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 Drugs in either the plan's 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 8, 2017, and represents a partial list of drugs in Tier 3 that have this additional coverage to reduce your copayments. 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
ABSORICA ORAL CAPSULE 10 MG	ALORA TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .025 MG/24 H	APRISO ORAL CAPSULE, EXT RELEASE 24 HR 0.375 G
ABSORICA ORAL CAPSULE 20 MG	ALORA TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .075 MG/24 H	ARGATROBAN INTRAVENOUS VIAL (ML) 50 MG/50 ML
ABSORICA ORAL CAPSULE 25 MG	ALORA TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05 MG/24 H	ARISTOSPAN INJECTION VIAL (ML) 20 MG/ ML
ABSORICA ORAL CAPSULE 30 MG	ALORA TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1 MG/24 HR	ARISTOSPAN INJECTION VIAL (ML) 5 MG/ML
ABSORICA ORAL CAPSULE 35 MG	ALREX OPHTHALMIC SUSPENSION, DROPS (FINAL DOSAGE FORM) (ML) 20%	ARMOUR THYROID ORAL TABLET 120 MG
ABSORICA ORAL CAPSULE 40 MG	AMYTAL SODIUM INJECTION VIAL (EA) 500 MG	ARMOUR THYROID ORAL TABLET 15 MG
ACANYA TOPICAL GEL WITH PUMP (GRAM) 1.2%-2.5%		ARMOUR THYROID ORAL TABLET 180 MG
ACTOPLUS MET XR ORAL TABLET, EXTENDED RELEASE MULTIPHASE 24 HR 15-1000 MG		ARMOUR THYROID ORAL TABLET 240 MG
ACTOPLUS MET XR ORAL TABLET, EXTENDED RELEASE MULTIPHASE 24 HR 30-1000 MG		

ARMOUR THYROID ORAL TABLET 30 MG

ARMOUR THYROID ORAL TABLET 300 MG

ARMOUR THYROID ORAL TABLET 60 MG

ARMOUR THYROID ORAL TABLET 90 MG

AVELOX IV INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400 MG/.25 L

AZACTAM-ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 1 G/50 ML

AZACTAM-ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/50 ML

AZASAN ORAL TABLET 100 MG

AZASAN ORAL TABLET 75 MG

BAL IN OIL INTRAMUSCULAR AMPUL (ML) 100 MG/ML

BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN (ML) 100/ML (3)

BEPREVE OPHTHALMIC DROPS 1.50%

BLOXIVERZ INTRAVENOUS VIAL (ML) 0.5 MG/ML

BLOXIVERZ INTRAVENOUS VIAL (ML) 1 MG/ML

BRISDELLE ORAL CAPSULE 7.5 MG

CANASA RECTAL SUPPOSITORY, RECTAL 1000 MG

CAPASTAT SULFATE INJECTION VIAL (EA) 1 G

CARAFATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 1 G/10 ML

CEFTAZIDIME INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML

CEFTAZIDIME INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML

CHORIONIC GONADOTROPIN INTRAMUSCULAR VIAL (EA) 10000 UNIT

CLINIMIX E INTRAVENOUS INTRAVENOUS SOLUTION 2.75%

CLINIMIX E INTRAVENOUS INTRAVENOUS SOLUTION 4.25%

CLINIMIX E INTRAVENOUS INTRAVENOUS SOLUTION 5%

COLCHICINE ORAL TABLET 0.6 MG

COLCRYS ORAL TABLET 0.6 MG

COMBIPATCH TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .05-.14/24

COMBIPATCH TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .05-.25/24

CRINONE VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 4%

CRINONE VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8%

DALIRESP ORAL TABLET 500 MCG

DALVANCE INTRAVENOUS VIAL (EA) 500 MG

DAYTRANA TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 10 MG/9 HR

DAYTRANA TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 15 MG/9 HR

DAYTRANA TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 20 MG/9 HR

DAYTRANA TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 30 MG/9 HR

DEPO-ESTRADIOL INTRAMUSCULAR VIAL (ML) 5 MG/ML

DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG

DIVIGEL TRANSDERMAL GEL IN PACKET (EA) 0.25/0.25 G

DIVIGEL TRANSDERMAL GEL IN PACKET (EA) 0.5 MG/0.5 G

DIVIGEL TRANSDERMAL GEL IN PACKET (GRAM) 1 MG/GRAM

DORIBAX INTRAVENOUS VIAL (EA) 250 MG

DORIBAX INTRAVENOUS VIAL (EA) 500 MG

DORIPENEM INTRAVENOUS VIAL (EA) 250 MG

DORIPENEM INTRAVENOUS VIAL (EA) 500 MG

DOXYCYCLINE IR-DR ORAL CAPSULE, IMMEDIATE, DELAY RELEASE,BIPHASE 40 MG

ELIDEL TOPICAL CREAM (GRAM) 1%

ELIGARD SUBCUTANEOUS SYRINGE (EA) 22.5 MG

ELIGARD SUBCUTANEOUS SYRINGE (EA) 30 MG

ELIGARD SUBCUTANEOUS SYRINGE (EA) 45 MG

ELIGARD SUBCUTANEOUS SYRINGE (EA) 7.5 MG

EMEND ORAL CAPSULE 125 MG

EMEND ORAL CAPSULE 40 MG

ENJUVIA ORAL TABLET 0.3 MG

ENJUVIA ORAL TABLET 0.45MG

EPIDUO FORTE TOPICAL GEL WITH PUMP (GRAM) 0.3%-2.5%

EPIDUO TOPICAL GEL (GRAM) 0.1 %-2.5%

EPIDUO TOPICAL GEL WITH PUMP (GRAM) 0.1%-2.5%

ERAXIS (WATER DILUENT) INTRAVENOUS VIAL (EA) 50 MG

ETOPOPHOS INTRAVENOUS VIAL (EA) 100 MG

EVEKEO ORAL TABLET 10 MG

EVEKEO ORAL TABLET 5 MG

FENOFIBRATE ORAL CAPSULE 150 MG

FENOFIBRATE ORAL CAPSULE 50 MG

FINACEA TOPICAL FOAM (GRAM) 15%

FINACEA TOPICAL GEL (GRAM) 15%

FLECTOR TRANSDERMAL PATCH, TRANSDERMAL 12 HOURS 1.3%

FLOLAN INTRAVENOUS VIAL (EA) 0.5 MG

FLOLAN INTRAVENOUS VIAL (EA) 1.5 MG

FORTAZ IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 1 G/50 ML

FORTAZ IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 2 G/50 ML

FOSRENOL ORAL POWDER IN PACKET (EA) 1000 MG

FOSRENOL ORAL POWDER IN PACKET (EA) 750 MG

FOSRENOL ORAL TABLET, CHEWABLE 1000 MG

FOSRENOL ORAL TABLET, CHEWABLE 500 MG

FOSRENOL ORAL TABLET, CHEWABLE 750 MG

FRAGMIN SUBCUTANEOUS SYRINGE (ML) 2500/0.2 ML

FRAGMIN SUBCUTANEOUS SYRINGE (ML) 5000/0.2 ML

FREAMINE HBC INTRAVENOUS INTRAVENOUS SOLUTION 6.9%

GABLOFEN INTRATHECAL SYRINGE (ML) 10000/20 ML

GABLOFEN INTRATHECAL SYRINGE (ML) 20K MCG/20

GABLOFEN INTRATHECAL SYRINGE (ML) 40000/20 ML

GABLOFEN INTRATHECAL SYRINGE (ML) 50 MCG/ML

GABLOFEN INTRATHECAL VIAL (ML) 10000/20 ML

GABLOFEN INTRATHECAL VIAL (ML) 20K MCG/20

GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/G

GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 G

GELNIQUE TRANSDERMAL GEL IN PACKET (GRAM) 10%

GENOTROPIN SUBCUTANEOUS SYRINGE (EA) 0.2 MG/0.25

GENTAMICIN SULFATE IN NS INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 100 MG/50 ML

GLYCOPHOS INTRAVENOUS VIAL (ML) 1 MMOL/ML

GLYXAMBI ORAL TABLET 10 MG-5 MG

GLYXAMBI ORAL TABLET 25 MG -5 MG

HECTOROL INTRAVENOUS VIAL (ML) 2 MCG/ML (1)

HEMABATE INTRAMUSCULAR AMPUL (ML) 250 MCG/ML

HEPAGAM B INJECTION VIAL (ML) >312/ML

HEPAGAM B INJECTION VIAL (ML) >312/ML (5)

HEXTEND LACTATED ELECTROLYTE INTRAVENOUS PLASTIC BAG, INJECTION (ML) 6%

HYPERRAB S-D INTRAMUSCULAR VIAL (ML) 150 UNIT/1

HYPERTET S-D INTRAMUSCULAR SYRINGE (EA) 250 UNIT

HYSINGLA ER ORAL TABLET, ORAL ONLY, EXTENDED RELEASE 24 HR 20 MG

HYSINGLA ER ORAL TABLET, ORAL ONLY, EXTENDED RELEASE 24 HR 30 MG

HYSINGLA ER ORAL TABLET, ORAL ONLY, EXTENDED RELEASE 24 HR 40 MG

HYSINGLA ER ORAL TABLET, ORAL ONLY, EXTENDED RELEASE 24 HR 60 MG

IMOGAM RABIES-HT INTRAMUSCULAR VIAL (ML) 150 UNIT/1

INCRUSE ELLIPTA INHALATION BLISTER, WITH INHALATION DEVICE 62.5 MCG

INFUMORPH INJECTION AMPUL (ML) 10 MG/ML

INFUMORPH INJECTION AMPUL (ML) 25 MG/ML

INVANZ INJECTION VIAL (EA) 1 G

INVANZ INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G

JENTADUETO ORAL TABLET 2.5-1000 MG

JENTADUETO ORAL TABLET 2.5-500 MG

JENTADUETO ORAL TABLET 2.5-850 MG

JENTADUETO XR ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24 HR 2.5-1000 MG

JENTADUETO XR ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24 HR 5MG-1000 MG

LAMICTAL XR ORAL TABLET, EXTENDED RELEASE, DOSE PACK 25 (21)-50

LAMICTAL XR ORAL TABLET, EXTENDED RELEASE, DOSE PACK 25-50-100

LAMICTAL XR ORAL TABLET, EXTENDED RELEASE, DOSE PACK 50-100-200

LANOXIN PEDIATRIC INJECTION AMPUL (ML) 100 MCG/ML

LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN (ML) 100/ML (3)

LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 100 MCG

LIPOFEN ORAL CAPSULE 150 MG

LIPOFEN ORAL CAPSULE 50 MG

LO LOESTRIN FE ORAL TABLET 1MG-10 (24)

MEROPENEM-0.9% NACL INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML

MEROPENEM-0.9% NACL INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 500 MG/50 ML

METHITEST ORAL TABLET 10 MG

MIACALCIN INJECTION VIAL (ML) 200/ML

MINIVELLE TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .025 MG/24 H

MINIVELLE TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .0375 MG/24

MINIVELLE TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .075 MG/24 H

MINIVELLE TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05 MG/24 H

MINIVELLE TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1 MG/24 HR

MINOCIN INTRAVENOUS VIAL (EA) 100 MG

MIRVASO TOPICAL GEL (GRAM) 33%

MIRVASO TOPICAL GEL WITH PUMP (GRAM) 33%

MOXEZA OPHTHALMIC DROPS, VISCOUS (ML) 50%

MOXIFLOXACIN HCL INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400 MG/.25 L

MUSTARGEN INJECTION VIAL (EA) 10 MG

MYOBLOC INTRAMUSCULAR VIAL (ML) 10000/2 ML

MYOBLOC INTRAMUSCULAR VIAL (ML) 2500/0.5 ML

MYOBLOC INTRAMUSCULAR VIAL (ML) 5000/ML

NATAZIA ORAL TABLET 3-2-1 (28)

NATRECOR INTRAVENOUS VIAL (EA) 1.5 MG

NEMBUTAL SODIUM INJECTION VIAL (ML) 50 MG/ML

NEOSTIGMINE METHYLSULFATE INTRAVENOUS VIAL (ML) 1 MG/ML

NEUT INTRAVENOUS VIAL (ML) 0.48 MEQ/ML

NEVANAC OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 10%

NEXTERONE INTRAVENOUS PLASTIC BAG, INJECTION (ML) 150 MG/0.1 L

NEXTERONE INTRAVENOUS PLASTIC BAG, INJECTION (ML) 360 MG/0.2 L

NORMOSOL-M AND DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION 5%

NOVAREL INTRAMUSCULAR VIAL (EA) 10000 UNIT

NUCYNTA ER ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG

NUCYNTA ER ORAL TABLET, EXTENDED RELEASE 12 HR 150 MG

NUCYNTA ER ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG

NUCYNTA ER ORAL TABLET, EXTENDED RELEASE 12 HR 250 MG

NUCYNTA ER ORAL TABLET, EXTENDED RELEASE 12 HR 50 MG

NUCYNTA ORAL TABLET 100 MG

NUCYNTA ORAL TABLET 50 MG

NUCYNTA ORAL TABLET 75 MG

NUVARING VAGINAL RING, VAGINAL .12-.015 MG

ONEXTON TOPICAL GEL WITH PUMP (GRAM) 1.2%-3.75%

ORACEA ORAL CAPSULE, IMMEDIATE, DELAY RELEASE, BIPHASE 40 MG

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 10 MG/0.4 ML

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 12.5 MG/0.4

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 15 MG/0.4 ML

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 17.5 MG/0.4

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 20 MG/0.4 ML

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 22.5 MG/0.4

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 25 MG/0.4 ML

OTREXUP SUBCUTANEOUS AUTO-INJECTOR (ML) 7.5 MG/0.4

PANHEMATIN INTRAVENOUS VIAL (EA) 313 MG

PRADAXA ORAL CAPSULE 110 MG

PRADAXA ORAL CAPSULE 150 MG

PRADAXA ORAL CAPSULE 75 MG

PRED MILD OPHTHALMIC SUSPENSION, DROPS (FINAL DOSAGE FORM) (ML) 12%

PREGNYL INTRAMUSCULAR VIAL (EA) 10000 UNIT

PREMARIN INJECTION VIAL (EA) 25 MG

PREMARIN VAGINAL CREAM WITH APPLICATOR 0.625 MG/G

PREMPHASE ORAL TABLET 0.625 (14)

PREMPRO ORAL TABLET 0.3-1.5 MG

PREMPRO ORAL TABLET 0.45-1.5 MG

PREMPRO ORAL TABLET 0.625-2.5

PREMPRO ORAL TABLET 0.625-5 MG

PREPOPIK ORAL POWDER IN PACKET (EA) 10 MG-12 G

PRIALT INTRATHECAL VIAL (ML) 100 MCG/ML

PRIALT INTRATHECAL VIAL (ML) 25 MCG/ML

PROCALAMINE INTRAVENOUS INTRAVENOUS SOLUTION 3%

PROCTOFOAM-HC RECTAL FOAM (GRAM) 1 %-1 %

PROSOL INTRAVENOUS INTRAVENOUS SOLUTION 20%

PROTOPAM CHLORIDE INJECTION VIAL (EA) 1 G

QUDEXY XR ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 100 MG

QUDEXY XR ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 150 MG

QUDEXY XR ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 200 MG

QUDEXY XR ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 25 MG

QUDEXY XR ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 50 MG

QUILLICHEW ER ORAL TABLET, CHEW, IR AND ER BIPHASIC REL 24 HR 20 MG

QUILLICHEW ER ORAL TABLET, CHEW, IR AND ER BIPHASIC REL 24 HR 30 MG

QUILLICHEW ER ORAL TABLET, CHEW, IR AND ER BIPHASIC REL 24 HR 40 MG

QUILLIVANT XR ORAL SUSPENSION, EXTENDED RELEASE, RECONST. 24 HR 5 MG/ML

RASUVO SUBCUTANEOUS AUTO-INJECTOR (ML) 20 MG/0.4 ML

RELPAX ORAL TABLET 20 MG

RELPAX ORAL TABLET 40 MG

REOPRO INTRAVENOUS VIAL (ML) 10 MG/5 ML

RESECTISOL URETHRAL SOLUTION, IRRIGATION 5%

SAFYRAL ORAL TABLET 3-0.03 (21)

SENSORCAINE WITH EPINEPHRINE INJECTION VIAL (ML) 0.75-.0005

SIMCOR ORAL TABLET, EXTENDED RELEASE MULTIPHASE 24 HR 1000-20 MG

SIMCOR ORAL TABLET, EXTENDED RELEASE MULTIPHASE 24 HR 1000-40 MG

SIMCOR ORAL TABLET, EXTENDED RELEASE MULTIPHASE 24 HR 500 MG-20 MG

SIMCOR ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 500 MG-40 MG

SIMCOR ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 750 MG-20 MG

SOLU-CORTEF INJECTION VIAL (EA) 100 MG/2 ML

SOLU-CORTEF INJECTION VIAL (EA) 1000MG/8 ML

SOLU-CORTEF INJECTION VIAL (EA) 250 MG/2 ML

SOLU-CORTEF INJECTION VIAL (EA) 500 MG/4 ML

SOOLANTRA TOPICAL CREAM (GRAM) 1%

SOTALOL HCL INTRAVENOUS VIAL (ML) 150 MG/10 ML

SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR (ML) 4 MG/0.5 ML

SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR (ML) 6 MG/0.5 ML

SUPPRELIN LA IMPLANTATION KIT 50 MG

TACLONEX TOPICAL SUSPENSION, TOPICAL (GRAM) 0.005-.064

TAYTULLA ORAL CAPSULE 1MG-20 (24)

THERACYS INTRAVESICAL VIAL (EA) 81 MG

THROMBATE III INTRAVENOUS VIAL (EA) 500 (+/-)

TOBRADEX OPHTHALMIC OINTMENT (GRAM) 0.3%-0.1%

TOBRADEX ST OPHTHALMIC SUSPENSION, DROPS (FINAL DOSAGE FORM) (ML) 0.3%-0.05%

TOPIRAMATE ER ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 100 MG

TOPIRAMATE ER ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 150 MG

TOPIRAMATE ER ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 200 MG

TOPIRAMATE ER ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 25 MG

TOPIRAMATE ER ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 50 MG

TRADJENTA ORAL TABLET 5 MG

TREXALL ORAL TABLET 10 MG

TREXALL ORAL TABLET 15 MG

TREXALL ORAL TABLET 5 MG

TREXALL ORAL TABLET 7.5 MG

TRULICITY SUBCUTANEOUS PEN INJECTOR (ML) 0.75 MG/0.5

TRULICITY SUBCUTANEOUS PEN INJECTOR (ML) 1.5 MG/0.5

UVADEX INJECTION VIAL (ML) 20 MCG/ML

VANCOMYCIN HCL INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 1 G/200 ML

VANCOMYCIN HCL INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 750 MG/.15 L

VANCOMYCIN-D5W INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN (ML) 500 MG/0.1 L

VANTAS IMPLANTATION KIT 50 MG

VITAFOL-OB ORAL TABLET 65 MG-1 MG

VIVELLE-DOT TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .025 MG/24 H

VIVELLE-DOT TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .0375 MG/24

VIVELLE-DOT TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .075 MG/24 H

VIVELLE-DOT TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05 MG/24 H

VIVELLE-DOT TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1 MG/24 HR

VOLUVEN INTRAVENOUS PLASTIC BAG, INJECTION (ML) 6%-0.9%

VYVANSE ORAL CAPSULE 10 MG

VYVANSE ORAL CAPSULE 20 MG

VYVANSE ORAL CAPSULE 30 MG

VYVANSE ORAL CAPSULE 40 MG

VYVANSE ORAL CAPSULE 50 MG

VYVANSE ORAL CAPSULE 60 MG

VYVANSE ORAL CAPSULE 70 MG

VYVANSE ORAL TABLET, CHEWABLE 10 MG

VYVANSE ORAL TABLET, CHEWABLE 20 MG

VYVANSE ORAL TABLET, CHEWABLE 30 MG

VYVANSE ORAL TABLET, CHEWABLE 40 MG

VYVANSE ORAL TABLET, CHEWABLE 50 MG

VYVANSE ORAL TABLET, CHEWABLE 60 MG

XIIDRA OPHTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 5%

ZANOSAR INTRAVENOUS VIAL (EA) 1 G

ZOLADEX SUBCUTANEOUS IMPLANT (EA) 10.8 MG

ZOLADEX SUBCUTANEOUS IMPLANT (EA) 3.6 MG

ZOMIG NASAL SPRAY, NON-AEROSOL (EA) 2.5 MG

ZOMIG NASAL SPRAY, NON-AEROSOL (EA) 5 MG

ZORVOLEX ORAL CAPSULE 18 MG

ZORVOLEX ORAL CAPSULE 35 MG

ZOSYN INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2.25 G/50 ML

ZOSYN INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 3.375 G/50

ZOSYN INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 4.5 G/100 ML

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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