IMPORTANT – Additional coverage being provided by the State of Delaware

The State of Delaware is providing additional coverage for the drugs listed below. These 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 September 14, 2020, 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
BAQSIMI 3 MG SPRAY ONE PACK	DEPO-ESTRADIOL 5 MG/ML VIAL	TAYTULLA 1 MG-20 MCG CAPSULE
BAQSIMI 3 MG SPRAY TWO PACK	DEPO-PROVERA 400 MG/ML VIAL	CRINONE 4% GEL
GLUCAGON 1 MG EMERGENCY KIT	SOLU-CORTEF 100 MG VIAL	CRINONE 8% GEL
AZACTAM-ISO-OSMOT 1 GM/50 ML	HEMABATE 250 MCG/ML AMPUL	TAZORAC 0.05% GEL
AZACTAM-ISO-OSMOT 2 GM/50 ML	GENOTROPIN MINIQUICK 0.2 MG	TAZORAC 0.05% CREAM
SOLU-CORTEF 1,000 MG ACT-O-VL	ETOPOPHOS 100 MG VIAL	PREMARIN 25 MG VIAL
SOLU-CORTEF 100 MG ACT-O-VIAL	TAZORAC 0.1% GEL	PHOSPHOLINE IODIDE 0.125%
SOLU-CORTEF 250 MG ACT-O-VIAL	GELNIQUE 10% GEL PUMP	ERAXIS (WATER DIL) 50 MG VIAL
SOLU-CORTEF 500 MG ACT-O-VIAL	GELNIQUE 10% GEL SACHET	NEXPLANON 68 MG IMPLANT
		TOBRADEX ST EYE DROPS
		FRAGMIN 2,500 UNIT/0.2 ML SYR

FRAGMIN 5,000 UNIT/0.2 ML SYR

CHANTIX 0.5 MG TABLET

CHANTIX 1 MG CONT MONTH BOX

CHANTIX 1 MG TABLET

CHANTIX STARTING MONTH BOX

CELONTIN 300 MG KAPSEAL

COARTEM TABLETS

FLUTICASONE-SALMETEROL 55-14

FLUTICASONE-SALMETEROL 113-14

FLUTICASONE-SALMETEROL 232-14

METHITEST 10 MG TABLET

TRESIBA FLEXTOUCH 200 UNIT/ML

TRESIBA FLEXTOUCH 100 UNIT/ML

TRESIBA 100 UNIT/ML VIAL

LEVEMIR 100 UNIT/ML VIAL

LEVEMIR FLEXTOUCH 100 UNIT/ML

GLUCAGEN 1 MG HYPOKIT

FLOLAN 0.5 MG VIAL

FLOLAN 1.5 MG VIAL

VENTOLIN HFA 90 MCG INHALER

ONEXTON GEL PUMP

AMYTAL SODIUM 0.5 GRAM VIAL

ZOSYN 2.25 GM/50 ML GALAXY BAG

ZOSYN 3.375 GM/50 ML GALAXY

ZOSYN 4.5 GM/100 ML GALAXY BAG

QUDEXY XR 25 MG CAPSULE

QUDEXY XR 50 MG CAPSULE

QUDEXY XR 200 MG CAPSULE

QUDEXY XR 100 MG CAPSULE

QUDEXY XR 150 MG CAPSULE

NEPHRAMINE 5.4% IV SOLUTION

PROCALAMINE IV SOLUTION

RESECTISOL 5% SOLUTION

CEFTAZIDIME 1 GM PIGGYBACK

CEFTAZIDIME 2 GM PIGGYBACK

MEROPENEM-0.9% NACL 500 MG/50

MEROPENEM-0.9% NACL 1 GRAM/50

ISOLYTE S IV SOLUTION-EXCEL

ISOLYTE S IV SOLN PH7.4

ISOLYTE P-DEXTROSE 5% SOLN

TROPHAMINE 10% IV SOLUTION

FREAMINE HBC 6.9% IV SOLN

TROPHAMINE 6% IV SOLUTION

ORACEA 40 MG CAPSULE

EPIDUO FORTE 0.3-2.5% GEL PUMP

MIRVASO 0.33% GEL

MIRVASO 0.33% GEL PUMP

DALIRESP 250 MCG TABLET

DALIRESP 500 MCG TABLET

BEVESPI AEROSPHERE INHALER

PROSOL 20% INJECTION

ISOTON GENTAMICIN 100 MG/50 ML

PEN G K 2 MILLION UNIT/50 ML

PEN G K 3 MILLION UNIT/50 ML

CLINIMIX 4.25%-5% SOLUTION

CLINIMIX 4.25%-10% SOLUTION

CLINIMIX 5%-15% SOLUTION

CLINIMIX 5%-20% SOLUTION

CLINIMIX E 4.25%-5% SOLUTION

CLINIMIX E 4.25%-10% SOLUTION

CLINIMIX E 5%-15% SOLUTION

CLINIMIX E 5%-20% SOLUTION

CLINIMIX E 2.75%-5% SOLUTION

VANCOMYCIN-D5W 500 MG/100 ML

VANCOMYCIN HCL 1G/200 ML BAG

VANCOMYCIN 750 MG/150 ML BAG

CYSTAGON 50 MG CAPSULE

CYSTAGON 150 MG CAPSULE

AMINOSYN-PF 7% IV SOLUTION

AMINOSYN-PF 10% IV SOLUTION

ERYTHROCIN 500 MG ADDVAN VIAL

ERYTHROCIN LACT 500 MG VIAL

AMINOSYN II 15% IV SOLUTION

AMINOSYN II 10% IV SOLUTION

IONOSOL MB-D5W IV SOLUTION

NORMOSOL-R PH 7.4 IV SOLUTION

NORMOSOL-M AND DEXTROSE 5%

LO LOESTRIN FE 1-10 TABLET

ARMOUR THYROID 15 MG TABLET

ARMOUR THYROID 30 MG TABLET

ARMOUR THYROID 60 MG TABLET

ARMOUR THYROID 90 MG TABLET

ARMOUR THYROID 120 MG TABLET

ARMOUR THYROID 180 MG TABLET

ARMOUR THYROID 240 MG TABLET

ARMOUR THYROID 300 MG TABLET

TRADJENTA 5 MG TABLET

JENTADUETO 2.5 MG-500 MG TAB

JENTADUETO 2.5 MG-850 MG TAB

JENTADUETO 2.5 MG-1000 MG TAB

JARDIANCE 10 MG TABLET

JARDIANCE 25 MG TABLET

SYNJARDY 5-500 MG TABLET

GLYXAMBI 25 MG-5 MG TABLET

SYNJARDY 12.5-1,000 MG TABLET

SYNJARDY 5-1,000 MG TABLET

SYNJARDY 12.5-500 MG TABLET

GLYXAMBI 10 MG-5 MG TABLET

JENTADUETO XR 2.5 MG-1,000 MG

JENTADUETO XR 5 MG-1,000 MG TB

SYNJARDY XR 10-1,000 MG TABLET

SYNJARDY XR 5-1,000 MG TABLET

SYNJARDY XR 25-1,000 MG TABLET

SYNJARDY XR 12.5-1,000 MG TAB

TRIJARDY XR 10-5-1,000 MG TAB

TRIJARDY XR 12.5-2.5-1,000 MG

TRIJARDY XR 25-5-1,000 MG TAB

TRIJARDY XR 5-2.5-1,000 MG TAB

INFUMORPH 200 MG/20 ML AMPUL

INFUMORPH 500 MG/20 ML AMPUL

ZANOSAR 1 GM POWDER VIAL

ARISTOSPAN 5 MG/ML VIAL

ARISTOSPAN 20 MG/ML VIAL

SYMJEPI 0.3 MG/0.3 ML SYRINGE

SYMJEPI 0.15 MG/0.3 ML SYRINGE

MYOBLOC 2,500 UNIT/0.5 ML VIAL

MYOBLOC 5,000 UNITS/1 ML VIAL

MYOBLOC 10,000 UNITS/2 ML VIAL

THROMBATE III 500 UNIT VIAL

CAPASTAT SULFATE 1 GM VIAL

BAL IN OIL 100 MG/ML AMPULE

ZIOPTAN 0.0015% EYE DROPS

PRIALT 100 MCG/ML VIAL

PRIALT 25 MCG/ML VIAL

ALREX 0.2% EYE DROPS

ZYLET EYE DROPS

BEPREVE 1.5% EYE DROPS

OTOVEL 0.3%-0.025% EAR DROPS

SOTYLIZE 5 MG/ML ORAL SOLUTION

QUILLICHEW ER 20 MG CHEW TAB

QUILLICHEW ER 30 MG CHEW TAB

QUILLICHEW ER 40 MG CHEW TAB

QUILLIVANT XR 25 MG/5 ML SUSP

NUCYNTA 50 MG TABLET

NUCYNTA ER 50 MG TABLET

NUCYNTA 75 MG TABLET

NUCYNTA 100 MG TABLET

NUCYNTA ER 100 MG TABLET

NUCYNTA ER 150 MG TABLET

NUCYNTA ER 200 MG TABLET

NUCYNTA ER 250 MG TABLET

SOLOSEC 2 GM GRANULE PACKET

DYANAVEL XR 2.5 MG/ML SUSP

NATESTO NASAL 5.5 MG/0.122 GM

NEXTERONE 150 MG/100 ML BAG

NEXTERONE 360 MG/200 ML BAG

PHOSLYRA 667 MG/5 ML SOLUTION

LEXIVA 50 MG/ML SUSPENSION

RESCRIPTOR 200 MG TABLET

TIVICAY 10 MG TABLET

FINACEA 15% FOAM

SKYLA 13.5 MG SYSTEM

KYLEENA 19.5 MG SYSTEM

DILATRATE-SR 40 MG CAPSULE

GRASTEK 2,800 BAU SL TABLET

MYDAYIS ER 12.5 MG CAPSULE

MYDAYIS ER 25 MG CAPSULE

MYDAYIS ER 37.5 MG CAPSULE

MYDAYIS ER 50 MG CAPSULE

XIIDRA 5% EYE DROPS

OTREXUP 10 MG/0.4 ML AUTO-INJ

OTREXUP 12.5 MG/0.4 ML AUTOINJ

OTREXUP 15 MG/0.4 ML AUTO-INJ

OTREXUP 17.5 MG/0.4 ML AUTOINJ

OTREXUP 20 MG/0.4 ML AUTO-INJ

OTREXUP 22.5 MG/0.4 ML AUTOINJ

OTREXUP 25 MG/0.4 ML AUTO-INJ

PEGANONE 250 MG TABLET

NOVAREL 10,000 UNITS VIAL

NOVAREL 5,000 UNIT VIAL

CLENPIQ SOLUTION

FIRMAGON 80 MG KIT

PREPOPIK POWDER PACKET

TALICIA DR 10-250-12.5 MG CAP

REOPRO 10 MG/5 ML VIAL

DALVANCE 500 MG VIAL

GLEOSTINE 10 MG CAPSULE

GLEOSTINE 40 MG CAPSULE

GLEOSTINE 100 MG CAPSULE

PYLERA CAPSULE

HYSINGLA ER 20 MG TABLET

HYSINGLA ER 30 MG TABLET

HYSINGLA ER 40 MG TABLET

HYSINGLA ER 60 MG TABLET

RASUVO 7.5 MG/0.15 ML AUTOINJ

RASUVO 10 MG/0.2 ML AUTOINJ

RASUVO 12.5 MG/0.25 ML AUTOINJ

RASUVO 15 MG/0.3 ML AUTOINJ

RASUVO 17.5 MG/0.35 ML AUTOINJ

RASUVO 20 MG/0.4 ML AUTOINJ

RASUVO 22.5 MG/0.45 ML AUTOINJ

RASUVO 25 MG/0.5 ML AUTOINJ

RASUVO 30 MG/0.6 ML AUTOINJ

PROAIR HFA 90 MCG INHALER

PROAIR RESPICLICK 90 MCG INHLR

VYVANSE 10 MG CAPSULE

VYVANSE 20 MG CAPSULE

VYVANSE 30 MG CAPSULE

VYVANSE 40 MG CAPSULE

VYVANSE 50 MG CAPSULE

VYVANSE 60 MG CAPSULE

VYVANSE 70 MG CAPSULE

VYVANSE 10 MG CHEWABLE TABLET

VYVANSE 20 MG CHEWABLE TABLET

VYVANSE 30 MG CHEWABLE TABLET

VYVANSE 40 MG CHEWABLE TABLET

VYVANSE 50 MG CHEWABLE TABLET

VYVANSE 60 MG CHEWABLE TABLET

ORALAIR 300 IR SUBLINGUAL TAB

FLECTOR 1.3% PATCH

BICILLIN L-A 600,000 UNIT/ML

BICILLIN L-A 1,200,000 UNITS

BICILLIN L-A 2,400,000 UNITS

PROTOPAM CHLORIDE 1 GM VIAL

FYCOMPA 2 MG TABLET

ELIGARD 22.5 MG SYRINGE KIT

ELIGARD 30 MG SYRINGE KIT

ELIGARD 45 MG SYRINGE KIT

ELIGARD 7.5 MG SYRINGE KIT

GLYCOPHOS VIAL

POLOCAINE 2% VIAL

MOXIFLOXACIN 400 MG/250 ML BAG

UVADEX 20 MCG/ML VIAL

ZOMIG 5 MG NASAL SPRAY

ZOMIG 2.5 MG NASAL SPRAY

MINOCIN 100 MG VIAL

UCERIS 2 MG RECTAL FOAM

NATRECOR 1.5 MG VIAL

CALDOLOR 800 MG/8 ML VIAL

GABLOFEN 50 MCG/ML SYRINGE

GABLOFEN 10,000 MCG/20 ML SYRG

GABLOFEN 20,000 MCG/20 ML SYRG

GABLOFEN 40,000 MCG/20 ML SYRG

LIPOFEN 50 MG CAPSULE

LIPOFEN 150 MG CAPSULE

VANTAS 50 MG KIT

DIVIGEL 0.25 MG GEL PACKET

DIVIGEL 0.5 MG GEL PACKET

DIVIGEL 1 MG GEL PACKET

DIVIGEL 0.75 MG GEL PACKET

DIVIGEL 1.25 MG GEL PACKET

SUNOSI 75 MG TABLET

SUNOSI 150 MG TABLET

COMBIPATCH 0.05-0.14 MG PTCH

COMBIPATCH 0.05-0.25 MG PTCH

DAYTRANA 10 MG/9 HR PATCH

DAYTRANA 15 MG/9 HR PATCH

DAYTRANA 20 MG/9 HOUR PATCH

DAYTRANA 30 MG/9 HOUR PATCH

ZTLIDO 1.8% TOPICAL SYSTEM

HEPAGAM B VIAL

QBREXZA 2.4% CLOTH

LANOXIN PED 100 MCG/ML AMPUL

NITYR 10 MG TABLET

NITYR 2 MG TABLET

NITYR 5 MG TABLET

PRIALT 500 MCG/5 ML VIAL

PRIALT 500 MCG/20 ML VIAL

ZOLADEX 3.6 MG IMPLANT SYRN

ZOLADEX 10.8 MG IMPLANT SYRN

INVELTYS 1% EYE DROP

AMZEEQ 4% FOAM

This information is not a complete description of benefits. Call Express Scripts Medicare at the phone numbers on page one of this document for more information.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Other pharmacies are available in our network.