IMPORTANT – Additional coverage being provided by the State of Delaware

The State of Delaware is providing additional coverage of the drugs listed below to ensure that your copayments remain similar to what you experienced in your prior State of Delaware-sponsored prescription drug plan.

The following drugs may appear as Tier 3 Non-Preferred Brand Drugs in either the enclosed formulary or on the plan's website. However, as a result of this additional coverage, you will only be charged the applicable **Tier 2 Preferred Brand Drugs copayment** when you fill your prescription at a network pharmacy.

This list is current as of August 1, 2013, and additional drugs may be added from time to time.

If you have any questions regarding your prescription drug coverage, please contact Express Scripts Medicare Customer Service at **1.877.680.4883** (TTY users only: **1.800.716.3231**). Customer Service is available 24 hours a day, 7 days a week.

Drug Name	Drug Name	Drug Name
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	AMTURNIDE 150-5-12.5, 300-5-12.5, 300-10-25, 300MG-10MG, 300-5-25 MG	AVC 15%
ACANYA 1.2%-2.5%	ANALPRAM-HC 1%-1%(4G)	AVINZA 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG
ACTOPLUS MET XR 15-1000 MG, 30-1000 MG	ANUSOL-HC 2.5%	AXIRON 30MG/1.5ML
ACUVAIL 0.45%	ANZEMET 50 MG, 100 MG	AZASAN 75 MG, 100 MG
ACZONE 5%	APIDRA 100/ML	AZOPT 1%
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG	APIDRA SOLOSTAR 100/ML	BENZACLIN 1%-5%
ALKERAN 2 MG	APRISO 0.375G	BERINERT 500(10 ML)
ALLEGRA RX 30 MG/5 ML	ARICEPT 23 MG	BETOPTIC S 0.25%
ALTOPREV 20 MG, 40 MG, 60 MG	ASTELIN 137 MCG	BEYAZ 3-0.02(24)
ALVESCO 80 MCG, 160 MCG	ATRALIN 0.05%	BLEPHAMIDE S.O.P. 10%-0.2%
	AUGMENTIN 125-31.25/MG	CAMPATH 30 MG/ML
	AVASTIN 25 MG/ML	CANCIDAS 50 MG, 70 MG

CARDIZEM LA 120 MG

CEFTIN 125 MG/5ML, 250 MG/5ML

CENESTIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG

CLARINEX 2.5 MG/5ML

CLARINEX-D 12 HOUR 2.5-120 MG

CLARINEX-D 24 HOUR 5MG-240 MG

CLIMARA .025MG/24H, .0375MG/24, 0.05MG/24H, 0.06MG/24H, .075MG/24H, 0.1MG/24HR

CLINDESSE 2%

CLOBEX 0.05%

CLOZARIL 25 MG, 100 MG

COLYTE 227.1-21.5

CONDYLOX 0.5%

CRINONE 4%, 8%

CYCLOSERINE 250 MG

DAYTRANA 10MG/9HR, 15MG/9HR, 20 MG/9 HR, 30MG/9HR

DIBENZYLINE 10 MG

DIFFERIN 0.1%, 0.3%

DIFICID 200 MG

DILATRATE-SR 40 MG

DIOVAN 40 MG, 80 MG, 160 MG, 320 MG

DIVIGEL 1MG(0.1%), 0.5MG(0.1), 0.25(0.1%)

DOXIL 2 MG/ML

DUAC CS 1%-5%

DUREZOL 0.05%

ELELYSO 200 UNIT

ELIDEL 1%

ELIXOPHYLLIN 80 MG/15ML

EMBEDA 20MG-0.8MG, 30MG-1.2MG, 50 MG-2 MG, 60MG-2.4MG, 80MG-3.2MG, 100MG-4MG

ENJUVIA 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG

EPIDUO 0.1%-2.5%

ERGOMAR 2 MG

ESTRING 7.5MCG/24H

EVAMIST 1.53/SPRAY

EXELDERM 1%

EXELON 2 MG/ML

EYLEA 2MG/0.05ML

FENOGLIDE 40 MG, 120 MG

FENTORA 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG

FLECTOR 1.3%

FLOLAN 0.5 MG, 1.5 MG

FOLOTYN 20MG/ML(1), 40 MG/2 ML

FORTEO 20MCG/DOSE

FORTESTA 10 MG (2%)

FOSRENOL 500 MG, 750 MG, 1000 MG

GABITRIL 2 MG, 4 MG

GABLOFEN 20K MCG/20, 10000/20ML, 40000/20ML, 50 MCG/ML

GAMMAGARD LIQUID 10%

GENOTROPIN 0.2MG/0.25, 0.4MG/0.25, 0.6MG/0.25, 0.8MG/0.25, 1.2MG/0.25, 1.4MG/0.25, 1.6MG/0.25, 1.8MG/0.25, 1MG/0.25ML, 2MG/0.25ML, 5 MG/ML, 12 MG/ML

GOLYTELY 227.1-21.5

HALFLYTELY-BISACODYL 5 MG-210 G, 5MGX2-210G

HALOG 0.1%

HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG

HEPAGAM B >312/ML, >312/ML(5)

HUMATROPE 5 MG, 6 MG, 12 MG, 24 MG

HYPERHEP B S-D 220 UNIT/1, 110/0.5ML, 220/ML (5)

HYPERRAB S-D 300 UNIT/2, 150 UNIT/1

HYPERRHO S-D 1500 UNIT

IMOGAM RABIES-HT 150 UNIT/1

IMPLANON 68 MG

INTUNIV 1 MG, 2 MG
3 MG, 4 MG

IRESSA 250 MG

JENTADUETO 2.5-500 MG,
2.5-850 MG, 2.5-1000 MG

KENALOG 0.147MG/G

KEPIVANCE 6.25 MG

KRISTALOSE 10 G, 20 G

KRYSTEXXA 8 MG/ML

LAMICTAL ODT 25 MG,
50 MG, 100 MG, 200 MG,
25-50-100, 25(21)-50,
50(42)-100

LAMICTAL XR 50-100-200,
25-50-100, 25(21)-50

LIPTRUZET 10 MG-10MG,
10 MG-20MG, 10 MG-40MG,
10 MG-80MG

LO LOESTRIN FE 1MG-10(24)

LOCOID LIPOCREAM 0.1%

LOESTRIN 24 FE 1MG-20(24)

LOMUSTINE 10 MG, 40 MG

LUCENTIS 0.3MG/0.05,
0.5MG/0.05

LUNESTA 1 MG, 2 MG, 3 MG

MAKENA 250 MG/ML

MENTAX 1%

METHITEST 10 MG

MICARDIS 20 MG, 40 MG,
80 MG

MICARDIS HCT 40-12.5 MG,
80-12.5 MG, 80 MG-25 MG

MIRAPEX ER 0.375 MG,
0.75 MG, 1.5 MG, 2.25 MG,
3 MG, 3.75 MG, 4.5 MG

MIRENA 20MCG/24HR

MOTOFEN 1-0.025 MG

MOVIPREP 7.5-2.691G

MOXEZA 0.5%

MYCAMINE 50 MG, 100 MG

NATAZIA 3-2-1(28)

NEXPLANON 68 MG

NICOTROL 10 MG

NICOTROL NS 10 MG/ML

NITRO-DUR 0.1MG/HR,
0.2MG/HR, 0.4MG/HR,
0.6MG/HR

NITROLINGUAL 0.4MG/DOSE

NPLATE 250 MCG, 500 MCG

NUCYNTA 50 MG, 75 MG,
100 MG

NUCYNTA ER 50 MG, 100 MG,
150 MG, 200 MG, 250 MG

NUVARING 0.12-0.015

OFORTA 10 MG

ONCASPAR 750/ML

OPANA ER 5 MG, 7.5 MG,
10 MG, 15 MG, 20 MG,
30 MG, 40 MG

ORACEA 40 MG

OXSORALEN 1%

OXYCONTIN 10 MG, 15 MG,
20 MG, 30 MG, 40 MG, 60 MG,
80 MG

OXYTROL 3.9MG/24HR

OZURDEX 0.7 MG

PHOSLO 667 MG

PHOSPHOLINE IODIDE 0.125%

PRANDIMET 1MG-500MG,
2 MG-500MG

PRANDIN 0.5 MG, 1 MG, 2 MG

PRED MILD 0.12%

PREFERA-OB 28-6-1 MG

PREFERA-OB ONE 22-6-1-200

PREFERA-OB PLUS DHA
22-6-1-200, 28-6-1-203

PRENATE ELITE 27 MG-1 MG

PROCTOCREAM-HC 2.5%

PROCTOFOAM-HC 1%-1%

QNASL 80 MCG

QUILLIVANT XR 5 MG/ML

RENACIDIN 6.602G/100

RETISERT 0.59 MG

RHINOCORT AQUA 32MCG

RIDAURA 3 MG

SAFYRAL 3-0.03(21)

SANCTURA XR 60 MG

SILENOR 3 MG, 6 MG

SOLIRIS 300MG/30ML

SOLODYN 55 MG, 65 MG, 80 MG, 105 MG, 115 MG

SOMATULINE DEPOT 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5

STELARA 45MG/0.5ML, 90 MG/ML

SUPPRELIN LA 50 MG

TACLONEX 0.005-.064

TACLONEX SCALP 0.005-.064

TARKA 1-240MG, 2 MG-180MG, 2-240MG, 4-240MG

TEKAMLO 150 MG-5MG, 150MG-10MG, 300MG-5MG, 300MG-10MG

TEKTURNA 150 MG, 300 MG

TEKTURNA HCT 150-12.5MG, 150MG-25MG, 300-12.5MG, 300MG-25MG

TOBI PODHALER 28 MG

TOBRADEX 0.3%-0.1%

TOBRADEX ST 0.3%-0.05%

TRADJENTA 5 MG

TREXALL 5 MG, 7.5 MG, 10 MG, 15 MG

TREXIMET 85MG-500MG

TRIGLIDE 50 MG, 160 MG

TRILIPIX 45 MG, 135 MG

TWYNSTA 40MG-10MG, 40 MG-5 MG, 80 MG-10MG, 80 MG-5 MG

TYVASO 1.74MG/2.9

ULESFIA 5%

ULTRAVATE PAC 0.05%-12%

UROCIT-K 15 MEQ

VALTURNA 150-160MG, 300-320MG

VANTAS 50 MG

VELTIN 1.2-0.025%

VENTAVIS 10 MCG/ML, 20 MCG/ML

VENTOLIN HFA 90 MCG

VERAMYST 27.5 MCG

VIGAMOX 0.5%

VIMOVO 375MG-20MG, 500MG-20MG

VIVELLE- DOT .025MG/24H, .075MG/24H, .0375MG/24, 0.05MG/24H, 0.1MG/24HR

VIVITROL 380MG

VPRIV 400 UNIT

VYTORIN 10 MG-20MG, 10 MG-10MG, 10 MG-40MG, 10 MG-80MG

VYVANSE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG

XENICAL 120 MG

XIAFLEX 0.9 MG

YAZ 0.02-3(24)

ZENPEP 5K-17K-27K

ZOLADEX 3.6MG, 10.8MG

ZOMIG 5 MG

ZOVIRAX 5%

ZYBAN 150 MG

ZYMAXID 0.5%

The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year.