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier.). Or we may make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Cigna’s Drug List?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed drug list is current as of October 2019. 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 19. 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 19. 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 57. 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 candesartan 32mg. 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 120 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna drug list?" on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for

your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.

- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

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

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

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

What if my drug is not on the Drug List?

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

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

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

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

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

amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to provide a tiering exception for a higher cost-sharing drug to be covered at a lower cost-sharing tier under following circumstances:
 - If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
 - If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, Cigna will only approve your request for an exception if the alternative drugs included in our drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception you should submit a statement from your prescriber or doctor supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or existing customer in our plan you may be taking drugs that are not on our drug list. Or, you may be taking a drug

that is on our drug list but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a drug list exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our drug list or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna's Drug List

The comprehensive drug list that begins on page 19, 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 57.

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., *candesartan*).

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 19 along with the amount dispensed per the days supplied. (For example: candesartan 32mg QL 30/30; this means the drug candesartan 32mg 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 www.Cigna.com/part-d for the most current Pharmacy Directory.

For more information

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

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

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

Drug Tier and Cost-Share Table

The following table represents the plan name, plan service area, the drug tier number as it appears on the drug list, and the cost-share amount for that tier number. Tier 1 is for Preferred Generic drugs. Tier 2 is for Generic drugs. Tier 3 is for Preferred Brand drugs. Tier 4 is for Non-Preferred drugs. Tier 5 is for Specialty tier drugs. Tier 6 is for Select Care Drugs. Please refer to the following chart. You may also refer to your Evidence of Coverage document for additional details.

Cigna is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers, and some generic medications may be in Tier 3, Tier 4, 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. Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit www.Cigna.com/part-d to search for a preferred retail or mail-order pharmacy near you.

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
ALABAMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	39%	37%	39%	39%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
ALASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	39%	37%	39%	39%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
ARIZONA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	38%	40%	38%	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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
ARKANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	34%	36%	34%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
CALIFORNIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
COLORADO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	37%	35%	37%	37%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
CONNECTICUT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
DELAWARE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
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	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
FLORIDA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$24 / \$48 / \$72	\$26 / \$52 / \$78	\$24 / \$48 / \$72	\$26 / \$52 / \$78	\$26
Tier 4: Non-Preferred Drugs	39%	40%	39%	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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
GEORGIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$28 / \$56 / \$84	\$26 / \$52 / \$78	\$28 / \$56 / \$84	\$28
Tier 4: Non-Preferred Drugs	36%	36%	36%	36%	36%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
HAWAII					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	38%	40%	38%	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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
IDAHO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	36%	35%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
ILLINOIS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	41%	36%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
INDIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
IOWA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
KANSAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$29 / \$58 / \$87	\$30 / \$60 / \$90	\$29 / \$58 / \$87	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	36%	36%	36%	36%	36%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
KENTUCKY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	40%	36%	40%	40%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
LOUISIANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	34%	34%	34%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MAINE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	38%	37%	38%	38%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MARYLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	37%	41%	37%	41%	41%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MASSACHUSETTS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MICHIGAN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	36%	37%	36%	37%	37%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MINNESOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MISSISSIPPI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	36%	37%	36%	37%	37%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
MISSOURI					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	37%	37%	37%	37%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
MONTANA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEBRASKA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEVADA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEW HAMPSHIRE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	38%	37%	38%	38%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
NEW JERSEY					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	34%	34%	34%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEW MEXICO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	37%	40%	37%	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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NEW YORK					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$30 / \$60 / \$90	\$31 / \$62 / \$93	\$31
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
NORTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	36%	36%	36%	36%	36%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
NORTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
OHIO					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	37%	40%	37%	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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
OKLAHOMA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	33%	33%	33%	33%	33%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
OREGON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days Out-of-network 30 days*
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	
PENNSYLVANIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	38%	38%	38%	38%	38%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
RHODE ISLAND					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
SOUTH CAROLINA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	38%	39%	38%	39%	39%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
SOUTH DAKOTA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
TENNESSEE					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	39%	37%	39%	39%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
TEXAS					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$26 / \$52 / \$78	\$28 / \$56 / \$84	\$26 / \$52 / \$78	\$28 / \$56 / \$84	\$28
Tier 4: Non-Preferred Drugs	36%	36%	36%	36%	36%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
UTAH					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	35%	36%	35%	36%	36%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
VERMONT					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$30
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days	Long-term Care 31 days Out-of-network 30 days*
VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	39%	37%	39%	39%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
WASHINGTON					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	35%	35%	35%	35%	35%
Tier 5: Specialty Tier	25% (30 days)	25% (30 days)	25% (30 days)	25% (30 days)	25%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
WEST VIRGINIA					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	38%	38%	38%	38%	38%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5
WISCONSIN					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$30 / \$60 / \$90	\$32 / \$64 / \$96	\$32
Tier 4: Non-Preferred Drugs	37%	42%	37%	42%	42%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

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

Cigna-HealthSpring Rx Secure (PDP)	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing	Preferred Mail-Order Cost-Sharing	Standard Mail-Order Cost-Sharing	Long-term Care 31 days
	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	30 / 60 / 90 Days	Out-of-network 30 days*
WYOMING					
Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$3	\$6 / \$12 / \$18	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6
Tier 2: Generic Drugs	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$2 / \$4 / \$6	\$7 / \$14 / \$21	\$7
Tier 3: Preferred Brand Drugs	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$30 / \$60 / \$90	\$33 / \$66 / \$99	\$33
Tier 4: Non-Preferred Drugs	33%	34%	33%	34%	34%
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	\$5 / \$10 / \$15	\$0 / \$0 / \$0	\$5 / \$10 / \$15	\$5

My Medications

In this section, you can write down all of the medications you are currently taking. You can then find your drug in the following drug list pages. Look and see what tier your drug is on. Once you find out what tier your drug is on, you can look at the charts before this page and locate your cost-share for that drug. If you need help locating your drugs and cost-share, please call Customer Service at 1-800-222-6700, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30. TTY users can call 711.

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

Drug List Key:

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

NDS – Non-extended day supply medication. This drug is only available as a 30-day supply or less.

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	PA NDS
AMBISOME	5	PA NDS
<i>amphotericin b</i>	4	PA
<i>caspofungin acetate</i>	5	PA NDS
<i>clotrimazole lozg</i>	2	
<i>fluconazole in nacl</i>	4	
<i>fluconazole susr</i>	3	
<i>fluconazole tabs</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole caps</i>	4	PA QL(120/30)
<i>itraconazole oral soln</i>	5	PA NDS
<i>ketoconazole tabs</i>	2	
NOXAFIL SUSP	5	PA NDS QL(600/30)
NOXAFIL TBEC	5	PA NDS QL(96/30)
<i>nystatin susp</i>	3	
<i>nystatin tabs</i>	2	
<i>terbinafine hcl tabs</i>	2	
<i>voriconazole inj</i>	4	PA
<i>voriconazole susr</i>	5	PA NDS QL(300/30)
<i>voriconazole tabs</i>	4	PA
ANTIVIRALS		
<i>abacavir oral soln</i>	4	QL(960/30)
<i>abacavir sulfate/lamivudine</i>	4	QL(30/30)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NDS QL(60/30)
<i>abacavir tabs</i>	4	QL(60/30)
<i>acyclovir caps</i>	2	
<i>acyclovir sodium</i>	4	B/D PA
<i>acyclovir susp</i>	4	
<i>acyclovir tabs</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amantadine hcl</i>	3	
APTIVUS CAPS	4	QL(120/30)
APTIVUS ORAL SOLN	4	QL(285/28)
<i>atazanavir caps 150mg</i>	4	QL(30/30)
<i>atazanavir caps 200mg</i>	5	NDS QL(60/30)
<i>atazanavir sulfate caps 300mg</i>	5	NDS QL(30/30)
<i>atazanavir sulfate caps 200mg</i>	5	NDS QL(60/30)
<i>atazanavir sulfate caps 150mg</i>	4	QL(30/30)
ATRIPLA	5	NDS QL(30/30)
BIKTARVY	5	NDS QL(30/30)
CIMDUO	5	NDS QL(30/30)
COMPLERA	4	QL(30/30)
CRIXIVAN CAPS 400MG	4	QL(180/30)
CRIXIVAN CAPS 200MG	4	QL(270/30)
DELSTRIGO	5	NDS QL(30/30)
DESCOVY	5	NDS QL(30/30)
<i>didanosine</i>	4	QL(30/30)
DOVATO	5	NDS QL(30/30)
EDURANT	4	QL(30/30)
<i>efavirenz caps 200mg</i>	3	QL(120/30)
<i>efavirenz caps 50mg</i>	3	QL(180/30)
<i>efavirenz tabs</i>	5	NDS QL(30/30)
EMTRIVA CAPS	3	QL(30/30)
EMTRIVA ORAL SOLN	3	QL(680/28)
<i>entecavir</i>	4	QL(30/30)
EPCLUSA	5	PA NDS QL(28/28)
EPIVIR HBV ORAL SOLN	3	
EVOTAZ	4	QL(30/30)
<i>famciclovir</i>	4	QL(60/30)
<i>fosamprenavir calcium</i>	5	NDS QL(120/30)
FUZEON	5	NDS QL(60/30)
GENVOYA	5	NDS QL(30/30)
INTELENCE TABS 100MG, 200MG	5	NDS QL(60/30)
INTELENCE TABS 25MG	4	QL(120/30)

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

NDS = Non-extended day supply medication

Lower case italic = Generic drug

ST = Step Therapy rules apply

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

You can find more information on the symbols by going to page 18.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVIRASE	5	NDS QL(120/30)
ISENTRESS CHEW 100MG	5	NDS QL(180/30)
ISENTRESS CHEW 25MG	3	QL(180/30)
ISENTRESS HD	5	NDS QL(60/30)
ISENTRESS PACK	5	NDS QL(60/30)
ISENTRESS TABS	5	NDS QL(120/30)
JULUCA	5	NDS
KALETRA TABS 200MG; 50MG	5	NDS QL(120/30)
KALETRA TABS 100MG; 25MG	4	QL(300/30)
<i>lamivudine oral soln</i>	3	QL(900/30)
<i>lamivudine tabs 100mg, 300mg</i>	3	QL(30/30)
<i>lamivudine tabs 150mg</i>	3	QL(60/30)
<i>lamivudine/zidovudine</i>	4	QL(60/30)
LEXIVA SUSP	4	QL(1575/28)
<i>lopinavir/ritonavir</i>	4	QL(480/30)
MAVYRET	5	PA NDS QL(84/28)
<i>nevirapine er tb24 400mg</i>	4	QL(30/30)
<i>nevirapine er tb24 100mg</i>	4	QL(90/30)
<i>nevirapine susp</i>	4	QL(1200/30)
<i>nevirapine tabs</i>	3	QL(60/30)
NORVIR ORAL SOLN	3	QL(480/30)
NORVIR PACK	4	QL(360/30)
ODEFSEY	5	NDS QL(30/30)
<i>oseltamivir phosphate caps</i>	3	
<i>oseltamivir phosphate susr</i>	4	
PIFELTRO	5	NDS QL(30/30)
PREZCOBIX	4	QL(30/30)
PREZISTA SUSP	5	NDS QL(400/30)
PREZISTA TABS 800MG	5	NDS QL(30/30)
PREZISTA TABS 600MG	5	NDS QL(60/30)
PREZISTA TABS 150MG	4	QL(180/30)
PREZISTA TABS 75MG	4	QL(210/30)
RESCRIPTOR	4	QL(180/30)
RETROVIR IV INFUSION	4	
REYATAZ PACK	5	NDS QL(180/30)
<i>ribavirin caps</i>	3	QL(168/28)
<i>ribavirin tabs</i>	3	
<i>rimantadine hcl</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ritonavir</i>	3	QL(360/30)
SELZENTRY ORAL SOLN	5	NDS QL(1610/26)
SELZENTRY TABS 150MG, 75MG	5	NDS QL(60/30)
SELZENTRY TABS 300MG	5	NDS QL(120/30)
SELZENTRY TABS 25MG	4	QL(240/30)
<i>stavudine</i>	4	QL(60/30)
STRIBILD	5	NDS QL(30/30)
SYMFI	5	NDS QL(30/30)
SYMFI LO	5	NDS QL(30/30)
SYMTUZA	5	NDS QL(30/30)
<i>tenofovir disoproxil fumarate</i>	4	QL(30/30)
TIVICAY TABS 10MG	4	QL(60/30)
TIVICAY TABS 25MG, 50MG	5	NDS QL(60/30)
TRIUMEQ	5	NDS QL(30/30)
TROGARZO	5	B/D PA NDS
TRUVADA	5	NDS QL(30/30)
TYBOST	3	QL(30/30)
<i>valacyclovir hcl 1gm</i>	3	QL(120/30)
<i>valacyclovir hydrochloride 500mg</i>	3	QL(60/30)
<i>valganciclovir</i>	5	NDS
<i>valganciclovir hydrochlorde</i>	5	NDS
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	QL(1200/30)
VIRACEPT TABS 625MG	4	QL(120/30)
VIRACEPT TABS 250MG	4	QL(270/30)
VIREAD POWD	5	NDS QL(240/30)
VIREAD TABS 150MG, 200MG, 250MG	5	NDS QL(30/30)
VOSEVI	5	PA NDS QL(30/30)
<i>zidovudine caps</i>	4	QL(180/30)
<i>zidovudine syrup</i>	4	QL(1680/28)
<i>zidovudine tabs</i>	4	QL(60/30)
CEPHALOSPORINS		
<i>cefaclor</i>	4	
<i>cefaclor er</i>	4	
<i>cefadroxil</i>	3	
CEFAZOLIN	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefazolin sodium inj 10gm, 1gm, 1gm/50ml; 4%, 500mg</i>	4	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	4	
<i>cefdinir</i>	4	
<i>cefepime</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime caps</i>	4	QL(30/30)
<i>cefixime susr</i>	4	
<i>cefotaxime sodium inj 1gm, 500mg</i>	4	
<i>cefotetan</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	
<i>ceftazidime/dextrose</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	4	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin inj</i>	4	
<i>azithromycin pack</i>	3	
<i>azithromycin susr</i>	4	
<i>azithromycin tabs 250mg, 500mg</i>	2	
<i>azithromycin tabs 600mg</i>	2	QL(60/30)
<i>clarithromycin</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clarithromycin er</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cpep</i>	4	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	NDS
ALINIA SUSR	5	NDS QL(180/30)
ALINIA TABS	5	NDS QL(20/10)
<i>amikacin sulfate</i>	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>aztreonam</i>	4	
<i>bacitracin inj</i>	4	
CAPASTAT SULFATE	4	
CAYSTON	5	PA NDS QL(84/56)
<i>chloramphenicol sodium succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml, 9gm/60ml</i>	4	
<i>clindamycin/sodium chloride</i>	4	
COARTEM	4	QL(24/30)
<i>colistimethate sodium</i>	4	
<i>cycloserine</i>	4	
<i>dapsone tabs</i>	3	
DAPTOMYCIN INJ 350MG	5	B/D PA NDS

CAPITALIZED = BRAND NAME DRUG

QL = Quantity Limits listed as (qty/days)

PA = Prior Authorization may be required

NDS = Non-extended day supply medication

Lower case italic = Generic drug

ST = Step Therapy rules apply

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

You can find more information on the symbols by going to page 18.

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>daptomycin inj 500mg</i>	5	B/D PA NDS
DARAPRIM	5	NDS QL(90/30)
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>ethambutol hcl</i>	4	
<i>ethambutol hydrochloride</i>	4	
FIRVANQ	4	
<i>gentamicin sulfate inj</i>	4	
<i>gentamicin sulfate pediatric</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	
<i>hydroxychloroquine sulfate</i>	2	
<i>imipenem/cilastatin</i>	4	
<i>isoniazid syrup</i>	4	
<i>isoniazid tabs</i>	2	
<i>isotonic gentamicin</i>	4	
<i>ivermectin</i>	3	
<i>lincomycin hcl</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susr</i>	5	NDS QL(1800/30)
<i>linezolid tabs</i>	4	QL(60/30)
<i>mefloquine hcl</i>	2	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole inj 500mg/100ml; 0.79%, 5mg/ml</i>	4	
<i>metronidazole tabs</i>	2	
NEBUPENT	3	B/D PA QL(1/28)
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
PASER	4	
PENTAM 300	4	
<i>pentamidine isethionate</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE PHOSPHATE	4	
<i>pyrazinamide</i>	4	
<i>quinine sulfate</i>	4	PA QL(42/7)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO	4	PA QL(188/365)
SIVEXTRO INJ	5	B/D PA NDS QL(6/28)
SIVEXTRO TABS	5	NDS QL(6/28)
<i>streptomycin sulfate</i>	4	
SYNERCID	5	NDS
<i>tigecycline</i>	5	NDS
<i>tobramycin nebu</i>	5	B/D PA NDS QL(280/28)
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 80mg/2ml</i>	4	
TRECTOR	3	
<i>vancomycin hcl in dextrose</i>	4	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm, 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL(40/10)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL(80/10)
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM	4	
<i>vancomycin hydrochloride inj 250mg, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
XIFAXAN TABS 550MG	5	PA NDS QL(90/30)
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>ampicillin</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin-sulbactam</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nafcillin sodium</i>	4	
<i>oxacillin sodium</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin v potassium</i>	2	
<i>pfizerpen inj 2000000unit, 5000000unit</i>	4	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 3gm; 0.375gm</i>	4	
<i>piperacillin/tazobactam</i>	4	
QUINOLONES		
BAXDELA	4	QL(28/14)
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin susr</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj</i>	4	
<i>levofloxacin oral soln</i>	4	
<i>levofloxacin tabs</i>	2	
<i>moxifloxacin hydrochloride/ sodium hydrochloride</i>	4	
<i>moxifloxacin hcl</i>	4	
<i>moxifloxacin hydrochloride tabs</i>	4	
SULFAS / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfamethoxazole/trimethoprim susp</i>	4	
<i>sulfamethoxazole/trimethoprim tabs</i>	2	
<i>sulfatrim pediatric</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps</i>	4	
<i>doxycycline hyclate inj</i>	4	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tabs</i>	3	
<i>doxycycline susr</i>	4	
<i>minocycline hcl caps</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 1x50mg</i>	4	
<i>morgidox 2x100mg caps</i>	4	
NUZYRA INJ	4	QL(15/14)
NUZYRA TABS	4	QL(30/14)
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystals caps 100mg, 25mg</i>	4	
<i>nitrofurantoin macrocrystals caps 50mg</i>	3	
<i>nitrofurantoin monohydrate</i>	4	
<i>nitrofurantoin monohydrate/ macrocrystals</i>	4	
PRIMSOL	4	
<i>trimethoprim</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 500mg/50ml, 50mg</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leucovorin calcium tabs 10mg, 15mg, 25mg</i>	4	
<i>leucovorin calcium tabs 5mg</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX TABS	5	NDS
XGEVA	5	PA NDS QL(1.7/28)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone acetate</i>	4	PA QL(120/30)
ABRAXANE	5	PA NDS
AFINITOR	5	PA NDS QL(28/28)
AFINITOR DISPERZ	5	PA NDS QL(56/28)
ALECENSA	5	PA NDS QL(240/30)
ALIMTA	5	PA NDS
ALIQOPA	5	PA NDS QL(3/28)
ALUNBRIG TABS 180MG, 90MG	5	PA NDS QL(30/30)
ALUNBRIG TABS 30MG	5	PA NDS QL(180/30)
ALUNBRIG TBPK	5	PA NDS QL(60/365)
<i>anastrozole</i>	2	
<i>arsenic trioxide inj 10mg/10ml</i>	4	B/D PA
ASTAGRAF XL	4	PA
AVASTIN	5	PA NDS
<i>azathioprine inj</i>	4	PA
<i>azathioprine tabs</i>	2	PA
BALVERSA TABS 5MG	5	PA NDS QL(30/30)
BALVERSA TABS 4MG	5	PA NDS QL(60/30)
BALVERSA TABS 3MG	5	PA NDS QL(90/30)
BAVENCIO	5	PA NDS
BENDEKA	5	B/D PA NDS QL(8/21)
BESPONSА	5	PA NDS
<i>bexarotene</i>	5	PA NDS
<i>bicalutamide</i>	3	
BORTEZOMIB	5	PA NDS QL(14/21)
BOSULIF	5	PA NDS
BRAFTOVI	5	PA NDS QL(180/30)
<i>busulfan</i>	5	B/D PA NDS
BUSULFEX	5	B/D PA NDS
CABOMETYX TABS 20MG, 60MG	5	PA NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CABOMETYX TABS 40MG	5	PA NDS QL(60/30)
CALQUENCE	5	PA NDS QL(60/30)
CAPRELSA TABS 300MG	5	PA NDS QL(30/30)
CAPRELSA TABS 100MG	5	PA NDS QL(60/30)
COMETRIQ 100MG DAILY DOSE KIT	5	PA NDS QL(56/28)
COMETRIQ 60MG DAILY DOSE KIT	5	PA NDS QL(84/28)
COMETRIQ 140MG DAILY DOSE KIT	5	PA NDS QL(112/28)
COPIKTRA	5	PA NDS QL(60/30)
COTELLIC	5	PA NDS QL(63/28)
<i>cyclophosphamide caps</i>	3	B/D PA
<i>cyclophosphamide inj</i>	5	B/D PA NDS
<i>cyclosporine</i>	4	PA
<i>cyclosporine modified</i>	4	PA
CYRAMZA	5	PA NDS
DARZALEX	5	PA NDS
<i>daunorubicin hcl</i>	4	B/D PA
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	B/D PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	B/D PA
DAURISMO TABS 100MG	5	PA NDS QL(30/30)
DAURISMO TABS 25MG	5	PA NDS QL(60/30)
DROXIA	4	
EMCYT	4	
ERIVEDGE	5	PA NDS QL(28/28)
ERLEADA	4	PA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	PA NDS QL(30/30)
<i>erlotinib hydrochloride tabs 25mg</i>	5	PA NDS QL(60/30)
<i>etoposide inj</i>	3	B/D PA
EVOMELA	5	PA NDS
<i>exemestane</i>	4	QL(60/30)
FARYDAK	5	PA NDS QL(6/21)
FASLODEX	5	B/D PA NDS QL(30/30)
FIRMAGON INJ 80MG	4	B/D PA QL(1/28)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FIRMAGON INJ 120MG	4	B/D PA QL(4/365)
<i>fludarabine phosphate</i>	4	B/D PA
<i>flutamide</i>	4	
FOLOTYN	5	B/D PA NDS
<i>fulvestrant</i>	5	B/D PA NDS QL(30/30)
GAZYVA	5	PA NDS
<i>gemcitabine</i>	4	B/D PA
<i>gemcitabine hcl</i>	4	B/D PA
<i>gemcitabine hydrochloride inj 1gm, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	4	B/D PA
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML, 2GM/20ML	5	B/D PA NDS
<i>gengraf</i>	4	PA
GILOTRIF	5	PA NDS QL(30/30)
GLEOSTINE	4	
HALAVEN	5	PA NDS
HERCEPTIN	5	PA NDS
HERCEPTIN HYLECTA	5	PA NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA NDS QL(21/28)
ICLUSIG TABS 45MG	5	PA NDS QL(30/30)
ICLUSIG TABS 15MG	5	PA NDS QL(60/30)
IDHIFA	5	PA NDS QL(30/30)
<i>imatinib mesylate tabs 400mg</i>	5	PA NDS QL(60/30)
<i>imatinib mesylate tabs 100mg</i>	5	PA NDS QL(180/30)
IMBRUVICA CAPS 70MG	5	PA NDS QL(30/30)
IMBRUVICA CAPS 140MG	5	PA NDS QL(120/30)
IMBRUVICA TABS	5	PA NDS QL(30/30)
IMFINZI	5	PA NDS
INFUGEM	5	B/D PA NDS
INLYTA TABS 5MG	5	PA NDS QL(120/30)
INLYTA TABS 1MG	5	PA NDS QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INREBIC	5	PA NDS QL(120/30)
IRESSA	5	PA NDS QL(30/30)
<i>irinotecan</i>	4	B/D PA
<i>irinotecan hcl</i>	4	B/D PA
<i>irinotecan hydrochloride</i>	4	B/D PA
ISTODAX (OVERFILL)	5	PA NDS
JAKAFI	5	PA NDS QL(60/30)
KADCYLA	5	PA NDS
KANJINTI	5	PA NDS
KEYTRUDA	5	PA NDS
KISQALI	5	PA NDS QL(63/28)
KISQALI FEMARA 200 DOSE	5	PA NDS QL(49/28)
KISQALI FEMARA 400 DOSE	5	PA NDS QL(70/28)
KISQALI FEMARA 600 DOSE	5	PA NDS QL(91/28)
KYPROLIS	5	B/D PA NDS
LARTRUVO	5	PA NDS
LENVIMA 10 MG DAILY DOSE	5	PA NDS QL(30/30)
LENVIMA 12MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 14 MG DAILY DOSE	5	PA NDS QL(60/30)
LENVIMA 18 MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 20 MG DAILY DOSE	5	PA NDS QL(60/30)
LENVIMA 24 MG DAILY DOSE	5	PA NDS QL(90/30)
LENVIMA 4 MG DAILY DOSE	5	PA NDS QL(30/30)
LENVIMA 8 MG DAILY DOSE	5	PA NDS QL(60/30)
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide acetate</i>	4	PA
LIBTAYO	5	PA NDS QL(7/21)
LONSURF TABS 8.19MG; 20MG	5	PA NDS QL(80/28)
LONSURF TABS 6.14MG; 15MG	5	PA NDS QL(100/28)
LORBRENA TABS 100MG	5	PA NDS QL(30/30)
LORBRENA TABS 25MG	5	PA NDS QL(90/30)
LUMOXITI	5	PA NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LUPRON DEPOT (1-MONTH)	5	PA NDS QL(1/30)
LUPRON DEPOT (3-MONTH)	5	PA QL(1/84)
LUPRON DEPOT (4-MONTH)	5	PA QL(1/112)
LUPRON DEPOT (6-MONTH)	5	PA QL(1/168)
LUPRON DEPOT-PED (1-MONTH)	5	PA NDS QL(1/30)
LUPRON DEPOT-PED (3-MONTH)	5	PA QL(1/84)
LYNPARZA	5	PA NDS QL(120/30)
LYSODREN	5	NDS
MATULANE	5	NDS
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate tabs</i>	4	PA
MEKINIST TABS 2MG	5	PA NDS QL(30/30)
MEKINIST TABS 0.5MG	5	PA NDS QL(90/30)
MEKTOVI	5	PA NDS QL(180/30)
<i>melfalan hydrochloride</i>	5	B/D PA NDS
<i>mercaptopurine</i>	4	
<i>methotrexate inj</i>	4	
<i>methotrexate sodium</i>	4	
<i>methotrexate tabs</i>	2	
MVASI	5	PA NDS
<i>mycophenolate mofetil caps</i>	3	PA
<i>mycophenolate mofetil inj</i>	4	PA
<i>mycophenolate mofetil susr</i>	5	PA NDS
<i>mycophenolate mofetil tabs</i>	4	PA
<i>mycophenolic acid dr</i>	4	PA
MYLOTARG	5	PA NDS
NERLYNX	5	PA NDS QL(180/30)
NEXAVAR	5	PA NDS QL(120/30)
<i>nilutamide</i>	5	NDS QL(60/30)
NINLARO	5	PA NDS QL(3/28)
NUBEQA	4	PA QL(120/30)
NULOJIX	5	PA NDS QL(26/28)
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	4	PA
<i>octreotide acetate inj 50mcg/ml</i>	3	PA
ODOMZO	5	PA NDS QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
OPDIVO	5	PA NDS QL(80/28)
<i>paclitaxel</i>	4	B/D PA
PERJETA	5	PA NDS
PIQRAY 200MG DAILY DOSE	5	PA NDS QL(28/28)
PIQRAY 250MG DAILY DOSE	5	PA NDS QL(56/28)
PIQRAY 300MG DAILY DOSE	5	PA NDS QL(56/28)
POMALYST	5	PA NDS QL(21/28)
POTELIGEO	5	PA NDS
PROGRAF PACK	4	PA
PURIXAN	5	PA NDS QL(300/30)
RAPAMUNE ORAL SOLN	5	PA NDS
REVLIMID CAPS 15MG, 20MG, 25MG	5	PA NDS QL(21/28)
REVLIMID CAPS 10MG, 2.5MG, 5MG	5	PA NDS QL(28/28)
RITUXAN	5	PA NDS
RITUXAN HYCELA	5	PA NDS
<i>romidepsin</i>	5	PA NDS
ROZLYTREK CAPS 200MG	5	PA NDS QL(90/30)
ROZLYTREK CAPS 100MG	5	PA NDS QL(150/30)
RUBRACA	5	PA NDS QL(120/30)
RYDAPT	5	PA NDS QL(224/28)
SANDIMMUNE ORAL SOLN	4	PA
SIGNIFOR	5	PA NDS QL(60/30)
SIMULECT	5	B/D PA NDS
<i>sirolimus oral soln</i>	5	PA NDS
<i>sirolimus tabs</i>	4	PA
SOLTAMOX	4	
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA NDS QL(0.2/28)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA NDS QL(0.3/28)
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NDS QL(0.5/28)
SPRYCEL	5	PA NDS QL(30/30)
STIVARGA	5	PA NDS QL(120/28)
SUTENT	5	PA NDS QL(28/28)
SYNRIBO	5	PA NDS QL(28/28)
TABLOID	4	
<i>tacrolimus caps</i>	4	PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TAFINLAR	5	PA NDS QL(120/30)
TAGRISSO	5	PA NDS QL(30/30)
TALZENNA	5	PA NDS QL(90/30)
<i>tamoxifen citrate</i>	2	
TARGRETIN GEL	5	PA NDS QL(60/30)
TASIGNA CAPS 150MG, 200MG	5	PA NDS QL(112/28)
TASIGNA CAPS 50MG	5	PA NDS QL(420/30)
TECENTRIQ INJ 1200MG/20ML	5	PA NDS QL(20/21)
TECENTRIQ INJ 840MG/14ML	5	PA NDS QL(28/28)
THALOMID CAPS 100MG, 150MG, 50MG	5	PA NDS QL(28/28)
THALOMID CAPS 200MG	5	PA NDS QL(56/28)
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA NDS QL(60/30)
<i>toposar</i>	3	B/D PA
<i>topotecan hcl inj 4mg</i>	5	NDS
<i>toremifene citrate</i>	5	NDS QL(30/30)
TORISEL	5	B/D PA NDS QL(4/28)
TREANDA INJ 100MG	5	B/D PA NDS
TREANDA INJ 25MG	5	B/D PA NDS QL(8/21)
TRELSTAR MIXJECT INJ 22.5MG	5	PA QL(1/168)
TRELSTAR MIXJECT INJ 3.75MG	5	PA NDS QL(1/28)
TRELSTAR MIXJECT INJ 11.25MG	5	PA QL(1/84)
<i>tretinoin caps</i>	5	NDS
TRIPTODUR	5	PA NDS QL(1/168)
TRISENOX	4	B/D PA
TYKERB	5	PA NDS QL(180/30)
UNITUXIN	5	PA NDS
VECTIBIX	5	PA NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VELCADE	5	PA NDS QL(14/21)
VENCLEXTA STARTING PACK	5	PA NDS QL(84/365)
VENCLEXTA TABS 50MG	3	PA QL(30/30)
VENCLEXTA TABS 10MG	3	PA QL(60/30)
VENCLEXTA TABS 100MG	5	PA NDS QL(120/30)
VERZENIO	5	PA NDS QL(60/30)
<i>vincristine sulfate</i>	4	B/D PA
<i>vinorelbine tartrate</i>	4	B/D PA
VITRAKVI CAPS 100MG	5	PA NDS QL(60/30)
VITRAKVI CAPS 25MG	5	PA NDS QL(180/30)
VITRAKVI ORAL SOLN	5	PA NDS QL(300/30)
VIZIMPRO	5	PA NDS QL(30/30)
VOTRIENT	5	PA NDS QL(120/30)
VYXEOS	5	B/D PA NDS
XALKORI	5	PA NDS QL(60/30)
XATMEP	4	PA
XOSPATA	5	PA NDS QL(90/30)
XPOVIO 100 MG ONCE WEEKLY	5	PA NDS QL(20/28)
XPOVIO 60 MG ONCE WEEKLY	5	PA NDS QL(12/28)
XPOVIO 80 MG ONCE WEEKLY	5	PA NDS QL(16/28)
XPOVIO 80 MG TWICE WEEKLY	5	PA NDS QL(32/28)
XTANDI	4	PA QL(120/30)
YERVOY INJ 50MG/10ML	5	PA NDS
YERVOY INJ 200MG/40ML	5	PA NDS QL(80/21)
YONDELIS	5	PA NDS
ZEJULA	5	PA NDS QL(90/30)
ZELBORAF	5	PA NDS QL(240/30)
ZOLINZA	5	NDS QL(120/30)
ZORTRESS TABS 0.75MG, 1MG	5	PA NDS QL(60/30)
ZORTRESS TABS 0.5MG	5	PA NDS QL(120/30)

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ZORTRESS TABS 0.25MG	4	PA QL(60/30)
ZYDELIG	5	PA NDS QL(60/30)
ZYKADIA	5	PA NDS QL(140/28)
ZYTIGA TABS 500MG	4	PA QL(60/30)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM TABS 600MG, 800MG	4	QL(60/30) ST
APTIOM TABS 400MG	4	QL(90/30) ST
APTIOM TABS 200MG	4	QL(180/30) ST
BANZEL SUSP	5	PA NDS QL(2400/30)
BANZEL TABS	5	PA NDS
BRIVIACT ORAL SOLN	4	QL(600/30)
BRIVIACT TABS	4	QL(60/30)
<i>carbamazepine chew</i>	3	
<i>carbamazepine er</i>	4	
<i>carbamazepine susp</i>	4	
<i>carbamazepine tabs</i>	3	
CELONTIN	3	
<i>clobazam susp</i>	4	QL(480/30)
<i>clobazam tabs</i>	4	QL(60/30)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	4	QL(90/30)
<i>clonazepam odt tbdp 1mg</i>	4	QL(120/30)
<i>clonazepam odt tbdp 2mg</i>	4	QL(300/30)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(120/30)
<i>clonazepam tabs 2mg</i>	2	QL(300/30)
DIASTAT ACUDIAL GEL 10MG	4	QL(20/30)
DIASTAT ACUDIAL GEL 20MG	4	QL(40/30)
DIASTAT PEDIATRIC	4	QL(5/30)
<i>diazepam rectal gel gel 2.5mg</i>	4	QL(5/30)
<i>diazepam rectal gel gel 10mg</i>	4	QL(20/30)
<i>diazepam rectal gel gel 20mg</i>	4	QL(40/30)
DILANTIN CAPS 30MG	4	
<i>divalproex sodium</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	4	
EPIDIOLEX	5	PA NDS
<i>epitol</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FYCOMPA SUSP	4	PA QL(720/30)
FYCOMPA TABS 10MG, 12MG, 8MG	4	PA QL(30/30)
FYCOMPA TABS 2MG, 4MG, 6MG	4	PA QL(60/30)
<i>gabapentin caps 100mg, 400mg</i>	2	QL(270/30)
<i>gabapentin caps 300mg</i>	2	QL(360/30)
<i>gabapentin oral soln</i>	2	QL(2160/30)
<i>gabapentin tabs 800mg</i>	2	
<i>gabapentin tabs 600mg</i>	2	QL(180/30)
<i>lamotrigine</i>	2	
<i>levetiracetam er</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln</i>	2	
<i>levetiracetam tabs</i>	2	
LYRICA CAPS 225MG, 300MG	4	QL(60/30)
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG	4	QL(90/30)
LYRICA CAPS 75MG	4	QL(120/30)
LYRICA CR TB24 330MG	3	QL(60/30)
LYRICA CR TB24 165MG, 82.5MG	3	QL(90/30)
LYRICA ORAL SOLN	4	QL(900/30)
<i>oxcarbazepine susp</i>	4	
<i>oxcarbazepine tabs</i>	3	
PEGANONE	4	
<i>phenobarbital elix</i>	4	QL(1500/30)
<i>phenobarbital tabs</i>	3	QL(120/30)
<i>phenytoin chew</i>	3	
<i>phenytoin infatabs</i>	3	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin susp</i>	2	
<i>pregabalin caps 225mg, 300mg</i>	3	QL(60/30)
<i>pregabalin caps 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	3	QL(90/30)
<i>pregabalin oral soln</i>	3	QL(900/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>primidone</i>	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	4	
SPRITAM TB3D 1000MG, 250MG, 500MG	4	QL(60/30)
SPRITAM TB3D 750MG	4	QL(120/30)
SYMPAZAN	5	PA NDS QL(60/30)
<i>tiagabine hydrochloride</i>	4	ST
<i>topiramate</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	PA NDS QL(180/30)
<i>vigadrone</i>	5	PA NDS QL(180/30)
VIMPAT INJ	4	QL(1200/30)
VIMPAT ORAL SOLN	4	QL(1200/30)
VIMPAT TABS 100MG, 150MG, 200MG	4	QL(60/30)
VIMPAT TABS 50MG	4	QL(120/30)
<i>zonisamide</i>	3	
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA NDS QL(60/30)
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tabs</i>	2	PA
<i>bromocriptine mesylate</i>	4	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>entacapone</i>	4	QL(240/30)
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate</i>	4	
<i>ropinirole hcl</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<i>selegiline hcl</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine mesylate nasal soln</i>	4	PA QL(8/30)
<i>ergotamine tartrate/caffeine</i>	3	QL(40/28)
<i>naratriptan hcl</i>	4	QL(18/28)
<i>rizatriptan benzoate</i>	4	QL(36/28)
<i>rizatriptan benzoate odt</i>	4	QL(36/28)
<i>sumatriptan</i>	4	QL(18/28)
<i>sumatriptan succinate inj</i>	4	QL(8/28)
<i>sumatriptan succinate refill</i>	4	QL(8/28)
<i>sumatriptan succinate tabs</i>	2	QL(18/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO TABS 6MG	5	PA NDS QL(60/30)
AUSTEDO TABS 12MG, 9MG	5	PA NDS QL(120/30)
COPAXONE INJ 40MG/ML	5	PA NDS QL(12/28)
COPAXONE INJ 20MG/ML	5	PA NDS QL(30/30)
<i>dalfampridine er</i>	3	PA QL(60/30)
<i>donepezil hcl tabs 10mg</i>	2	QL(60/30)
<i>donepezil hcl tbdp 5mg</i>	2	QL(30/30)
<i>donepezil hcl tbdp 10mg</i>	2	QL(60/30)
<i>donepezil hydrochloride tabs 5mg</i>	2	QL(30/30)
<i>donepezil hydrochloride tabs 10mg</i>	2	QL(60/30)
<i>galantamine hydrobromide er</i>	4	QL(30/30)
<i>galantamine hydrobromide oral soln</i>	4	QL(200/30)
<i>galantamine hydrobromide tabs</i>	4	QL(60/30)
GILENYA CAPS 0.5MG	5	PA NDS QL(30/30)
<i>memantine hcl tabs 10mg</i>	3	PA QL(60/30)
<i>memantine hcl tabs 5mg</i>	3	PA QL(90/30)
<i>memantine hcl titration pak</i>	3	PA QL(98/365)
<i>memantine hydrochloride er</i>	4	PA QL(30/30)
<i>memantine hydrochloride oral soln</i>	4	PA QL(300/30)

CAPITALIZED = BRAND NAME DRUG

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NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NAMZARIC C4PK	4	PA QL(56/365)
NAMZARIC CP24	4	PA
NUDEXTA	4	PA QL(60/30)
<i>rivastigmine tartrate</i>	4	QL(60/30)
<i>rivastigmine transdermal system</i>	4	QL(30/30)
TECFIDERA CPDR 120MG	5	PA NDS QL(14/30)
TECFIDERA CPDR 240MG	5	PA NDS QL(60/30)
TECFIDERA STARTER PACK	5	PA NDS QL(120/365)
<i>tetrabenazine tabs 12.5mg</i>	5	PA NDS QL(90/30)
<i>tetrabenazine tabs 25mg</i>	5	PA NDS QL(120/30)
TYSABRI	5	PA NDS QL(15/28)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen tabs</i>	2	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	PA
<i>dantrolene sodium</i>	4	
<i>methocarbamol tabs</i>	2	PA
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide tabs 60mg</i>	3	
REGONOL	4	
<i>tizanidine hcl tabs</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen/codeine oral soln</i>	2	NDS QL(2700/30)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	NDS QL(180/30)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	NDS QL(360/30)
<i>buprenorphine hcl inj</i>	4	NDS QL(150/30)
<i>buprenorphine hcl subl</i>	4	PA QL(90/30)
<i>butalbital/acetaminophen/caffeine caps</i>	4	PA QL(180/30)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
DURAMORPH	4	B/D PA NDS QL(180/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>endocet tabs 325mg; 10mg</i>	4	NDS QL(180/30)
<i>endocet tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)
<i>endocet tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	NDS QL(360/30)
<i>esgic caps</i>	4	PA QL(180/30)
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 800mcg</i>	5	PA NDS QL(120/30)
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg, 600mcg</i>	4	PA NDS QL(120/30)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS QL(10/30)
<i>hydrocodone bitartrate/acetaminophen oral soln 325mg/15ml; 7.5mg/15ml</i>	4	NDS QL(2700/30)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 7.5mg</i>	3	NDS QL(180/30)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	3	NDS QL(360/30)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	4	NDS QL(150/30)
<i>hydromorphone hcl inj</i>	4	NDS
<i>hydromorphone hcl liqd</i>	4	NDS QL(1200/30)
<i>hydromorphone hcl tabs 8mg</i>	4	NDS QL(120/30)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	4	NDS QL(180/30)
INFUMORPH 200	4	NDS QL(200/30)
INFUMORPH 500	4	NDS QL(200/30)
<i>lorcet</i>	4	NDS QL(360/30)
<i>lorcet hd</i>	4	NDS QL(180/30)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	NDS QL(180/30)
<i>methadone hcl conc</i>	2	NDS QL(500/30)
<i>methadone hcl inj</i>	4	NDS QL(150/30)
<i>methadone hcl intensol</i>	2	NDS QL(500/30)
<i>methadone hcl oral soln 10mg/5ml</i>	2	NDS QL(450/30)
<i>methadone hcl oral soln 5mg/5ml</i>	2	NDS QL(600/30)
<i>methadone hcl tabs 10mg</i>	2	NDS QL(120/30)
<i>methadone hcl tabs 5mg</i>	2	NDS QL(180/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>mitigo</i>	4	NDS QL(200/30)
<i>morphine sulfate er tbc</i>	3	NDS QL(90/30)
MORPHINE SULFATE INJ 2MG/ML	4	B/D PA NDS QL(1200/30)
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	4	B/D PA NDS
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	4	B/D PA NDS QL(180/30)
MORPHINE SULFATE INJ 10MG/ML	4	B/D PA NDS QL(240/30)
<i>morphine sulfate inj 10mg/ml</i>	4	B/D PA NDS QL(240/30)
MORPHINE SULFATE INJ 8MG/ML	4	B/D PA NDS QL(250/30)
MORPHINE SULFATE INJ 4MG/ML	4	B/D PA NDS QL(480/30)
MORPHINE SULFATE INJ 5MG/ML	4	B/D PA NDS QL(700/30)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	NDS QL(240/30)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	NDS QL(700/30)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	NDS QL(900/30)
MORPHINE SULFATE TABS	3	NDS QL(120/30)
<i>nalbuphine hcl inj 20mg/ml</i>	4	NDS QL(90/30)
<i>nalbuphine hcl inj 10mg/ml</i>	4	NDS QL(180/30)
<i>oxycodone hcl conc</i>	4	NDS QL(120/30)
<i>oxycodone hcl tabs</i>	3	NDS QL(180/30)
<i>oxycodone hydrochloride oral soln</i>	4	NDS QL(1200/30)
<i>oxycodone hydrochloride tabs</i>	3	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	4	NDS QL(180/30)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	4	NDS QL(240/30)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg</i>	4	NDS QL(360/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>oxycodone/aspirin</i>	4	NDS QL(180/30)
XTAMPZA ER	3	NDS QL(60/30)
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	PA QL(180/30)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(90/30)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60/30)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL(90/30)
<i>butorphanol tartrate inj 2mg/ml</i>	4	NDS QL(240/30)
<i>butorphanol tartrate inj 1mg/ml</i>	4	NDS QL(480/30)
<i>butorphanol tartrate nasal soln</i>	4	NDS QL(5/30)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium gel 1%</i>	3	QL(1000/30)
<i>diclofenac sodium transdermal soln</i>	4	QL(450/28)
<i>diflunisal</i>	4	
<i>etodolac</i>	4	
<i>etodolac er</i>	4	
<i>flurbiprofen</i>	2	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	3	
<i>naproxen dr</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium tabs 275mg, 550mg</i>	4	
<i>naproxen susp</i>	4	
<i>naproxen tabs</i>	1	
NARCAN	3	QL(4/30)
<i>oxaprozin</i>	4	
SUBOXONE FILM 12MG; 3MG	3	QL(60/30)
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL(90/30)
<i>sulindac</i>	2	
<i>tramadol hcl</i>	2	NDS QL(240/30)
<i>tramadol hydrochloride/ acetaminophen</i>	4	NDS QL(240/30)
ZUBSOLV SUBL 0.7MG; 0.18MG, 11.4MG; 2.9MG	3	QL(30/30)
ZUBSOLV SUBL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL(90/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	QL(1/28)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(120/30)
<i>alprazolam tabs 2mg</i>	2	QL(150/30)
<i>amitriptyline hcl</i>	2	PA
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	2	PA
<i>amoxapine</i>	4	
<i>amphetamine/ dextroamphetamine cp24</i>	4	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60/30)
<i>amphetamine/ dextroamphetamine tabs 5mg; 5mg; 5mg</i>	3	QL(90/30)
<i>amphetamine/ dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amphetamine/ dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(180/30)
<i>amphetamine/ dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(360/30)
<i>aripiprazole odt</i>	5	NDS QL(60/30)
<i>aripiprazole oral soln</i>	4	QL(900/30)
<i>aripiprazole tabs</i>	3	QL(30/30)
ARISTADA INITIO	4	QL(4.8/365)
ARISTADA INJ 441MG/1.6ML	4	QL(1.6/28)
ARISTADA INJ 662MG/2.4ML	4	QL(2.4/28)
ARISTADA INJ 882MG/3.2ML	4	QL(3.2/28)
ARISTADA INJ 1064MG/3.9ML	4	QL(3.9/56)
<i>armodafinil</i>	4	PA QL(30/30)
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL(30/30)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	4	QL(60/30)
BELSOMRA TABS 10MG, 15MG, 20MG	3	QL(30/30)
BELSOMRA TABS 5MG	3	QL(60/30)
<i>bupropion hcl tabs 100mg</i>	3	QL(120/30)
<i>bupropion hydrochloride er (sr) tb12 100mg, 200mg</i>	3	QL(60/30)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	QL(90/30)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	3	QL(30/30)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	3	QL(90/30)
<i>bupropion hydrochloride tabs 75mg</i>	3	QL(180/30)
<i>bupirone hcl</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>chlorpromazine hcl</i>	4	
<i>citalopram hydrobromide oral soln</i>	4	QL(600/30)
<i>citalopram hydrobromide tabs 20mg</i>	6	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>citalopram hydrobromide tabs 40mg</i>	6	QL(90/30)
<i>citalopram hydrobromide tabs 10mg</i>	6	QL(120/30)
<i>clomipramine hcl</i>	4	PA
<i>clorazepate dipotassium tabs 15mg, 3.75mg</i>	4	QL(180/30)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL(360/30)
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	
<i>clozapine odt tbdp 150mg</i>	4	QL(180/30)
<i>clozapine odt tbdp 100mg</i>	4	QL(270/30)
<i>clozapine tabs 100mg, 200mg</i>	4	
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>desipramine hcl</i>	4	
<i>desvenlafaxine er tb24 25mg, 50mg</i>	4	QL(30/30)
<i>desvenlafaxine er tb24 100mg</i>	4	QL(120/30)
<i>dexmethylphenidate hcl tabs 10mg, 2.5mg</i>	3	QL(60/30)
<i>dexmethylphenidate hcl tabs 5mg</i>	3	QL(120/30)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL(60/30)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL(120/30)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL(180/30)
<i>dextroamphetamine sulfate tabs</i>	4	QL(180/30)
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam oral soln</i>	2	QL(1200/30)
<i>diazepam tabs</i>	2	QL(120/30)
<i>doxepin hcl</i>	3	PA
<i>doxepin hydrochloride caps 25mg</i>	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>duloxetine hcl cpep 20mg</i>	2	QL(180/30)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL(60/30)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90/30)
EMSAM	4	QL(30/30)
<i>escitalopram oxalate oral soln</i>	4	QL(600/30)
<i>escitalopram oxalate tabs</i>	2	
FANAPT	4	QL(60/30) ST
FANAPT TITRATION PACK	4	QL(16/365) ST
FETZIMA	4	QL(30/30) ST
FETZIMA TITRATION PACK	4	QL(56/365) ST
<i>fluoxetine</i>	2	
<i>fluoxetine hcl caps</i>	2	
<i>fluoxetine hydrochloride caps 10mg</i>	2	
<i>fluoxetine hydrochloride oral soln</i>	2	QL(600/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl conc</i>	4	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl tabs</i>	2	
<i>fluphenazine hydrochloride</i>	4	
<i>fluvoxamine maleate</i>	3	
GEODON INJ	4	QL(6/30)
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate</i>	4	
HETLIOZ	5	PA NDS QL(30/30)
<i>imipramine hcl tabs 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride</i>	3	PA
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL(0.25/28)
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL(0.5/28)

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL(0.75/28)
INVEGA SUSTENNA INJ 156MG/ML	4	QL(1/28)
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL(1.5/28)
INVEGA TRINZA INJ 273MG/0.875ML	4	QL(0.88/90)
INVEGA TRINZA INJ 410MG/1.315ML	4	QL(1.32/90)
INVEGA TRINZA INJ 546MG/1.75ML	4	QL(1.75/90)
INVEGA TRINZA INJ 819MG/2.625ML	4	QL(2.63/90)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL(30/30)
LATUDA TABS 80MG	4	QL(60/30)
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<i>lorazepam conc</i>	3	QL(150/30)
<i>lorazepam inj</i>	4	
<i>lorazepam intensol</i>	3	QL(150/30)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(120/30)
<i>lorazepam tabs 2mg</i>	2	QL(150/30)
<i>loxapine</i>	4	
<i>loxapine succinate</i>	4	
<i>maprotiline hcl</i>	4	
MARPLAN	4	QL(180/30)
<i>metadate er</i>	4	QL(90/30)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL(60/30)
<i>methylphenidate hydrochloride er tb24 18mg</i>	4	QL(120/30)
<i>methylphenidate hydrochloride er tbc 27mg, 54mg</i>	4	QL(30/30)
<i>methylphenidate hydrochloride er tbc 36mg</i>	4	QL(60/30)
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	4	QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate hydrochloride er tbc 18mg</i>	4	QL(120/30)
<i>methylphenidate hydrochloride tabs</i>	4	QL(90/30)
<i>mirtazapine</i>	2	
<i>mirtazapine odt</i>	3	QL(30/30)
<i>molindone hydrochloride</i>	2	
<i>nefazodone hcl</i>	4	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl</i>	2	
<i>nortriptyline hydrochloride</i>	2	
NUPLAZID	4	PA QL(30/30)
<i>olanzapine inj</i>	4	QL(30/30)
<i>olanzapine odt</i>	4	QL(30/30)
<i>olanzapine tabs 7.5mg</i>	3	QL(30/30)
<i>olanzapine tabs 15mg, 20mg</i>	3	QL(60/30)
<i>olanzapine tabs 10mg, 2.5mg, 5mg</i>	3	QL(120/30)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL(30/30) ST
<i>paliperidone er tb24 6mg</i>	4	QL(60/30) ST
<i>paroxetine hcl</i>	6	QL(60/30)
<i>paroxetine hydrochloride tabs 20mg</i>	6	QL(90/30)
PAXIL SUSP	4	QL(900/30) ST
<i>perphenazine</i>	4	
<i>perphenazine/amitriptyline</i>	4	PA
PERSERIS	4	QL(1/30)
<i>phenelzine sulfate</i>	3	
<i>pimozide</i>	4	
<i>protriptyline hcl</i>	4	
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL(60/30)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL(90/30)
REXULTI	4	QL(30/30)
RISPERDAL CONSTA	4	QL(2/28)
<i>risperidone odt tbdp 0.25mg, 1mg, 2mg, 3mg</i>	4	QL(60/30)
<i>risperidone odt tbdp 0.5mg, 4mg</i>	4	QL(120/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risperidone oral soln</i>	4	QL(240/30)
<i>risperidone tabs</i>	2	
SAPHRIS	4	QL(60/30)
<i>sertraline hcl conc</i>	3	QL(300/30)
<i>sertraline hcl tabs 25mg</i>	2	QL(60/30)
<i>sertraline hcl tabs 50mg</i>	2	QL(120/30)
<i>sertraline hydrochloride tabs 100mg</i>	2	QL(60/30)
SILENOR	3	QL(30/30)
<i>temazepam caps 15mg, 30mg</i>	2	QL(60/365)
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL(60/365)
<i>thioridazine hcl</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hydrochloride</i>	2	
<i>trifluoperazine hcl tabs 1mg</i>	3	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	4	
<i>trimipramine maleate</i>	4	PA
TRINTELLIX	4	QL(30/30) ST
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	QL(60/30)
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(90/30)
VERSACLOZ	4	QL(540/30)
VIIBRYD	4	QL(30/30) ST
VIIBRYD STARTER PACK	4	QL(60/365) ST
VRAYLAR CAPS	4	QL(30/30) ST
VRAYLAR CPPK	4	QL(14/365) ST
XYREM	5	PA NDS QL(540/30)
<i>zaleplon caps 5mg</i>	4	QL(30/30)
<i>zaleplon caps 10mg</i>	4	QL(60/30)
<i>ziprasidone hcl</i>	4	QL(60/30)
<i>zolpidem tartrate tabs</i>	2	QL(30/30)

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	4	
<i>amiodarone hcl tabs 400mg</i>	4	
<i>amiodarone hcl tabs 200mg</i>	2	
<i>amiodarone hydrochloride inj</i>	4	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	4	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	4	
<i>mexiletine hcl</i>	4	
MULTAQ	3	QL(60/30)
<i>pacerone</i>	4	
<i>propafenone hcl</i>	4	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl af</i>	2	
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	
<i>sotalol hydrochloride af</i>	2	
<i>sotalol hydrochloride tabs 120mg, 80mg</i>	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol hcl</i>	2	
<i>amiloride hcl</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate</i>	6	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/valsartan/hctz</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	2	
<i>atenolol</i>	6	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hcl</i>	6	
<i>benazepril hcl/hydrochlorothiazide</i>	6	
<i>benazepril hydrochloride</i>	6	
<i>betaxolol hcl tabs</i>	3	
BIDIL	3	QL(180/30)
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bumetanide inj</i>	4	
<i>bumetanide tabs 2mg</i>	3	
<i>bumetanide tabs 0.5mg, 1mg</i>	2	
BYSTOLIC	4	
<i>candesartan cilexetil tabs 32mg</i>	2	QL(30/30)
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	2	QL(60/30)
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril</i>	4	
<i>captopril/hydrochlorothiazide</i>	4	
<i>cartia xt</i>	3	
<i>carvedilol</i>	6	
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone</i>	2	
<i>clonidine hcl ptwk 0.1mg/24hr, 0.2mg/24hr</i>	4	QL(4/28)
<i>clonidine hcl ptwk 0.3mg/24hr</i>	4	QL(8/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clonidine hcl tabs</i>	2	
<i>clonidine hydrochloride tabs</i>	2	
DEMSEER	4	PA
<i>dilt-xr</i>	3	
<i>diltiazem cd cp24 180mg</i>	3	
<i>diltiazem hcl er cp12</i>	3	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er tb24</i>	3	
<i>diltiazem hcl inj</i>	4	
<i>diltiazem hcl tabs</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg</i>	3	
<i>doxazosin mesylate</i>	2	
EDARBI	4	QL(30/30) ST
EDARBYCLOR	4	ST
<i>enalapril maleate</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine er</i>	6	
<i>fosinopril sodium</i>	2	QL(60/30)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(120/30)
<i>furosemide inj</i>	4	
<i>furosemide oral soln</i>	2	
<i>furosemide tabs</i>	1	
<i>hydralazine hcl inj</i>	4	
<i>hydralazine hcl tabs</i>	6	
<i>hydralazine hydrochloride</i>	6	
<i>hydrochlorothiazide</i>	6	
<i>indapamide</i>	2	
<i>irbesartan tabs 300mg, 75mg</i>	1	QL(30/30)
<i>irbesartan tabs 150mg</i>	1	QL(60/30)
<i>irbesartan/hydrochlorothiazide</i>	1	QL(30/30)
<i>isradipine</i>	4	
<i>labetalol hydrochloride tabs</i>	6	
<i>lisinopril</i>	6	
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium</i>	1	QL(60/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(30/30)
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	QL(60/30)
<i>matzim la</i>	3	
<i>metolazone</i>	3	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	6	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	2	
<i>nadolol</i>	4	
<i>nadolol/bendroflumethiazide</i>	4	
<i>nicardipine hcl</i>	4	
<i>nifedipine er</i>	6	QL(60/30)
<i>nimodipine</i>	4	
<i>olmesartan medoxomil</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	3	
<i>perindopril erbumine</i>	2	
<i>pindolol</i>	3	
<i>prazosin hcl</i>	4	
<i>prazosin hydrochloride caps 2mg</i>	4	
<i>propranolol hcl er</i>	4	
<i>propranolol hcl oral soln</i>	4	
<i>propranolol hcl tabs 40mg, 80mg</i>	2	
<i>propranolol hydrochloride er</i>	4	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	2	
<i>propranolol/hydrochlorothiazide</i>	3	
<i>quinapril hcl</i>	6	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quinapril hydrochloride tabs 10mg</i>	6	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
REMODULIN	5	B/D PA NDS
<i>spironolactone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg</i>	3	
<i>telmisartan tabs 20mg, 40mg</i>	2	QL(30/30)
<i>telmisartan tabs 80mg</i>	2	QL(60/30)
<i>telmisartan/amlodipine</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	2	QL(30/30)
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	2	QL(60/30)
<i>terazosin hcl</i>	6	
<i>terazosin hydrochloride</i>	6	
<i>timolol maleate tabs</i>	4	
<i>toremide</i>	2	
<i>trandolapril</i>	2	
<i>triamterene/hydrochlorothiazide</i>	6	
<i>valsartan tabs 320mg</i>	2	QL(30/30)
<i>valsartan tabs 160mg, 40mg, 80mg</i>	2	QL(60/30)
<i>valsartan/hydrochlorothiazide</i>	2	QL(30/30)
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	
VERAPAMIL HCL SR CP24 360MG	3	
<i>verapamil hydrochloride inj</i>	4	
<i>verapamil hydrochloride tabs</i>	1	

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COAGULATION THERAPY		
<i>aspirin/dipyridamole</i>	4	QL(60/30)
BRILINTA	4	QL(60/30)
<i>cilostazol</i>	2	
<i>clopidogrel tabs 75mg</i>	6	
<i>clopidogrel tabs 300mg</i>	6	QL(2/365)
COUMADIN	4	
<i>dipyridamole tabs</i>	3	PA
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NDS
<i>heparin sodium inj 5000unit/0.5ml</i>	4	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>heparin sodium/d5w</i>	4	
<i>heparin sodium/dextrose</i>	4	
<i>heparin sodium/nacl 0.45% inj 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium/nacl 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	4	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>jantoven</i>	1	
<i>pentoxifylline er</i>	2	
PRADAXA	4	QL(60/30)
<i>prasugrel</i>	4	QL(30/30)
PROMACTA PACK	5	PA NDS QL(360/30)
PROMACTA TABS	5	PA NDS QL(30/30)
<i>warfarin sodium</i>	1	
XARELTO STARTER PACK	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XARELTO TABS 10MG, 20MG	3	
XARELTO TABS 15MG, 2.5MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin calcium tabs 10mg, 20mg, 80mg</i>	1	QL(30/30)
<i>atorvastatin calcium tabs 40mg</i>	1	QL(60/30)
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	QL(30/30)
<i>fenofibrate caps 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	4	
<i>fenofibrate micronized</i>	3	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	
<i>fenofibric acid dr cpdr 135mg</i>	4	QL(30/30)
<i>fenofibric acid dr cpdr 45mg</i>	4	QL(60/30)
<i>gemfibrozil</i>	2	
LIVALO	4	QL(30/30)
<i>lovastatin</i>	6	QL(60/30)
<i>niacin er tbc</i>	4	
<i>pravastatin sodium tabs 10mg, 20mg, 80mg</i>	6	QL(30/30)
<i>pravastatin sodium tabs 40mg</i>	6	QL(60/30)
<i>prevalite</i>	4	
REPATHA	3	PA QL(3/28)
REPATHA PUSHTRONEX SYSTEM	3	PA QL(3.5/28)
REPATHA SURECLICK	3	PA QL(3/28)
<i>rosuvastatin calcium</i>	2	QL(30/30)
<i>simvastatin</i>	6	QL(30/30)
VASCEPA CAPS 1GM	4	QL(120/30)
VASCEPA CAPS 0.5GM	4	QL(240/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR TABS	4	PA QL(60/30)
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin inj</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>digoxin oral soln</i>	3	QL(150/30)
<i>digoxin tabs</i>	3	
ENTRESTO	3	QL(60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine er</i>	4	QL(60/30)
NITRATES		
<i>isosorbide dinitrate er</i>	3	
<i>isosorbide dinitrate tabs</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	4	
<i>nitroglycerin inj</i>	4	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin subl</i>	2	
<i>nitroglycerin transdermal</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA
<i>calcipotriene crea</i>	4	QL(120/30)
<i>calcipotriene external soln</i>	3	
<i>calcipotriene oint</i>	4	QL(120/30)
<i>calcitrene</i>	4	QL(120/30)
<i>selenium sulfide lotn</i>	2	
SKYRIZI	5	PA NDS QL(2/28)
STELARA INJ 45MG/0.5ML	5	PA NDS QL(0.5/28)
STELARA INJ 90MG/ML	5	PA NDS QL(1/28)
MISCELLANEOUS DERMATOLOGICALS		
<i>acyclovir crea</i>	5	NDS QL(5/30)
<i>acyclovir oint</i>	4	QL(30/30)
<i>ammonium lactate</i>	2	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil crea 0.5%</i>	5	NDS
<i>fluorouracil external soln</i>	4	
<i>glydo</i>	3	QL(60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>imiquimod</i>	3	
<i>lidocaine hcl external soln</i>	3	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
<i>lidocaine hcl jelly gel</i>	3	QL(60/30)
<i>lidocaine hcl prsy</i>	3	QL(60/30)
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine oint</i>	4	QL(50/30)
<i>lidocaine ptch</i>	4	PA QL(90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine crea</i>	4	QL(30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
PICATO GEL 0.05%	4	QL(2/56)
PICATO GEL 0.015%	4	QL(3/56)
<i>podofilox</i>	4	
REGANEX	5	PA NDS
SANTYL	3	
<i>silver sulfadiazine</i>	4	
SSD	4	
<i>tacrolimus oint</i>	4	QL(100/90)
VALCHLOR	5	PA NDS QL(60/30)
THERAPY FOR ACNE		
<i>avita</i>	4	PA
<i>claravis</i>	4	
<i>clindamycin phosphate external soln</i>	4	
<i>clindamycin phosphate gel</i>	4	
<i>clindamycin phosphate lotn</i>	4	
<i>clindamycin phosphate swab</i>	4	
<i>ery</i>	4	
<i>erythromycin external soln</i>	2	
<i>erythromycin gel</i>	4	
<i>erythromycin pads</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>isotretinoin</i>	4	
<i>metronidazole crea</i>	4	
<i>metronidazole gel</i>	4	
<i>metronidazole lotn</i>	4	
<i>rosadan</i>	4	
<i>tazarotene</i>	4	
TAZORAC CREA 0.05%	4	
TAZORAC GEL	4	QL(100/30)
<i>tretinoin crea</i>	4	PA
<i>tretinoin gel 0.025%, 0.05%</i>	4	PA
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin microsphere gel 0.1%</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin sulfate crea</i>	4	
<i>gentamicin sulfate oint</i>	3	
<i>mupirocin crea</i>	4	
<i>mupirocin oint</i>	2	
<i>sulfacetamide sodium lotn</i>	4	
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	4	
<i>ciclopirox nail lacquer</i>	4	
<i>ciclopirox olamine</i>	4	QL(90/28)
<i>ciclopirox sham</i>	4	QL(120/28)
<i>ciclopirox susp</i>	4	
<i>clotrimazole external crea</i>	2	
<i>clotrimazole external soln</i>	3	QL(30/28)
<i>clotrimazole/betamethasone dipropionate crea</i>	4	QL(45/28)
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	QL(60/28)
<i>econazole nitrate</i>	4	QL(85/28)
<i>ketoconazole crea</i>	2	QL(60/28)
<i>ketoconazole sham</i>	2	QL(120/28)
<i>nyamyc</i>	4	
<i>nystatin crea</i>	2	QL(30/28)
<i>nystatin oint</i>	2	QL(30/28)
<i>nystatin powd</i>	3	
<i>nystatin/triamcinolone</i>	4	QL(60/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nystop</i>	4	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	2	
<i>alclometasone dipropionate crea</i>	3	
<i>alclometasone dipropionate oint</i>	2	
<i>augmented betamethasone dipropionate crea</i>	2	
<i>augmented betamethasone dipropionate gel</i>	4	
<i>augmented betamethasone dipropionate lotn</i>	4	
<i>augmented betamethasone dipropionate oint</i>	4	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate crea</i>	3	
<i>betamethasone valerate lotn</i>	4	
<i>betamethasone valerate oint</i>	3	
<i>desoximetasone crea</i>	4	
<i>desoximetasone gel</i>	4	
<i>desoximetasone oint</i>	4	
<i>fluocinolone acetonide</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide external soln</i>	4	QL(120/30)
<i>fluocinonide gel</i>	4	QL(120/30)
<i>fluocinonide oint</i>	4	QL(120/30)
<i>fluticasone propionate crea</i>	2	
<i>fluticasone propionate oint</i>	3	
<i>halobetasol propionate crea</i>	4	
<i>halobetasol propionate oint</i>	4	
<i>hydrocortisone butyrate (lipid)</i>	4	
<i>hydrocortisone butyrate (lipophilic)</i>	4	
<i>hydrocortisone butyrate crea</i>	4	
<i>hydrocortisone butyrate oint</i>	4	
<i>hydrocortisone external crea</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate crea</i>	2	
<i>mometasone furoate external soln</i>	2	
<i>mometasone furoate oint</i>	2	
<i>prednicarbate oint</i>	2	
<i>triamcinolone acetonide crea</i>	2	
<i>triamcinolone acetonide lotn</i>	3	
<i>triamcinolone acetonide oint</i>	2	
<i>triderm crea 0.1%</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate calcium dr</i>	4	
<i>alendronate sodium tabs 40mg</i>	1	QL(30/30)
<i>anagrelide hydrochloride</i>	3	
AURYXIA	4	PA QL(360/30)
CARBAGLU	5	PA NDS
CHEMET	4	
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D PA
<i>dextrose</i>	4	B/D PA
<i>dextrose 10%/nacl 0.45%</i>	4	B/D PA
DEXTROSE 10%	4	B/D PA
<i>dextrose 10%/nacl 0.2%</i>	4	B/D PA
<i>dextrose 2.5%/nacl 0.45%</i>	4	B/D PA
DEXTROSE 20%	4	B/D PA
DEXTROSE 25%	4	B/D PA
DEXTROSE 30%	4	B/D PA
DEXTROSE 40%	4	B/D PA
DEXTROSE 5%	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
DEXTROSE 50%	4	B/D PA
DEXTROSE 70%	4	
<i>disulfiram</i>	4	
<i>etidronate disodium tabs 400mg</i>	4	
INCRELEX	4	PA
JADENU	4	PA
<i>kionex</i>	4	
LACTATED RINGERS IRRIGATION	4	
<i>levocarnitine</i>	4	
<i>midodrine hcl</i>	4	
NORTHERA CAPS 100MG	5	PA NDS QL(90/30)
NORTHERA CAPS 200MG, 300MG	5	PA NDS QL(180/30)
ORFADIN	5	NDS
PHYSIOLYTE	4	
<i>physiosol irrigation</i>	4	
<i>pilocarpine hcl</i>	4	
<i>pilocarpine hydrochloride tabs 5mg</i>	4	
PROLASTIN-C	5	B/D PA NDS
REVELA PACK	3	QL(180/30)
REVELA TABS	3	QL(540/30)
<i>riluzole</i>	3	
RINGERS IRRIGATION	4	
<i>sevelamer carbonate pack</i>	4	QL(180/30)
<i>sevelamer carbonate tabs</i>	4	QL(540/30)
<i>sodium chloride irrigation 0.9%</i>	4	

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<i>sodium chloride IV 0.9%</i>	4	
<i>sodium chloride inj 0.9%</i>	4	
<i>sodium phenylbutyrate</i>	5	PA NDS
<i>sodium polystyrene sulfonate powd</i>	4	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	4	
<i>sps</i>	4	
<i>sterile water irrigation</i>	4	
<i>sterile water irrigation plastic bottle</i>	4	
<i>sterile water irrigation w/hanger</i>	4	
TIS-U-SOL	4	
<i>trientine hydrochloride</i>	5	NDS QL(240/30)
VELPHORO	4	QL(180/30)
VELTASSA	3	
<i>zoledronic acid inj 5mg/100ml</i>	4	B/D PA QL(100/365)
SMOKING DETERRENTS		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	QL(60/30)
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
NICOTROL INHALER	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine hcl nasal soln</i>	3	QL(30/25)
<i>azelastine hydrochloride nasal soln</i>	3	QL(30/25)
<i>chlorhexidine gluconate mouth/ throat soln</i>	2	
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(30/30)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(45/30)
<i>oralone dental paste</i>	4	
<i>paroex</i>	2	
<i>triamcinolone acetonide dental paste</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	3	
<i>flac</i>	4	
<i>fluocinolone acetonide</i>	4	
<i>fluocinolone acetonide ear drops</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone acetate</i>	4	
DEPO-MEDROL INJ 20MG/ML	4	
<i>dexamethasone</i>	2	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone tabs</i>	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate inj 80mg/ml</i>	4	
<i>methylprednisolone dose pack</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	4	
<i>prednisolone</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral soln</i>	2	
<i>prednisone tabs</i>	2	B/D PA
<i>prednisone tbpk 10mg</i>	2	
<i>prednisone tbpk 5mg</i>	1	
SOLU-CORTEF	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>triamcinolone acetonide inj 40mg/ml</i>	4	
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	4	
DIABETES THERAPY		
<i>acarbose tabs 100mg, 25mg</i>	2	QL(90/30)
<i>acarbose tabs 50mg</i>	2	QL(180/30)
ALCOHOL PREP PADS	3	
BAQSIMI TWO PACK	3	
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	3	QL(200/30)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200/30)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200/30)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200/30)
BD PEN NEEDLE/MINI/ ULTRA-FINE/31G X 5MM	3	QL(200/30)
BD PEN NEEDLE/NANO/ ULTRA -FINE/32G X 4MM	3	QL(200/30)
BD PEN NEEDLE/ORIGINAL/ ULTRA-FINE/29G X 12.7MM	3	QL(200/30)
BD PEN NEEDLE/SHORT/ ULTRA-FINE/31G X 8MM	3	QL(200/30)
BD SWABS SINGLE USE	3	
BYDUREON BCISE	4	QL(4/28)
BYDUREON PEN	4	QL(4/28)
CURITY GAUZE PADS 2"X2"	3	
EASY COMFORT PEN NEEDLES 31GX1/4"	3	QL(200/30)
EASY COMFORT PEN NEEDLES 31GX3/16"	3	QL(200/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
EASY COMFORT PEN NEEDLES 31GX5/16"	3	QL(200/30)
EASY COMFORT PEN NEEDLES 32GX5/32"	3	QL(200/30)
FARXIGA TABS 10MG	4	QL(30/30)
FARXIGA TABS 5MG	4	QL(60/30)
<i>glimepiride tabs 4mg</i>	1	QL(60/30)
<i>glimepiride tabs 2mg</i>	1	QL(120/30)
<i>glimepiride tabs 1mg</i>	1	QL(240/30)
<i>glipizide er tb24 10mg</i>	2	QL(60/30)
<i>glipizide er tb24 5mg</i>	2	QL(120/30)
<i>glipizide er tb24 2.5mg</i>	2	QL(240/30)
<i>glipizide tabs 10mg</i>	6	QL(120/30)
<i>glipizide tabs 5mg</i>	6	QL(240/30)
<i>glipizide xl tb24 10mg</i>	2	QL(60/30)
<i>glipizide xl tb24 5mg</i>	2	QL(120/30)
<i>glipizide xl tb24 2.5mg</i>	2	QL(240/30)
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120/30)
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL(240/30)
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	3	QL(30/30)
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	

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HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	4	B/D PA
HUMULIN R U-500 KWIKPEN	4	
INSULIN SYRINGE/0.3ML/31G X 5/16"	3	QL(200/30)
INSULIN SYRINGE/0.5ML/30G X 1/2"	3	QL(200/30)
INSULIN SYRINGE/0.5ML/31G X 5/16"	3	QL(200/30)
INSULIN SYRINGE/1ML/28G X 1/2"	3	QL(200/30)
INSULIN SYRINGE/1ML/29G X 1/2"	3	QL(200/30)
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	3	QL(200/30)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	3	QL(200/30)
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	3	QL(200/30)
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	3	QL(200/30)
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	3	QL(200/30)
INSULIN SYRINGES/1ML/30GX1/2"	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 TB24 1000MG; 100MG	3	QL(30/30)
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL(60/30)
JANUVIA	3	QL(30/30)
JARDIANCE	3	QL(30/30)
JENTADUETO	3	QL(60/30)
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60/30)
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hcl er tb24 750mg (generic for Glucophage XR)</i>	1	QL(60/30)
<i>metformin hcl er tb24 500mg (generic for Glucophage XR)</i>	1	QL(120/30)
<i>metformin hcl er tb24 1000mg, 500mg (generic for Fortamet)</i>	4	QL(60/30)
<i>metformin hydrochloride tabs 1000mg</i>	6	QL(75/30)
<i>metformin hydrochloride tabs 850mg</i>	6	QL(90/30)
<i>metformin hydrochloride tabs 500mg</i>	6	QL(150/30)
<i>nateglinide tabs 120mg</i>	2	QL(90/30)
<i>nateglinide tabs 60mg</i>	2	QL(180/30)
NOVOFINE 32GX6MM	3	QL(200/30)
NOVOFINE AUTOCOVER 30GX8MM	3	QL(200/30)
NOVOFINE PLUS 32GX4MM	3	QL(200/30)
NOVOTWIST 32GX5MM	3	QL(200/30)
OMNIPOD 5 PACK	3	QL(30/30)
OMNIPOD DASH 5 PACK	3	QL(30/30)
OMNIPOD STARTER KIT	3	QL(1/365)
OZEMPIC	3	QL(3/28)
PEN NEEDLES 31G X 5MM	3	QL(200/30)
PEN NEEDLES 31G X 6MM	3	QL(200/30)
PEN NEEDLES 31G X 8MM	3	QL(200/30)
PEN NEEDLES 31GX8MM	3	QL(200/30)
PEN NEEDLES 32G X 4MM	3	QL(200/30)
<i>pioglitazone hcl</i>	1	QL(30/30)
<i>pioglitazone hcl/metformin hcl</i>	2	QL(90/30)
<i>pioglitazone hydrochloride tabs 30mg</i>	1	QL(30/30)
<i>pioglitazone hydrochloride tabs 15mg</i>	1	QL(90/30)
PROGLYCEM	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>repaglinide tabs 0.5mg, 1mg</i>	4	QL(120/30)
<i>repaglinide tabs 2mg</i>	4	QL(240/30)
RIOMET	4	QL(750/30)
SOLQUA 100/33	3	QL(18/30) ST
SYNJARDY	3	QL(60/30)
SYNJARDY XR TB24 25MG; 1000MG	3	QL(30/30)
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60/30)
TECHLITE PEN NEEDLES/31G X 6 MM	3	QL(200/30)
TECHLITE PEN NEEDLES/31G X 8MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 4MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 6MM	3	QL(200/30)
TECHLITE PEN NEEDLES/32G X 8MM	3	QL(200/30)
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	QL(30/30)
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL(2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA	3	QL(9/30)
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	4	QL(30/30)
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	4	QL(60/30)
XULTOPHY 100/3.6	3	QL(15/30) ST

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA NDS
ANADROL-50	4	PA
<i>cabergoline</i>	4	
<i>calcitonin-salmon</i>	3	
<i>calcitriol caps</i>	2	
<i>calcitriol inj</i>	4	
<i>calcitriol oral soln</i>	2	
CEREZYME	5	B/D PA NDS
<i>chorionic gonadotropin</i>	4	PA
<i>danazol</i>	4	
<i>desmopressin acetate inj</i>	4	
<i>desmopressin acetate nasal soln</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>doxercalciferol caps 0.5mcg</i>	4	QL(90/30)
<i>doxercalciferol caps 2.5mcg</i>	4	QL(120/30)
<i>doxercalciferol caps 1mcg</i>	4	QL(240/30)
<i>doxercalciferol inj</i>	4	
ELAPRASE	5	PA NDS
FABRAZYME	5	B/D PA NDS
KORLYM	5	PA NDS QL(120/30)
KUVAN	5	PA NDS
LUMIZYME	5	PA NDS
<i>miglustat</i>	5	NDS QL(90/30)
NAGLAZYME	5	PA NDS
NATPARA	5	PA NDS QL(2/28)
<i>oxandrolone tabs 2.5mg</i>	3	PA QL(120/30)
<i>oxandrolone tabs 10mg</i>	4	PA QL(60/30)
<i>pamidronate disodium</i>	4	B/D PA
<i>paricalcitol caps</i>	4	
SAMSCA TABS 15MG	5	PA NDS QL(30/30)
SAMSCA TABS 30MG	5	PA NDS QL(60/30)
SENSIPAR TABS 30MG, 60MG	4	QL(60/30)
SENSIPAR TABS 90MG	4	QL(120/30)

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SOMAVERT	5	PA NDS QL(30/30)
SYNAREL	4	PA
testosterone cypionate inj 100mg/ml, 200mg/ml	3	
testosterone enanthate	4	
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA QL(300/30)
testosterone pump gel 1%	4	PA QL(300/30)
THYROID HORMONES		
levothyroxine sodium tabs	2	
LEVOXYL TABS 125MCG, 137MCG, 150MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	4	
levoxyl tabs 100mcg, 112mcg, 175mcg	4	
liothyronine sodium tabs	2	
SYNTHROID	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
UNITHROID	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
anaspaz	2	
dicyclomine hcl oral soln	4	
dicyclomine hydrochloride caps	2	
dicyclomine hydrochloride tabs	2	
diphenoxylate/atropine	4	
ed-spaz	2	
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml	4	
glycopyrrolate tabs 1mg, 2mg	4	
hyoscyamine sulfate elix	2	
hyoscyamine sulfate subli	2	
hyoscyamine sulfate tabs	2	
hyoscyamine sulfate tbdp	2	
hyosyne elix	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
loperamide hcl caps	2	
nulev	2	
oscimim	2	
propantheline bromide	4	
symax-sl	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alose tron hydrochloride tabs 0.5mg	4	PA QL(60/30)
alose tron hydrochloride tabs 1mg	5	PA NDS QL(60/30)
AMITIZA	4	QL(60/30)
aprepitant	4	B/D PA
APRISO	3	QL(120/30)
balsalazide disodium	4	
budesonide cpep	4	
compro	4	
constulose	2	
CREON	3	
cromolyn sodium conc	3	
CYSTADANE	5	NDS
dronabinol	4	PA QL(60/30)
EMEND SUSR	4	B/D PA
enulose	2	
GATTEX	5	PA NDS
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/ flavor pack	2	
generlac	2	
granisetron hcl tabs	4	B/D PA QL(30/30)
hydrocortisone enem	3	
hydrocortisone rectal crea	2	
lactulose oral soln	2	
LINZESS	3	QL(30/30)
meclizine hcl tabs	2	
mesalamine dr tbec 1.2gm	4	QL(120/30)
mesalamine enem	4	
mesalamine kit	4	
metoclopramide hcl oral soln	2	
metoclopramide hcl tabs	2	
metoclopramide hydrochloride	2	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ONDANSETRON HCL ORAL SOLN	4	B/D PA QL(450/30)
<i>ondansetron hcl tabs</i>	2	B/D PA
<i>ondansetron hydrochloride inj</i>	4	
<i>ondansetron hydrochloride tabs</i>	2	B/D PA
<i>ondansetron odt</i>	2	B/D PA
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/ kcl</i>	2	
PENTASA	4	
PLENVU	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	4	
<i>proctozone-hc</i>	4	
RECTIV	4	QL(30/30)
RELISTOR INJ	5	PA NDS
RENFLEXIS	5	PA NDS
SANCUSO	5	NDS QL(4/28)
<i>scopolamine</i>	4	QL(10/30)
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
TRULANCE	4	
<i>ursodiol caps</i>	3	
<i>ursodiol tabs</i>	4	
VIBERZI	4	PA QL(60/30)
ZENPEP	3	
ULCER THERAPY		
CARAFATE SUSP	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cimetidine</i>	3	
<i>misoprostol</i>	3	
<i>omeprazole cpdr</i>	6	QL(60/30)
<i>pantoprazole sodium tbec</i>	2	QL(60/30)
<i>ranitidine hcl syrp</i>	3	
<i>ranitidine hcl tabs 150mg, 300mg</i>	6	
<i>sucralfate</i>	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA NDS
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA NDS QL(1/21)
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA NDS QL(1.2/28)
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA NDS QL(1.6/28)
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA NDS QL(2/28)
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA NDS QL(2.4/28)
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	5	PA NDS QL(4/28)
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA QL(1.2/28)
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	PA QL(1.6/28)
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA QL(1.68/28)
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	4	PA QL(4/28)
ARCALYST	5	PA NDS
AVONEX	5	PA NDS QL(1/28)
AVONEX PEN	5	PA NDS QL(1/28)
BETASERON	5	PA NDS QL(14/28)
GENOTROPIN	5	PA NDS

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
INTRON A INJ 6000000UNIT/ ML	4	
INTRON A INJ 10MU, 10MU/ ML, 18MU, 50MU	5	NDS
MOZOBIL	5	NDS QL(9.6/30)
RETACRIT INJ 40000UNIT/ML	5	PA NDS QL(6/28)
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(12/28)
SYLATRON	5	PA NDS QL(4/28)
SYNAGIS	5	PA NDS
ZARXIO	5	PA NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB	3	
ADACEL	3	QL(0.5/365)
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	QL(0.5/365)
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D PA QL(3/365)
ENGERIX-B INJ 20MCG/ML	3	B/D PA QL(8/365)
<i>fomepizole</i>	5	NDS
GAMUNEX-C	5	B/D PA NDS
GARDASIL 9	4	QL(1.5/365)
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D PA
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	3	
M-M-R II	3	QL(2/365)
MENACTRA	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PROQUAD	3	QL(2/365)
QUADRACEL	3	
RABAVERT	3	B/D PA
RECOMBIVAX HB	3	B/D PA QL(3/365)
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	4	QL(2/999)
STAMARIL	4	QL(1/999)
TDVAX	3	
TENIVAC	3	QL(0.5/28)
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	QL(1/365)
VARIZIG	4	QL(12/30)
YF-VAX	3	
ZOSTAVAX	4	QL(1/999)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine caps</i>	3	QL(60/30)
<i>colchicine tabs</i>	4	QL(120/30)
MITIGARE	3	QL(60/30)
<i>probenecid</i>	3	
<i>probenecid/colchicine</i>	3	

OSTEOPOROSIS THERAPY

<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4/28)
<i>alendronate sodium tabs 10mg, 5mg</i>	1	QL(30/30)
BINOSTO	4	
FORTEO	5	PA NDS QL(2.4/28)
<i>ibandronate sodium tabs</i>	3	QL(1/28)
PROLIA	4	QL(1/180)
<i>raloxifene hydrochloride</i>	3	QL(30/30)

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TYMLOS	5	PA NDS QL(1.56/30)
OTHER RHEUMATOLOGICALS		
BENLYSTA INJ 400MG	5	PA NDS QL(9/28)
BENLYSTA INJ 120MG	5	PA NDS QL(30/28)
DEPEN TITRATABS	5	NDS
ENBREL INJ 25MG/0.5ML	5	PA NDS QL(4.08/28)
ENBREL INJ 25MG, 50MG/ML	5	PA NDS QL(8/28)
ENBREL MINI	5	PA NDS QL(8/28)
ENBREL SURECLICK	5	PA NDS QL(8/28)
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	PA NDS QL(2/28)
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	PA NDS QL(4/28)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML AND 80MG/0.8ML (1 PEN OF EACH)	5	PA NDS QL(4/365)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 AND 6 PACK), 80MG/0.8ML (3 PACK)	5	PA NDS QL(6/365)
HUMIRA PEN	5	PA NDS QL(4/28)
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA NDS QL(6/365)
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA NDS QL(12/365)
HUMIRA PEN-PS/UV STARTER INJ	5	PA NDS QL(6/365)
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA NDS QL(8/365)
<i>leflunomide</i>	3	
ORENCIA CLICKJECT	5	PA NDS QL(4/28)
ORENCIA INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	5	PA NDS QL(4/28)
<i>penicillamine</i>	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RINVOQ	5	PA NDS QL(30/30)
XELJANZ	5	PA NDS QL(60/30)
XELJANZ XR	5	PA NDS QL(30/30)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>dotti</i>	4	PA QL(8/28)
DUAVEE	4	PA QL(30/30)
<i>errin</i>	3	
<i>estradiol pttw</i>	4	PA QL(8/28)
<i>estradiol ptwk</i>	4	PA QL(4/28)
<i>estradiol tabs 10mcg</i>	4	QL(18/28)
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	3	PA
<i>estradiol valerate</i>	4	
<i>fyavolv</i>	4	PA
<i>heather</i>	3	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA NDS
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate inj</i>	4	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>nora-be</i>	3	
<i>norethindrone</i>	3	
<i>norethindrone acetate</i>	4	
<i>norlyroc</i>	3	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMARIN TABS	4	PA
<i>progesterone caps</i>	2	

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sharobel</i>	3	
<i>yuvafem</i>	4	QL(18/28)
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate crea</i>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole</i>	4	
<i>tranexamic acid tabs</i>	3	
<i>vandazole</i>	4	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>alyacen 1/35</i>	4	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	2	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	
<i>abra</i>	3	
<i>aviane</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	4	
<i>blisovi fe 1.5/30</i>	4	
<i>briellyn</i>	2	
<i>camrese</i>	3	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>chateal</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	3	
<i>cyred</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol</i>	4	
<i>elinest</i>	3	
<i>emoquette</i>	4	
<i>enpresse-28</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>estarylla</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	4	
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	4	
<i>hailey 24 fe</i>	3	
<i>introvale</i>	4	
<i>isibloom</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	4	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	4	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	3	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	4	
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	4	
<i>lutera</i>	3	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	4	
<i>mibelas 24 fe</i>	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>mili</i>	4	
<i>mono-linyah</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	3	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	3	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	3	
<i>ogestrel</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	2	
<i>previfem</i>	4	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	4	
<i>simpesse</i>	2	
<i>sprintec 28</i>	4	
<i>sronyx</i>	4	
<i>tarina fe 1/20</i>	3	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	4	
<i>tri-mili</i>	4	
<i>tri-previfem</i>	4	
<i>tri-sprintec</i>	4	
<i>tri-vylibra</i>	4	
<i>trivora-28</i>	2	
<i>tydemy</i>	4	
<i>velivet</i>	4	
<i>vienva</i>	4	
<i>viorele</i>	3	
<i>vyfemla</i>	2	
<i>vylibra</i>	4	
<i>wera</i>	3	
<i>zovia 1/35e</i>	2	

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic oint</i>	4	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
CILOXAN OINT	3	
<i>ciprofloxacin hydrochloride</i>	2	
<i>erythromycin oint</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	3	
<i>moxifloxacin hydrochloride ophthalmic soln</i>	3	
NATACYN	4	
<i>neo-polycin</i>	4	
<i>neomycin/bacitracin/polymyxin</i>	4	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln</i>	2	
<i>polycin</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	2	
<i>tobramycin ophthalmic soln</i>	2	
<i>tobramycin sulfate ophthalmic soln</i>	2	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	4	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol hcl ophthalmic soln</i>	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	6	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate ophthalmic soln</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine sulfate ophthalmic soln</i>	3	
<i>azelastine hcl ophthalmic soln</i>	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>cromolyn sodium ophthalmic soln</i>	2	
CYSTARAN	5	PA NDS QL(60/28)
<i>epinastine hcl</i>	4	
<i>olopatadine hcl ophthalmic soln</i>	4	
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	4	
PAZEO	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl</i>	4	
RESTASIS	3	QL(60/30)
<i>sodium sulfacetamide ophthalmic soln</i>	2	
<i>sulfacetamide sodium ophthalmic soln</i>	2	
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	2	
<i>tropicamide</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	
<i>diclofenac sodium ophthalmic soln</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic soln</i>	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>acetazolamide sodium</i>	4	
AZOPT	3	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>latanoprost</i>	6	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
TRAVATAN Z	3	
ZIOPTAN	4	QL(30/30)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neo-polycin hc</i>	4	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	4	
<i>neomycin/polymyxin/ dexamethasone</i>	2	
<i>neomycin/polymyxin/ hydrocortisone</i>	4	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic soln</i>	2	
<i>fluorometholone</i>	3	
INVELTYS	4	
LOTEMAX	4	

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LOTEMAX SM	4	
PRED MILD	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	4	
<i>apraclonidine</i>	4	
<i>brimonidine tartrate ophthalmic soln 0.15%</i>	4	
<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>desloratadine</i>	3	
<i>diphenhydramine hcl inj</i>	4	
<i>diphenhydramine hydrochloride inj</i>	4	
<i>epinephrine 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml auto-injector</i>	3	QL(2/30)
EPIPEN 2-PAK	3	QL(2/30)
EPIPEN-JR 2-PAK	3	QL(2/30)
<i>levocetirizine dihydrochloride oral soln</i>	4	QL(300/30)
<i>levocetirizine dihydrochloride tabs</i>	2	QL(120/30)
<i>promethazine hcl plain</i>	4	PA
<i>promethazine hcl syrup</i>	4	PA
<i>promethazine hcl tabs 12.5mg</i>	2	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA
PULMONARY AGENTS		
<i>acetylcysteine inhalation soln</i>	4	B/D PA
ADEMPAS	5	PA NDS QL(90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ADVAIR DISKUS	3	QL(60/30)
ADVAIR HFA	3	QL(12/30)
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate nebu</i>	2	B/D PA
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate tabs</i>	4	
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)
<i>budesonide susp</i>	4	B/D PA
CINRYZE	5	PA NDS QL(20/30)
COMBIVENT RESPIMAT	4	QL(8/30)
<i>cromolyn sodium nebu</i>	2	B/D PA QL(240/30)
DALIRESP	4	PA QL(30/30)
ESBRIET CAPS	5	PA NDS QL(270/30)
ESBRIET TABS 801MG	5	PA NDS QL(90/30)
ESBRIET TABS 267MG	5	PA NDS QL(270/30)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(60/30)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240/30)
FLOVENT HFA AERO 44MCG/ACT	3	QL(10.6/30)
FLOVENT HFA AERO 110MCG/ACT	3	QL(12/30)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24/30)
<i>flunisolide</i>	3	QL(50/30)
<i>fluticasone propionate susp</i>	2	QL(16/30)
<i>icatibant acetate</i>	5	PA NDS QL(18/30)
INCRUSE ELLIPTA	3	QL(30/30)
<i>ipratropium bromide inhalation soln</i>	2	B/D PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA

CAPITALIZED = BRAND NAME DRUG

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PA = Prior Authorization may be required

NDS = Non-extended day supply medication

Lower case *italic* = Generic drug

ST = Step Therapy rules apply

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

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Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
KALYDECO	5	PA NDS QL(60/30)
LETAIRIS	5	PA NDS QL(30/30)
<i>levalbuterol tartrate hfa</i>	4	QL(30/30)
<i>metaproterenol sulfate</i>	4	
<i>montelukast sodium chew</i>	2	QL(30/30)
<i>montelukast sodium pack</i>	3	QL(30/30)
<i>montelukast sodium tabs</i>	2	QL(30/30)
OFEV	5	PA NDS QL(60/30)
OPSUMIT	5	PA NDS QL(30/30)
ORKAMBI PACK	5	PA NDS QL(56/28)
ORKAMBI TABS	5	PA NDS QL(120/30)
PROAIR HFA	3	QL(17/30)
PROAIR RESPICLICK	3	QL(2/30)
PROLASTIN-C	5	B/D PA NDS
PULMOZYME	5	B/D PA NDS QL(150/30)
RUCONEST	5	PA NDS QL(8/30)
SEREVENT DISKUS	3	QL(60/30)
<i>sildenafil citrate tabs 20mg</i>	3	PA QL(90/30)
<i>terbutaline sulfate</i>	4	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline er tb24</i>	2	
TRELEGY ELLIPTA	3	QL(60/30)
VENTAVIS	4	PA QL(270/30)
VENTOLIN HFA	4	QL(36/30)
XOLAIR INJ 150MG/ML, 75MG/0.5ML	5	PA NDS QL(5/28)
XOLAIR VIAL INJ 150MG	5	PA NDS QL(6/28)
<i>zafirlukast</i>	4	QL(60/30)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ TB24 50MG	4	QL(30/30)
MYRBETRIQ TB24 25MG	4	QL(60/30)
<i>oxybutynin chloride er</i>	3	QL(60/30)
<i>oxybutynin chloride syrup</i>	2	QL(600/30)
<i>oxybutynin chloride tabs</i>	2	
<i>solifenacin succinate</i>	3	QL(30/30)
<i>tolterodine tartrate</i>	4	
TOVIAZ	4	QL(30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl er</i>	2	QL(30/30)
<i>dutasteride</i>	2	QL(30/30)
<i>finasteride tabs 5mg</i>	2	QL(30/30)
<i>tamsulosin hydrochloride</i>	2	QL(60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	
CYSTAGON	4	
ELMIRON	4	
<i>phenazopyridine hcl</i>	2	
<i>phenazopyridine hydrochloride</i>	2	
<i>phenazopyridine hydrochloride</i>	2	
<i>potassium citrate er</i>	4	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate caps</i>	6	
<i>calcium acetate tabs 667mg</i>	6	
<i>dextrose5% /electrolyte #48 viaflex</i>	4	B/D PA
<i>dextrose 5%/lactated ringers</i>	4	B/D PA
KCL 0.075%/D5W/NACL 0.45%	4	B/D PA
KCL 0.15%/D5W/NACL 0.2%	4	B/D PA
KCL 0.15%/D5W/NACL 0.225%	4	B/D PA
KCL 0.15%/D5W/NACL 0.45%	4	B/D PA
KCL 0.15%/D5W/NACL 0.9%	4	B/D PA
KCL 0.3%/D5W/NACL 0.45%	4	B/D PA
KCL 0.3%/D5W/NACL 0.9%	4	B/D PA
<i>klor-con</i>	2	
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	3	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	B/D PA
LACTATED RINGERS VIAFLEX	4	B/D PA
<i>magnesium sulfate in d5w</i>	4	B/D PA

Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML	4	B/D PA
<i>magnesium sulfate inj</i> 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	4	B/D PA
NORMOSOL -R	4	B/D PA
NORMOSOL-R IN D5W	4	B/D PA
PHOSLYRA	4	
<i>potassium chloride cr</i>	2	
<i>potassium chloride er cpcr</i>	4	
<i>potassium chloride er tbc</i>	2	
<i>potassium chloride inj</i> 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	B/D PA
<i>potassium chloride oral soln</i>	4	
<i>potassium chloride pack</i>	2	
<i>potassium chloride sr</i>	2	
<i>potassium chloride/dextrose inj</i> 5%; 20meq/l, 5%; 40meq/l	4	B/D PA
<i>potassium chloride/dextrose/ lactated ringers</i>	4	B/D PA
<i>potassium chloride/dextrose/ sodium chloride</i>	4	B/D PA
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	B/D PA
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	4	B/D PA
<i>sodium bicarbonate inj 7.5%, 8.4%</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.45%, 2.5meq/ml, 3%, 5%</i>	4	
SODIUM LACTATE INJ 5MEQ/ ML	4	B/D PA
TPN ELECTROLYTES	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II	4	B/D PA
AMINOSYN-PF	4	B/D PA
AMINOSYN-PF 7%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D PA
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D PA
CLINIMIX 5%/DEXTROSE 15%	4	B/D PA
CLINIMIX 5%/DEXTROSE 20%	4	B/D PA
CLINIMIX 5%/DEXTROSE 25%	4	B/D PA
CLINIMIX E 4.25%/ DEXTROSE 10%	4	B/D PA
CLINIMIX N9G15E	4	B/D PA
CLINISOL SF 15%	4	B/D PA
FREAMINE HBC 6.9%	4	B/D PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D PA
HEPATAMINE	4	B/D PA
INTRALIPID	4	B/D PA
KABIVEN	4	B/D PA
NEPHRAMINE	4	B/D PA
NORMOSOL-M IN D5W	4	B/D PA
NORMOSOL-R	4	B/D PA
NUTRILIPID	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
PREMASOL	4	B/D PA

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Covered Drugs By Category

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PROCALAMINE	4	B/D PA
PROSOL	4	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride chew 1mg</i>	1	
<i>fluoritab chew 1mg</i>	1	
<i>ludent chew 1mg</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
VP-PNV-DHA	3	

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<i>abacavir oral soln</i>	19	<i>ala-cort crea 1%</i>	40	<i>amiloride/hydrochlorothiazide</i>	36
<i>abacavir sulfate/lamivudine</i>	19	<i>albendazole</i>	21	AMINOSYN II	55
<i>abacavir sulfate/ lamivudine/zidovudine</i>	19	<i>albuterol sulfate er</i>	53	AMINOSYN-PF	55
<i>abacavir tabs</i>	19	<i>albuterol sulfate nebu</i>	53	AMINOSYN-PF 7%	55
ABELCET	19	<i>albuterol sulfate syrp</i>	53	<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	35
ABILIFY MAINTENA	32	<i>albuterol sulfate tabs</i>	53	<i>amiodarone hcl tabs 200mg</i>	35
<i>abiraterone acetate</i>	24	<i>alclometasone dipropionate crea</i>	40	<i>amiodarone hcl tabs 400mg</i>	35
ABRAXANE	24	<i>alclometasone dipropionate oint</i>	40	<i>amiodarone hydrochloride inj</i>	35
<i>acamprosate calcium dr</i>	41	ALCOHOL PREP PADS	43	<i>amiodarone hydrochloride tabs 100mg</i>	35
<i>acarbose tabs 50mg</i>	43	ALDURAZYME	45	AMITIZA	46
<i>acarbose tabs 100mg, 25mg</i>	43	ALECENSA	24	<i>amitriptyline hcl</i>	32
<i>acebutolol hcl</i>	35	<i>alendronate sodium tabs 10mg, 5mg</i>	48	<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	32
<i>acetaminophen/codeine oral soln</i>	30	<i>alendronate sodium tabs 35mg, 70mg</i>	48	<i>amlodipine besylate</i>	36
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	30	<i>alendronate sodium tabs 40mg</i>	41	<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	36
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	30	<i>alfuzosin hcl er</i>	54	<i>amlodipine besylate/benazepril hydrochloride</i>	36
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<i>acetazolamide er</i>	52	ALINIA SUSR	21	<i>amlodipine/valsartan/hctz</i>	36
<i>acetazolamide sodium</i>	52	ALINIA TABS	21	<i>amlodipine/valsartan/ hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	36
<i>acetic acid</i>	42	ALIQOPA	24	<i>ammonium lactate</i>	39
<i>acetylcysteine inhalation soln</i>	53	<i>allopurinol</i>	48	<i>amoxapine</i>	32
<i>acitretin</i>	39	<i>alose tron hydrochloride tabs 0.5mg</i>	46	<i>amoxicillin</i>	22
ACTHIB	48	<i>alose tron hydrochloride tabs 1mg</i>	46	<i>amoxicillin/clavulanate potassium</i>	22
ACTIMMUNE	47	ALPHAGAN P		<i>amoxicillin/clavulanate potassium er</i>	22
<i>acyclovir caps</i>	19	OPHTHALMIC SOLN 0.1%	53	<i>amphetamine/ dextroamphetamine cp24</i>	32
<i>acyclovir crea</i>	39	<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	32	<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	32
<i>acyclovir oint</i>	39	<i>alprazolam tabs 2mg</i>	32	<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	32
<i>acyclovir sodium</i>	19	ALUNBRIG TABS 30MG	24	<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	32
<i>acyclovir susp</i>	19	ALUNBRIG TABS 180MG, 90MG	24		
<i>acyclovir tabs</i>	19	ALUNBRIG TBPK	24		
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ADEMPAS	53	<i>alyacen 7/7/7</i>	50		
ADVAIR DISKUS	53	<i>amantadine hcl</i>	19		
ADVAIR HFA	53	AMBISOME	19		
AFINITOR	24	<i>amethia</i>	50		
AFINITOR DISPERZ	24	<i>amethia lo</i>	50		
		<i>amikacin sulfate</i>	21		
		<i>amiloride hcl</i>	35		

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<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	32	ARANESP ALBUMIN FREE INJ 500MCG/ML	47	<i>augmented betamethasone dipropionate lotn</i>	40
<i>amphotericin b</i>	19	ARCALYST	47	<i>augmented betamethasone dipropionate oint</i>	40
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ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	47	<i>atenolol/chlorthalidone</i>	36	<i>azurette</i>	50
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML	47	<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg</i>	32	B	
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	47	<i>atomoxetine caps 100mg, 60mg, 80mg</i>	32	<i>bacitracin inj</i>	21
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	47	<i>atorvastatin calcium tabs 10mg, 20mg, 80mg</i>	38	<i>bacitracin ophthalmic oint</i>	51
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML, 60MCG/ML	47	<i>atorvastatin calcium tabs 40mg</i>	38	<i>bacitracin/polymyxin b</i>	51
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	47	<i>atovaquone</i>	21	<i>baclofen tabs</i>	30
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<i>fantanyl citrate oral transmucosal</i> <i>lpop 1200mcg, 1600mcg, 800mcg</i>	30	<i>fluoride chew 1mg</i>	56	FYCOMPA TABS 10MG, 12MG, 8MG	28
<i>fantanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	30	<i>fluoritab chew 1mg</i>	56	G	
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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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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 proposés gratuitement. Appelez le **1-800-222-6700** (ATS 711).

Arabic – ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-222-6700** (TTY 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'déé', t'áá jíik'eh, éí ná hólq, kojł' hódíłnih **1-800-222-6700** (TTY 711).

Gujarati – ધ્યાન આપો: જો તમેગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-222-6700** (TTY 711).

Urdu – توجه دین: اگر آپ اردو زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-222-6700** (TTY 711)



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.



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