



**Medicare Prescription Drug Plans**

# **2021 CIGNA COMPREHENSIVE DRUG LIST (Formulary)**

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

## **Plan covered**

**Cigna Secure-Extra Rx (PDP)**

HPMS Approved Formulary File Submission ID 21120, Version 19

This formulary was updated on 12/01/2021. 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 [CignaMedicare.com](http://CignaMedicare.com). The Formulary, pharmacy network, and/or provider network may change at any time.

December 2021

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

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

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

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

### **What is the Cigna Comprehensive Drug List?**

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

### **Can the Drug List (formulary) change?**

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

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

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

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

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

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

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

The enclosed drug list is current as of December 2021. To get updated information about the drugs covered by Cigna, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

### **How do I use the Drug List?**

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

#### **Medical Condition**

The drug list begins on page 20. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS." If you know what your drug is used for, look for the category name in the list that begins on page 20. Then look under the category name for your drug.

#### **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drugs Index that begins on page 64. The Covered Drugs Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

### **What are generic drugs?**

Cigna covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Cigna requires you or your doctor to get prior authorization for certain drugs. This means that you

will need to get approval from Cigna before you fill these prescriptions. If you don't get approval, Cigna may not cover the drug.

- **Quantity Limits:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover. For example, Cigna allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna limits the amount of the drug that Cigna will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 20. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

### **Options for Maintenance Medications**

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

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

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

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

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

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and 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 20 provides coverage information about all of the drugs covered by Cigna. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 64.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., TRELEGY ELLIPTA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

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

This plan offers additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see this coverage and for more information.

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 20 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

## What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-222-6700 (TTY 711), or you can visit [Cigna.com/member-resources](http://Cigna.com/member-resources) for the most current Pharmacy Directory.

### For more information

For more detailed information about your Cigna prescription drug coverage, please review your Evidence of Coverage 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 Cigna Secure-Extra Rx (PDP) plans only and is referred to as 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.

Seniors Savings Model: For select insulin drugs, your copay will be a maximum of \$11 for a one month’s supply, \$22 for a two month’s supply and \$33 for a three month’s supply when you are in the deductible phase, initial coverage phase and coverage gap. This does not apply once you reach the catastrophic coverage phase. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

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

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

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

**Cigna uses preferred network pharmacies. See your Pharmacy Directory or visit [Cigna.com/member-resources](http://Cigna.com/member-resources) to search for a preferred retail or mail-order pharmacy near you.**

Cigna Secure-Extra Rx (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	
<b>ALABAMA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

<b>Cigna Secure-Extra Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>ALASKA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>ARIZONA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>ARKANSAS</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>CALIFORNIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	49%	49%	49%	49%	49%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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



Cigna Secure-Extra Rx (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*
<b>COLORADO</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>CONNECTICUT</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>DELAWARE</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>DISTRICT OF COLUMBIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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	
<b>FLORIDA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>GEORGIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>HAWAII</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>IDAHO</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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	
<b>ILLINOIS</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>INDIANA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>IOWA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>KANSAS</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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*
<b>KENTUCKY</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>LOUISIANA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MAINE</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MARYLAND</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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*
<b>MASSACHUSETTS</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MICHIGAN</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MINNESOTA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MISSISSIPPI</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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*
<b>MISSOURI</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>MONTANA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NEBRASKA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NEVADA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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



Cigna Secure-Extra Rx (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	
<b>NEW HAMPSHIRE</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NEW JERSEY</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NEW MEXICO</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NEW YORK</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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	
<b>NORTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>NORTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>OHIO</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>OKLAHOMA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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	
<b>OREGON</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>PENNSYLVANIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>RHODE ISLAND</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>SOUTH CAROLINA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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*
<b>SOUTH DAKOTA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>TENNESSEE</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>TEXAS</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>UTAH</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

Cigna Secure-Extra Rx (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	
<b>VERMONT</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>VIRGINIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>WASHINGTON</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>WEST VIRGINIA</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

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

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

<b>Cigna Secure-Extra Rx (PDP)</b>	<b>Preferred Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Retail Cost-Sharing 30 / 60 / 90 Days</b>	<b>Preferred Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days</b>	<b>Long-term Care 31 days Out-of-network 30 days*</b>
<b>WISCONSIN</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11
<b>WYOMING</b>					
Tier 1: Preferred Generic Drugs (GC)	\$4 / \$8 / \$12	\$15 / \$30 / \$45	\$4 / \$8 / \$0	\$15 / \$30 / \$45	\$15
Tier 2: Generic Drugs (GC)	\$10 / \$20 / \$30	\$20 / \$40 / \$60	\$10 / \$20 / \$20	\$20 / \$40 / \$60	\$20
Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47
Tier 4: Non-Preferred Drugs	50%	50%	50%	50%	50%
Tier 5: Specialty Tier	31% (30 days)	31% (30 days)	31% (30 days)	31% (30 days)	31%
Tier 6: Select Care Drugs	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$0 / \$0 / \$0	\$11 / \$22 / \$33	\$11

### 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.

<b>My Medications</b>	<b>Page Number in the Drug List</b>	<b>Cost-Share through Cigna</b>



## Drug List Table of Contents:

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

	Page
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<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b> .....	26
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b> .....	32
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b> .....	40
<b>DERMATOLOGICALS/TOPICAL THERAPY</b> .....	44
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### Drug List Key:

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

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

**LA** – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-222-6700, 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 should call 711.

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

**PA** – This drug requires prior authorization

**QL** – This drug has quantity limits

**SSM** – This select insulin is part of the senior savings model

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

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

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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

## Covered Drugs By Category

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

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

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rimantadine</i>	2	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	4	
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	QL (60/30); NDS
SELZENTRY ORAL TABLET 25 MG	4	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	5	QL (120/30); NDS
SOVALDI ORAL TABLET 400 MG	5	PA; QL (28/28); NDS
<i>stavudine oral capsule</i>	4	QL (60/30)
STRIBILD	5	QL (30/30); NDS
SYMFI	4	
SYMFI LO	4	QL (30/30)
SYMTUZA	4	
TEMIXYS	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TROGARZO	5	NDS
TRUVADA	5	QL (30/30); NDS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir</i>	5	NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
CEFTAZIDIME IN D5W	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin oral</i>	4	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	5	NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	5	NDS
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9% SOD CHLOR	4	PA
<i>clindamycin in 5% dextrose</i>	4	PA
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
CYCLOSERINE	4	
<i>dapsone oral</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	4	
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (300/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>paromomycin</i>	4	
PASER	4	
PENTAM	4	
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/7)
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
<i>streptomycin</i>	4	PA
SYNERCID	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	
VANCOMYCIN IN 0.9% SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5% INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	4	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)
<i>vancomycin oral recon soln</i>	2	QL (450/10)
VANCOMYCIN-WATER INJECT (PEG)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
<i>nafcillin</i>	4	PA
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>oxacillin injection</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5% dextrose</i>	4	PA
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE, SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
<b>SULFAS / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
<i>tetracycline</i>	4	
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	4	
<i>nitrofurantoin monohyd/m-cryst</i>	4	
<i>trimethoprim</i>	2	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	
<i>mesna</i>	4	B/D PA
MESNEX ORAL	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60/30)
ABRAXANE	5	PA; NDS
ADCETRIS	4	PA
<i>adriamycin intravenous recon soln 10 mg</i>	4	B/D PA
<i>adriamycin intravenous solution</i>	4	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; QL (150/30); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	5	PA; QL (56/28); NDS
AFINITOR ORAL TABLET 10 MG	5	PA; QL (30/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIMTA	5	PA; NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (30/30); NDS
<i>anastrozole</i>	2	
ARRANON	4	B/D PA
<i>arsenic trioxide</i>	4	B/D PA
ARZERRA	4	B/D PA
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
BENDEKA	5	B/D PA; NDS
BESPONSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	3	
BLNREP	4	PA
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB	5	PA; NDS

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## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	4	PA
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin intravenous solution</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>doxorubicin</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	4	B/D PA
DROXIA	4	
ELLENC	4	B/D PA
ELZONRIS	5	PA; NDS
EMCYT	4	
EMPLICITI	4	PA
ENHERTU	5	PA; NDS
<i>epirubicin intravenous solution</i>	4	B/D PA
ERBITUX	4	B/D PA
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA	4	PA; QL (120/30)

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DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	5	B/D PA; QL (60/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	5	B/D PA; QL (120/30); NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	4	
EXKIVITY	5	PA; NDS
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
<i>flutamide</i>	4	
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
GAVRETO	4	PA; LA; QL (120/30)
GAZYVA	5	PA; NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
<i>gengraf</i>	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
GILOTRIF	5	PA; QL (30/30); NDS
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30/30); NDS
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30/30); NDS
IMFINZI	5	PA; NDS
INFUGEM	5	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
IRESSA	5	PA; QL (30/30); NDS
<i>irinotecan</i>	4	B/D PA
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JEMPERLI	4	PA
JEVTANA	4	B/D PA
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/ DAY(200 MG X 1)-2.5 MG	5	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/ DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/ DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/ DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS	5	PA; QL (240/30); NDS
LUMOXITI	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	5	PA; NDS
LUPRON DEPOT (4 MONTH)	5	PA; NDS
LUPRON DEPOT (6 MONTH)	5	PA; NDS
LUPRON DEPOT-PED	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH)	5	PA; NDS
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
MARQIBO	4	B/D PA
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	4	PA
<i>megestrol oral tablet 20 mg</i>	4	PA
<i>megestrol oral tablet 40 mg</i>	3	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melfalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	2	
<i>mitomycin intravenous</i>	4	B/D PA
<i>mitoxantrone</i>	4	B/D PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
MONJUVI	4	PA
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYLOTARG	5	PA; NDS
NERLYNX	5	PA; LA; NDS
NEXAVAR	5	PA; LA; QL (120/30); NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	4	PA; LA; QL (120/30)
NULOJIX	5	PA; QL (26/28); NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
ONCASPAR	4	
ONIVYDE	4	B/D PA
ONUREG	4	PA; QL (14/28)
OPDIVO	5	PA; QL (80/28); NDS
ORGOVYX	4	PA; LA; QL (30/30)
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PADCEV	4	PA
PEMAZYRE	4	PA; LA; QL (14/21)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	5	NDS
QINLOCK	5	PA; LA; NDS
RETEVMO	5	PA; LA; NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVAANT	4	PA
RYDAPT	5	PA; QL (240/30); NDS
RYLAZE	4	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SARCLISA	4	PA
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus oral solution</i>	5	B/D PA; NDS
<i>sirolimus oral tablet</i>	4	B/D PA
SOLTAMOX	4	
SOMATULINE DEPOT	5	PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib</i>	5	PA; QL (30/30); NDS
SUTENT	5	PA; QL (30/30); NDS
SYNRIBO	5	PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral</i>	3	B/D PA
TAFINLAR	5	PA; QL (120/30); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
TALZENNA ORAL CAPSULE 1 MG	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TARGRETIN TOPICAL	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	4	PA; LA
TECENTRIQ	5	PA; NDS
TEMODAR INTRAVENOUS	4	B/D PA
<i>temsirolimus</i>	4	B/D PA
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 200 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
<i>toposar</i>	3	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TREANDA	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; NDS
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	5	PA; NDS
TRODELVY	4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21/28); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42/28); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63/28); NDS
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO	5	PA; LA; NDS
TYKERB	5	PA; LA; QL (180/30); NDS
UKONIQ	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VECTIBIX	5	PA; NDS
VELCADE	5	PA; NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (42/30); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincasar pfs</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VOTRIENT	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI	5	PA; QL (60/30); NDS
XATMEP	4	PA
XOSPATA	5	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/ WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	4	PA; QL (120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XTANDI ORAL TABLET 40 MG	4	PA; QL (120/30)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60/30)
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA	5	PA; LA; QL (90/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	4	PA
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA ORAL TABLET	5	PA; QL (90/30); NDS
ZYNLONTA	4	PA

### AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

#### ANTICONSULSANTS

APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BANZEL	5	PA; NDS
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	QL (600/30)
BRIVIACT ORAL TABLET	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LA; QL (360/30)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LA; QL (180/30)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; LA; QL (360/30)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; LA; QL (180/30)
DIAZEPAM RECTAL	4	
DILANTIN 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FINTEPLA	4	PA; LA
<i>fosphenytoin</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
FYCOMPA ORAL SUSPENSION	4	PA; QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; QL (30/30)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; QL (60/30)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (270/30)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	4	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	4	
<i>levetiracetam in nacl (iso-os)</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	4	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine</i>	3	
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
<i>primidone</i>	2	
<i>roweepra</i>	2	
<i>rufinamide</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	3	
<i>subvenite starter (blue) kit</i>	3	
<i>subvenite starter (green) kit</i>	3	
<i>subvenite starter (orange) kit</i>	3	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	4	PA; QL (10/30)
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIMPAT INTRAVENOUS	4	QL (1200/30)
VIMPAT ORAL SOLUTION	4	QL (1200/30)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60/30)
VIMPAT ORAL TABLET 50 MG	4	QL (120/30)
XCOPRI	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
XCOPRI TITRATION PACK	4	PA
<i>zonisamide</i>	3	PA
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	PA; LA; QL (60/30); NDS
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	5	NDS
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150/30); NDS
NEUPRO	4	
<i>pramipexole oral tablet</i>	2	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	4	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	4	PA; QL (8/28)
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	4	QL (18/28)
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	4	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)

### MISCELLANEOUS NEUROLOGICAL THERAPY

AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; LA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30/30); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12/28); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/180); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	4	PA; QL (300/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)
<i>memantine oral tablets, dose pack</i>	3	PA; QL (98/28)
NAMZARIC	3	PA
NUEDEXTA	4	PA
OCREVUS	4	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	5	PA; LA; QL (14/30); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; LA; QL (120/180); NDS
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	5	PA; LA; QL (60/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>regonol</i>	4	
<i>tizanidine oral tablet</i>	2	

CAPITALIZED = BRAND NAME DRUG

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



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine hcl injection</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	PA
<i>endocet</i>	4	QL (360/30); NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120/30); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
<i>INFUMORPH P/F</i>	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	2	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	2	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML</i>	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
<i>MORPHINE INJECTION SYRINGE 2 MG/ML</i>	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
<i>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML</i>	4	NDS
<i>MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML</i>	4	NDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS
<i>MORPHINE ORAL TABLET</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	QL (90/30); NDS
<i>XTAMPZA ER</i>	3	QL (90/30); NDS
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	3	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical gel 1%</i>	3	QL (1000/28)
<i>diflunisal</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
NARCAN	3	
<i>oxaprozin</i>	4	
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	QL (360/30)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	QL (90/30)
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	4	QL (240/30); NDS
VIVITROL	5	NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	4	
ADASUVE	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	2	
<i>amoxapine</i>	4	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	5	QL (60/30); NDS
<i>asenapine maleate</i>	4	QL (60/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL (60/30)
<i>bupropion</i>	2	
CAPLYTA	4	PA; QL (30/30)
<i>chlorpromazine</i>	4	
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet</i>	1	
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	2	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	2	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	2	QL (120/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	2	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	2	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (240/30)
<i>diazepam oral concentrate</i>	2	QL (240/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200/30)
<i>diazepam oral tablet</i>	2	QL (120/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60/30)
EMSAM	4	QL (30/30)
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET	4	PA; QL (60/30)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (8/28)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; QL (28/28)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (30/30)
<i>fluoxetine oral capsule 20 mg</i>	2	
<i>fluoxetine oral capsule 40 mg</i>	2	QL (60/30)
<i>fluoxetine oral solution</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 25 mg</i>	3	QL (30/30)
<i>fluvoxamine oral tablet 50 mg</i>	3	QL (60/30)
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
HETLIOZ	5	PA; QL (30/30); NDS
<i>imipramine hcl</i>	3	
INVEGA SUSTENNA	4	
INVEGA TRINZA	4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30/30)
LATUDA ORAL TABLET 80 MG	4	QL (60/30)
<i>lithium carbonate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	4	
LYBALVI	4	PA; QL (30/30)
<i>maprotiline</i>	4	
MARPLAN	4	QL (180/30)
<i>methylphenidate hcl oral tablet</i>	4	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	2	
<i>nefazodone</i>	4	
<i>nortriptyline</i>	2	
NUPLAZID ORAL CAPSULE	4	PA; QL (30/30)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30/30)
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet</i>	3	
<i>olanzapine oral tablet, disintegrating</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
<i>oxazepam</i>	4	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	ST; QL (900/30)
<i>paroxetine hcl oral tablet</i>	2	
PAXIL ORAL SUSPENSION	4	ST; QL (900/30)
<i>perphenazine</i>	4	
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	4	QL (1/30)
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI	4	QL (30/30)
RISPERDAL CONSTA	4	
<i>risperidone oral solution</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60/30)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	QL (120/30)
SAPHRIS	4	QL (60/30)
SECUADO	4	QL (30/30)
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (60/365)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	4	QL (60/365)
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>venlafaxine oral capsule, extended release 24hr</i>	2	
<i>venlafaxine oral tablet</i>	2	QL (90/30)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST; QL (30/30)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30/30)
VRAYLAR ORAL CAPSULE	4	PA; QL (30/30)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	PA; QL (7/30)
XYREM	5	PA; LA; QL (540/30); NDS
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZYPREXA RELPREVV	4	PA

### CARDIOVASCULAR, HYPERTENSION / LIPIDS

#### ANTIARRHYTHMIC AGENTS

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

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sotalol oral</i>	2	
SOTYLIZE	4	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>amlodipine-valsartan-hcthiiazid</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>betaxolol oral</i>	3	
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
BYSTOLIC	4	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	2	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	2	
<i>captopril</i>	4	
<i>captopril-hydrochlorothiazide</i>	4	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	4	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	3	QL (4/28)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>clonidine hcl oral tablet 0.3 mg</i>	2	
DEMSEER	4	PA
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	4	
EDARBYCLOR	4	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	2	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	

CAPITALIZED = BRAND NAME DRUG

Lower case *italic* = Generic drug

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

## Covered Drugs By Category

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

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pindolol</i>	2	
<i>prazosin</i>	4	
<i>propranolol oral capsule, extended release 24 hr</i>	4	
<i>propranolol oral solution</i>	4	
<i>propranolol oral tablet</i>	2	
<i>propranolol-hydrochlorothiazid</i>	3	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
TEKTURNA HCT	4	
<i>telmisartan</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadyt er</i>	3	
<i>timolol maleate oral</i>	2	
<i>toremide oral</i>	2	
<i>trandolapril</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL	5	PA; LA; NDS
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	2	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	2	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
VERAPAMIL ORAL CAPSULE, EXT REL. PELLETS 24 HR 360 MG	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral</i>	4	
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dipyridamole oral</i>	2	
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5% dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	
<i>heparin (porcine) in nacl (pf)</i>	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	4	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	3	QL (30/30)
<i>ezetimibe-simvastatin</i>	4	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	
<i>fenofibric acid (choline)</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60/30)
<i>gemfibrozil</i>	1	
LIVALO	4	QL (30/30)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
<i>niacin oral tablet extended release 24 hr</i>	3	
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	
REPATHA	3	PA; QL (3/28)
REPATHA PUSHTRONEX	3	PA; QL (3.5/28)
REPATHA SURECLICK	3	PA; QL (3/28)
<i>rosuvastatin</i>	2	QL (30/30)
<i>simvastatin oral tablet</i>	1	QL (30/30)
VASCEPA	3	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET	4	PA
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	3	
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	
<i>digox oral tablet 250 mcg (0.25 mg)</i>	3	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	3	
ENTRESTO	3	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	
<i>ranolazine</i>	4	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	4	PA
VYNDAQEL	4	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet</i>	4	
<i>isosorbide mononitrate</i>	2	
MINITRAN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (2/28); NDS
STELARA INTRAVENOUS	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TALTZ SYRINGE	5	PA; QL (4/28); NDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
<i>fluorouracil topical cream 5%</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in packet 5%</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2%</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ ml)</i>	3	
<i>lidocaine topical adhesive patch, medicated 5%</i>	4	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	4	
PANRETIN	5	NDS
PICATO	4	
<i>pimecrolimus</i>	4	QL (100/30)
<i>podofilox</i>	4	
REGRANEX	5	PA; NDS
SANTYL	4	
<i>silver sulfadiazine</i>	3	
SSD	4	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>THERAPY FOR ACNE</b>		
<i>avita</i>	4	PA
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	3	
<i>rosadan topical cream</i>	3	
<i>rosadan topical gel</i>	3	
<i>tazarotene topical cream</i>	4	PA
TAZORAC TOPICAL CREAM 0.05%	4	PA
TAZORAC TOPICAL GEL	4	PA
<i>tretinoin microspheres topical gel 0.1%</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1%</i>	4	PA
<i>tretinoin topical cream 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin topical topical gel 0.01%</i>	3	PA
<i>tretinoin topical topical gel 0.025%, 0.05%</i>	4	PA

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	4	
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	4	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)
<i>ciclopirox topical solution</i>	4	
<i>ciclopirox topical suspension</i>	4	QL (60/28)
<i>clotrimazole topical cream</i>	2	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	4	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	4	QL (60/28)
<i>econazole</i>	4	QL (85/28)
<i>ketconazole topical cream</i>	2	QL (60/28)
<i>ketconazole topical shampoo</i>	2	QL (120/28)
<i>nyamyc</i>	4	
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	4	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	QL (30/30)
DENAVIR	4	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1%</i>	2	
<i>alclometasone topical cream</i>	3	
<i>alclometasone topical ointment</i>	2	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	2	QL (120/28)
<i>clobetasol topical lotion</i>	4	QL (118/28)
<i>clobetasol topical ointment</i>	2	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol topical spray, non-aerosol</i>	4	QL (125/28)
<i>clobetasol-emollient topical cream</i>	2	QL (120/28)
CLODAN	4	QL (236/28)
DESONATE	4	
<i>desonide topical lotion</i>	4	
<i>desonide topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone</i>	4	
<i>fluocinolone and shower cap</i>	4	
<i>fluocinonide topical cream 0.05%</i>	3	
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	4	
<i>hydrocortisone butyr-emollient</i>	4	QL (120/30)
<i>hydrocortisone topical cream 1%, 2.5%</i>	2	
<i>hydrocortisone topical lotion 2.5%</i>	2	
<i>hydrocortisone topical ointment 1%, 2.5%</i>	2	
<i>hydrocortisone valerate</i>	4	
<i>mometasone topical</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream 0.025%, 0.5%</i>	2	
<i>triamcinolone acetonide topical cream 0.1%</i>	1	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream 0.1%</i>	2	
<i>tritocin</i>	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>lindane topical shampoo</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
<i>tis-u-sol pentalyte</i>	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	
<i>anagrelide</i>	3	
AURYXIA	4	PA; QL (360/30)
CARBAGLU	5	PA; LA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10%-0.45% sodium chloride</i>	4	
<i>d2.5%-0.45% sodium chloride</i>	4	
<i>d5% and 0.9% sodium chloride</i>	4	
<i>d5%-0.45% sodium chloride</i>	4	
DEFERASIROX ORAL TABLET, DISPERSIBLE	5	PA; NDS
<i>dextrose 10% and 0.2% nacl</i>	4	
DEXTROSE 10% IN WATER (D10W)	4	
<i>dextrose 25% in water (d25w)</i>	4	
<i>dextrose 30% in water (d30w)</i>	4	
DEXTROSE 5% IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5% in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5%-lactated ringers</i>	4	
<i>dextrose 5%-0.2% sod chloride</i>	4	
<i>dextrose 5%-0.3% sod.chloride</i>	4	
<i>dextrose 50% in water (d50w)</i>	4	
<i>dextrose 70% in water (d70w)</i>	4	
<i>disulfiram</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180/30)
INCRELEX	4	PA; LA
<i>levocarnitine (with sugar)</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>midodrine</i>	3	
<i>nitisinone</i>	5	NDS
NORTHERA ORAL CAPSULE 100 MG	5	PA; QL (90/30); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	PA; QL (180/30); NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	B/D PA; LA; NDS
<i>riluzole</i>	3	
<i>sevelamer carbonate oral powder in packet</i>	5	NDS
<i>sevelamer carbonate oral tablet</i>	3	
<i>sodium chloride 0.9% intravenous</i>	4	
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol)</i>	3	
<i>trientine</i>	5	PA; QL (240/30); NDS
VELPHORO	4	
VELTASSA	3	
<i>water for irrigation, sterile</i>	4	
XIAFLEX	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	QL (60/30)
CHANTIX	4	
CHANTIX CONTINUING MONTH BOX	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CHANTIX STARTING MONTH BOX	4	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline</i>	4	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	3	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>oralone</i>	4	
<i>paroex oral rinse</i>	2	
<i>triamcinolone acetonide dental</i>	4	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	4	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	4	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	2	

CAPITALIZED = BRAND NAME DRUG

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>dexamethasone sodium phos (pf) injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	3	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	B/D PA
<i>prednisone oral tablets, dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	2	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	2	QL (180/30)
ALCOHOL PADS	6	
BAQSIMI	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
BD PEN NEEDLE	6	QL(200/30)
BYDUREON BCISE	4	QL (4/28)
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	4	
GAUZE PADS 2 X 2	6	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGEN HYPOKIT	3	
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	4	QL (30/30)
GVOKE HYOPEN 1-PACK	3	
GVOKE HYOPEN 2-PACK	3	
GVOKE PFS 1-PACK SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE	3	
HUMALOG JUNIOR KWIKPEN U-100	6	SSM
HUMALOG KWIKPEN INSULIN	6	SSM
HUMALOG MIX 50-50 INSULN U-100	6	SSM

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
HUMALOG MIX 50-50 KWIKPEN	6	SSM
HUMALOG MIX 75-25 KWIKPEN	6	SSM
HUMALOG MIX 75-25(U-100) INSULN	6	SSM
HUMALOG U-100 INSULIN	6	SSM
HUMULIN 70/30 U-100 INSULIN	6	SSM
HUMULIN 70/30 U-100 KWIKPEN	6	SSM
HUMULIN N NPH INSULIN KWIKPEN	6	SSM
HUMULIN N NPH U-100 INSULIN	6	SSM
HUMULIN R REGULAR U-100 INSULN	6	SSM
HUMULIN R U-500 (CONC) INSULIN	5	B/D PA; NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN PEN NEEDLE	6	QL (200/30)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	6	QL (200/30)
INVOKAMET	3	QL (60/30)
INVOKAMET XR	3	QL (60/30)
INVOKANA	3	QL (30/30)
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	6	SSM
LANTUS U-100 INSULIN	6	SSM
LEVEMIR FLEXTOUCH U-100 INSULN	6	SSM
LEVEMIR U-100 INSULIN	6	SSM
LYUMJEV KWIKPEN U-100 INSULIN	6	SSM
LYUMJEV KWIKPEN U-200 INSULIN	6	SSM
LYUMJEV U-100 INSULIN	6	SSM
<i>metformin oral solution</i>	4	QL (750/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg (generic for glucophage xr)</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg (generic for glucophage xr)</i>	1	QL (60/30)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180/30)
NEEDLES, INSULIN DISP.,SAFETY	6	QL (200/30)
NOVOFINE PEN NEEDLE	6	QL(200/30)
NOVOTWIST PEN NEEDLE	6	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 SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5/28)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3/28)

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	2	QL (90/30)
PROGLYCEM	4	
<i>repaglinide oral tablet 0.5 mg</i>	4	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	4	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	4	QL (240/30)
RYBELSUS	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/30)
SYNJARDY	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TECHLITE PEN NEEDLE	6	QL(200/30)
TOUJEO MAX U-300 SOLOSTAR	6	SSM
TOUJEO SOLOSTAR U-300 INSULIN	6	SSM
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	6	SSM
TRESIBA FLEXTOUCH U-200	6	SSM
TRESIBA U-100 INSULIN	6	SSM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRULICITY	3	QL (2/28)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VICTOZA 2-PAK	3	QL (9/30)
VICTOZA 3-PAK	3	QL (9/30)
XULTOPHY 100/3.6	3	QL (15/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	4	
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral</i>	2	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
KORLYM	5	PA; QL (120/30); NDS
KUVAN	5	PA; NDS
LUMIZYME	5	PA; NDS
<i>miglustat</i>	5	LA; NDS
NAGLAZYME	5	PA; NDS
NATPARA	5	PA; LA; QL (2/28); NDS
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (120/30)
<i>pamidronate intravenous solution</i>	4	
<i>paricalcitol oral</i>	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
SAMSCA ORAL TABLET 15 MG	5	PA; QL (30/30); NDS
SAMSCA ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; QL (300/30)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NAACL	4	B/D PA
<b>THYROID HORMONES</b>		
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine oral tablet</i>	2	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral</i>	2	
SYNTHROID	4	
<i>unithroid</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-atropine</i>	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	
<i>loperamide oral capsule</i>	2	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	5	PA; NDS
<i>aprepitant</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>budesonide oral</i>	4	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	4	
CREON	3	
<i>cromolyn oral</i>	3	
CYSTADANE	5	NDS
<i>dronabinol</i>	4	B/D PA; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA; QL (60/30)
<i>hydrocortisone rectal</i>	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
OCALIVA	4	PA; LA; QL (30/30)
<i>ondansetron</i>	2	B/D PA
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA; QL (450/30)
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte</i>	2	
PENTASA	4	
PLENVU	4	
<i>prochlorperazine</i>	4	
<i>prochlorperazine edisylate</i>	4	
<i>prochlorperazine maleate oral</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; NDS
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; NDS
REMICADE	5	PA; NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
<i>sulfasalazine</i>	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet</i>	3	
VIOKACE	4	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
<b>ULCER THERAPY</b>		
DEXILANT	4	QL (30/30)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	3	
<i>famotidine oral suspension</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	3	
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK	5	PA; NDS
INTRON A INJECTION RECON SOLN	5	B/D PA; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ ML	5	B/D PA; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ ML	4	B/D PA
MOZOBIL	5	B/D PA; NDS
NIVESTYM	5	PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
RETACRIT	4	PA
ZARXIO	5	PA; NDS
ZIEXTENZO	4	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF)	3	
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ENGERIX-B PEDIATRIC (PF)	3	B/D PA
<i>fomepizole</i>	5	NDS
GAMUNEX-C	5	B/D PA; NDS
GARDASIL 9 (PF)	4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF)	3	
HIZENTRA	4	B/D PA
IMOVAX RABIES VACCINE (PF)	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	3	
IXIARO (PF)	4	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
M-M-R II (PF)	3	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	
RECOMBIVAX HB (PF)	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	QL (2/999)
STAMARIL (PF)	4	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
TDVAX	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHThERIA TOX PED(PF)	3	
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	
VARIZIG	4	
YF-VAX (PF)	3	
ZOSTAVAX (PF)	4	
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	4	QL (120/30)
<i>febuxostat</i>	4	ST
MITIGARE	3	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
BINOSTO	4	QL (4/28)
<i>ibandronate oral</i>	3	QL (1/30)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	2	QL (30/30)
TERIPARATIDE	5	PA; QL (2.4/28); NDS
TYMLOS	5	PA; QL (1.56/30); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA	5	PA; NDS
DEPEN TITRATABS	5	NDS

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; QL (16/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN	5	PA; QL (4/28); NDS
HUMIRA PEN CROHNS- UC-HS START	5	PA; QL (6/180); NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; QL (4/180); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3/180); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2/180); NDS
HUMIRA(CF) PEN CROHNS- UC-HS	5	PA; QL (3/180); NDS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL (4/180); NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS	5	PA; QL (3/180); NDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4/28); NDS

CAPITALIZED = BRAND NAME DRUG

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leflunomide</i>	3	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
<i>penicillamine</i>	5	NDS
RINVOQ	5	PA; QL (30/30); NDS
XELJANZ ORAL SOLUTION	5	PA; QL (300/30); NDS
XELJANZ ORAL TABLET	5	PA; QL (60/30); NDS
XELJANZ XR	5	PA; QL (30/30); NDS

### OBSTETRICS / GYNECOLOGY

#### ESTROGENS / PROGESTINS

ALORA	4	QL (8/28)
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>dotti</i>	4	QL (8/28)
DUAVEE	4	PA
<i>errin</i>	3	
<i>estradiol oral</i>	3	
<i>estradiol transdermal patch semiweekly</i>	4	QL (8/28)
<i>estradiol transdermal patch weekly</i>	4	QL (4/28)
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate</i>	5	NDS
<i>incassia</i>	3	
<i>jencycla</i>	2	
<i>lyza</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>medroxyprogesterone</i>	2	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	2	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone micronized</i>	2	
<i>sharobel</i>	3	
<i>yuvafem</i>	4	

#### MISCELLANEOUS OB/GYN

<i>clindamycin phosphate vaginal</i>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole</i>	4	
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	4	

#### ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	2	
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethia</i>	2	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	
<i>aranelle (28)</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30 (28)</i>	2	
<i>aurovela fe 1-20 (28)</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	
<i>balziva (28)</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>blisovi fe 1/20 (28)</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>caziant (28)</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal (28)</i>	2	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	
<i>cyclafem 1/35 (28)</i>	2	
<i>cyclafem 7/7/7 (28)</i>	2	
<i>cyred</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 1/35 (28)</i>	2	
<i>dasetta 7/7/7 (28)</i>	2	
<i>daysee</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	
<i>femynor</i>	2	
<i>gemmily</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hailey</i>	2	
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30 (28)</i>	2	
<i>hailey fe 1/20 (28)</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel (28)</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30 (21)</i>	2	
<i>junel 1/20 (21)</i>	2	
<i>junel fe 1.5/30 (28)</i>	2	
<i>junel fe 1/20 (28)</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	
<i>kelnor 1-50 (28)</i>	2	
<i>kurvelo (28)</i>	2	
<i>l norgest/e.estradiol-e.estrad</i>	2	
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30 (28)</i>	2	
<i>larin fe 1/20 (28)</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena 28</i>	2	
<i>lessina</i>	2	
<i>levonest (28)</i>	2	
<i>levonorgestrel-ethinyl estrad</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lillow (28)</i>	2	
<i>lojaimiess</i>	2	
<i>loryna (28)</i>	2	
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	2	
<i>marlissa (28)</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30 (21)</i>	2	
<i>microgestin 1/20 (21)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2	
<i>microgestin fe 1/20 (28)</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki (28)</i>	2	
<i>noreth-ethinyl estradiol-iron</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	2	
<i>nylia 7/7/7 (28)</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>philith</i>	2	
<i>pimtrea (28)</i>	2	
<i>pirmella</i>	2	
<i>portia 28</i>	2	
<i>previfem</i>	2	
<i>reclipsen (28)</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	2	
<i>simliya (28)</i>	2	
<i>simpesse</i>	2	
<i>sprintec (28)</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 (28)</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem (28)</i>	2	
<i>tri-sprintec (28)</i>	2	
<i>trivora (28)</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
TYBLUME	2	
<i>tydemy</i>	2	
<i>velivet triphasic regimen (28)</i>	2	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vestura (28)</i>	2	
<i>vienva</i>	2	
<i>viorele (28)</i>	2	
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	
<i>vylibra</i>	2	
<i>wera (28)</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e (28)</i>	2	
<i>zovia 1-35 (28)</i>	2	
<i>zumandimine (28)</i>	2	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	
AZASITE	4	
<i>bacitracin ophthalmic (eye)</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	
BESIVANCE	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>neo-polycin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tobramycin ophthalmic (eye)</i>	2	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	4	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5%</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	3	
<i>azelastine ophthalmic (eye)</i>	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>cromolyn ophthalmic (eye)</i>	2	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	4	
EYLEA	4	PA
<i>olopatadine ophthalmic (eye)</i>	4	
OXERVATE	4	PA; QL (112/999)
<i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i>	3	
RESTASIS	3	QL (60/30)
RESTASIS MULTIDOSE	3	QL (60/30)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	2	
PROLENSA	3	

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	4	
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01%	3	
RHOPRESSA	4	ST
ROCKLATAN	4	ST
SIMBRINZA	4	
<i>travoprost</i>	3	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	4	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>neo-polycin hc</i>	4	
<i>tobramycin-dexamethasone</i>	3	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>fluorometholone</i>	3	
INVELTYS	4	
LOTEMAX	4	
LOTEMAX SM	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1%	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15%</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2%</i>	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>desloratadine oral tablet</i>	3	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
<i>epinephrine injection auto-injector</i>	3	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR DISKUS	3	QL (60/30)
ADVAIR HFA	3	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proair)</i>	3	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proventil)</i>	3	QL (13.4/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	
ALYQ	5	PA; QL (60/30); NDS

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## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
AMBRISENTAN	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; QL (120/30)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; QL (60/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)
<i>cromolyn inhalation</i>	2	B/D PA
DALIRESP	4	PA; QL (30/30)
ESBRIET ORAL CAPSULE	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270/30); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90/30); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ ACTUATION, 50 MCG/ ACTUATION	3	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ ACTUATION	3	QL (240/30)
FLOVENT HFA AEROSOL INHALER 110 MCG/ ACTUATION	3	QL (12/30)
FLOVENT HFA AEROSOL INHALER 220 MCG/ ACTUATION	3	QL (24/30)
FLOVENT HFA AEROSOL INHALER 44 MCG/ ACTUATION	3	QL (10.6/30)
<i>flunisolide</i>	3	QL (50/30)

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluticasone propionate nasal</i>	2	QL (16/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
KALYDECO ORAL TABLET	5	PA; QL (60/30); NDS
<i>metaproterenol oral syrup</i>	4	
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
OFEV	5	PA; QL (60/30); NDS
OPSUMIT	5	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; QL (90/30)
SYMDEKO	5	PA; QL (56/28); NDS
TADALAFIL (PULMONARY ARTERIAL HYPERTENSION) ORAL TABLET 20 MG	5	PA; QL (60/30); NDS
<i>terbutaline</i>	4	

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

## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA	5	PA; NDS
VENTAVIS	4	PA
VENTOLIN HFA	3	QL (36/30)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (6/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (4/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	4	QL (60/30)
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	3	
<i>tolterodine oral capsule, extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	4	
TOVIAZ	4	QL (30/30)
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	4	
RENACIDIN	4	
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	2	
<i>klor-con</i>	2	
KLOR-CON 10	3	
KLOR-CON 8	3	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
PHOSLYRA	4	
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 40 MEQ/L	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 30 meq/l</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5% dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback</i>	4	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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



## Covered Drugs By Category

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium chloride-0.45% nacl</i>	4	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	4	
POTASSIUM CHLORIDE-D5-0.9%NACL	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4%), 7.5% (0.9 meq/ml), 8.4% (1 meq/ml)</i>	4	
<i>sodium chloride 0.45% intravenous parenteral solution</i>	4	
<i>sodium chloride 3%</i>	4	
<i>sodium chloride 5%</i>	4	
<i>sodium chloride intravenous</i>	4	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 15%	4	B/D PA
AMINOSYN-PF 7% (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA

DRUG NAME	DRUG TIER	REQUIREMENTS/ LIMITS
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PA
CLINISOL SF 15%	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
PREMASOL 10%	4	B/D PA
PROCALAMINE 3%	4	B/D PA
PROSOL 20%	4	B/D PA
TRAVASOL 10%	4	B/D PA
TROPHAMINE 10%	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
PRENATAL VITAMIN ORAL TABLET	3	

CAPITALIZED = BRAND NAME DRUG

*Lower case italic = Generic drug*

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

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<i>abacavir-lamivudine</i> . . . . .	20	<i>adefovir</i> . . . . .	20	<i>aliskiren</i> . . . . .	41
<i>abacavir-lamivudine-zidovudine</i> . . . . .	20	ADEMPAS . . . . .	60	<i>allopurinol</i> . . . . .	55
<i>abacavir oral solution</i> . . . . .	20	<i>adriamycin intravenous recon soln 10 mg</i> . . . . .	26	ALORA . . . . .	56
<i>abacavir oral tablet</i> . . . . .	20	<i>adriamycin intravenous solution</i> . . . . .	26	<i>alosetron</i> . . . . .	52
ABELCET . . . . .	20	<i>adrucil intravenous solution 2.5 gram/50 ml</i> . . . . .	26	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1% . . . . .	60
ABILIFY MAINTENA . . . . .	37	ADVAIR DISKUS . . . . .	60	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> . . . . .	37
<i>abiraterone oral tablet 250 mg</i> . . . . .	26	ADVAIR HFA . . . . .	60	<i>alprazolam oral tablet 2 mg</i> . . . . .	37
<i>abiraterone oral tablet 500 mg</i> . . . . .	26	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG . . . . .	26	<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i> . . . . .	37
ABRAXANE . . . . .	26	AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG . . . . .	26	<i>alprazolam oral tablet, disintegrating 2 mg</i> . . . . .	37
<i>acamprosate</i> . . . . .	47	AFINITOR ORAL TABLET 10 MG . . . . .	26	<i>altavera (28)</i> . . . . .	56
<i>acarbose oral tablet 25 mg</i> . . . . .	49	<i>afirmelle</i> . . . . .	56	ALUNBRIG ORAL TABLET 30 MG . . . . .	26
<i>acarbose oral tablet 50 mg</i> . . . . .	49	AIMOVIG AUTOINJECTOR . . . . .	34	ALUNBRIG ORAL TABLET 180 MG, 90 MG . . . . .	26
<i>acarbose oral tablet 100 mg</i> . . . . .	49	<i>ak-poly-bac</i> . . . . .	59	ALUNBRIG ORAL TABLETS, DOSE PACK . . . . .	26
<i>acebutolol</i> . . . . .	41	<i>ala-cort topical cream 1%</i> . . . . .	46	<i>alyacen 1/35 (28)</i> . . . . .	56
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> . . . . .	36	<i>albendazole</i> . . . . .	23	<i>alyacen 7/7/7 (28)</i> . . . . .	56
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> . . . . .	36	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proair)</i> . . . . .	60	ALYQ . . . . .	60
<i>acetaminophen-codeine oral tablet 300-60 mg</i> . . . . .	36	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic for proventil)</i> . . . . .	60	<i>amantadine hcl</i> . . . . .	20
<i>acetazolamide</i> . . . . .	60	<i>albuterol sulfate inhalation solution for nebulization</i> . . . . .	60	AMBISOME . . . . .	20
<i>acetazolamide sodium</i> . . . . .	60	<i>albuterol sulfate oral syrup</i> . . . . .	60	AMBRISENTAN . . . . .	61
<i>acetic acid otic (ear)</i> . . . . .	48	<i>albuterol sulfate oral tablet</i> . . . . .	60	<i>amethia</i> . . . . .	56
<i>acetylcysteine</i> . . . . .	60	<i>albuterol sulfate oral tablet extended release 12 hr</i> . . . . .	60	<i>amethyst (28)</i> . . . . .	56
<i>acitretin</i> . . . . .	44	<i>alclometasone topical cream</i> . . . . .	46	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> . . . . .	23
ACTHIB (PF) . . . . .	54	<i>alclometasone topical ointment</i> . . . . .	46	<i>amiloride</i> . . . . .	41
ACTIMMUNE . . . . .	54	ALCOHOL PADS . . . . .	49	<i>amiloride-hydrochlorothiazide</i> . . . . .	41
<i>acyclovir oral capsule</i> . . . . .	20	ALDURAZYME . . . . .	51	<i>aminocaproic acid oral</i> . . . . .	43
<i>acyclovir oral suspension 200 mg/5 ml</i> . . . . .	20	ALECENSA . . . . .	26	AMINOSYN II 15% . . . . .	63
<i>acyclovir oral tablet</i> . . . . .	20	<i>alendronate oral tablet 10 mg, 5 mg</i> . . . . .	55	AMINOSYN-PF 7% (SULFITE-FREE) . . . . .	63
<i>acyclovir sodium intravenous solution</i> . . . . .	20	<i>alendronate oral tablet 35 mg, 70 mg</i> . . . . .	55	<i>amiodarone intravenous solution</i> . . . . .	40
<i>acyclovir topical ointment</i> . . . . .	46	<i>alfuzosin</i> . . . . .	62	<i>amiodarone oral tablet 100 mg, 200 mg</i> . . . . .	40
ADACEL (TDAP ADOLESN/ADULT)(PF) . . . . .	54	ALIMTA . . . . .	26	<i>amiodarone oral tablet 400 mg</i> . . . . .	40
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<i>amlodipine-valsartan-hcthiazid</i> .....	41	<i>arsenic trioxide</i> .....	26	<i>azelastine ophthalmic (eye)</i> .....	59
<i>ammonium lactate</i> .....	44	ARZERRA .....	26	<i>azithromycin intravenous</i> .....	23
<i>amoxapine</i> .....	37	<i>asenapine maleate</i> .....	37	<i>azithromycin oral packet</i> .....	23
<i>amoxicillin oral capsule</i> .....	25	<i>ashlyna</i> .....	56	<i>azithromycin oral suspension</i> <i>for reconstitution</i> .....	23
<i>amoxicillin oral suspension</i> <i>for reconstitution</i> .....	25	<i>aspirin-dipyridamole</i> .....	43	<i>azithromycin oral tablet</i> .....	23
<i>amoxicillin oral tablet</i> .....	25	<i>atazanavir oral capsule</i> <i>150 mg, 300 mg</i> .....	20	AZOPT .....	60
<i>amoxicillin oral tablet,</i> <i>chewable 125 mg, 250 mg</i> .....	25	<i>atazanavir oral capsule 200 mg</i> .....	20	<i>aztreonam</i> .....	23
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<i>amphotericin b</i> .....	20	<i>atomoxetine oral capsule</i> <i>100 mg, 60 mg, 80 mg</i> .....	37	<i>bacitracin ophthalmic (eye)</i> .....	59
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<i>aripiprazole oral tablet,</i> <i>disintegrating</i> .....	37	AYVAKIT .....	26	BESPONSA .....	26
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# Cigna Medicare

## Prescription Drug Plans



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