



MVP Health Care®

2018 Abridged Medicare Part D Formulary

(Partial List of Covered Drugs)

For Medicare Advantage plan coverage through a former employer.

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

This abridged Formulary was updated on August 15, 2017. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the MVP Medicare Customer Care Center.



1-800-665-7924

Monday–Friday, 8 am–8 pm Eastern Time

October 1–February 14 call seven days a week, 8 am–8 pm

TTY: **1-800-662-1220**



Visit mvphealthcare.com for the most up-to-date Formulary listing.

Note to existing members: 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 MVP Health Care. When it refers to “plan” or “our plan,” it means Preferred Gold HMO-POS, GoldAnywhere PPO, USA Care PPO, or RxCare PDP.

This document includes a partial list of the drugs (Formulary) for our plan which is current as of August 15, 2017. For a complete 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 co-payments/co-insurance may change on January 1, 2019, and from time to time during the year.

What is the MVP Health Care Abridged Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by MVP Health Care 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. MVP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an MVP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial Formulary and includes only some of the drugs covered by MVP. For a complete listing of all prescription drugs covered by MVP, please visit our website or call us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

Can the Formulary (Drug List) Change?

Generally, if you are taking a drug on our 2018 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of Formulary changes, such as removing a drug from our Formulary, will not

affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the Formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our Formulary, 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 members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug. The enclosed Formulary is current as of August 15, 2017. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at mvphealthcare.com. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as

needed. To view the list of changes, start at our home page and:

- Select *Members*, then *Medicare member?*
- Choose the county you live in or *View Part D prescription drug coverage*.
- Under *Drug Coverage* select *2018 Covered Formulary Drug List & Updates*.
- Select *2018 Formulary Changes*.

Or you may request an errata sheet (a copy of the 2018 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

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

Medical Condition

The Formulary begins on page 1. The drugs in this Formulary 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”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 53. The 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.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are Generic Drugs?

MVP Health Care 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

MVP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don’t get approval, MVP may not cover the drug.

Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides one tablet per day for LYRICA. This may be in addition to a standard one-month or three-month supply.

Step Therapy

In some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. 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 restriction 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 Formulary, appears on the front and back cover pages.

You can ask MVP Health Care 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 MVP Medicare Part D Formulary?” below for information about how to request an exception.

What If My Drug is Not on the Formulary?

If your drug is not included in this Formulary (list of covered drugs), you should first contact the MVP Medicare Customer Care Center and ask if your drug is covered. This document includes only a partial list of covered drugs, so MVP may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you learn that MVP Health Care does not cover your drug, you have two options:

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

How Do I Request an Exception to the MVP Medicare Part D Formulary?

You can ask MVP Health Care 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 Formulary. If approved, this drug will be covered at a predetermined 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 cover a Formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. **Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary 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, MVP Health Care 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.

Generally, MVP will only approve your request for an exception if the alternative drugs included on the plan’s Formulary, 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 Formulary, tiering, or utilization restriction exception. **When you request a Formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician 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.

MVP can not approve a Formulary exception request for a Medicare excluded drug. If you or your physician believes it meets the definition of a covered Part D drug, you may request a coverage determination. Examples of Medicare excluded drugs include drugs used for weight loss, cough and colds, and erectile dysfunction. Also excluded are drugs not approved by the Food and Drug Administration and most vitamins.

What Do I Do Before I Can Talk to My Doctor About Changing My Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our Formulary. Or, you may be taking a drug that is on our Formulary 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 Formulary 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 in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our Formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day **transition supply**, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our Formulary 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 (unless you have a prescription for fewer days) while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include: entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For More Information

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials. Refer to your prescription drug benefit rider for information about drug tier costs.

If you have questions about MVP Health Care, please contact us. Our contact information, along

with the date we last updated the Formulary, 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 **medicare.gov**.

The MVP Health Care Medicare Part D Formulary

The abridged Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 53.

Remember: This is only a partial list of drugs covered by MVP. If your prescription is not in this partial Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

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

Abbreviations and Definitions of Formulary Terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Not Available at Mail Order (NM)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)

For safety reasons and/or cost savings, MVP Health Care requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval first, MVP may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs MVP Health Care limits the amount of the drug that we will cover. For example, MVP provides one capsule per day for LYRICA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP Health Care 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)

For safety reasons and/or cost savings, certain drugs are limited to a 30-day supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP Health Care so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

MVP RxCare PDP Members note: Because your MVP plan is Part D prescription drug coverage only, any drugs deemed Part B will not be covered. You will need to seek coverage from your medical plan for Part B drugs.

Enhanced Drug (ED)

Certain enhanced plans offered through employer groups include additional prescription drug coverage for some Medicare-excluded drugs. Refer to your plan documents to see if you have one of these plans. Please note, these prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

The amount you pay when you fill a prescription for these drugs does not count toward total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage.) In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS	2	
<i>colchicine</i> TABS	3	QL (60 tabs / 30 days)
<i>colchicine w/ probenecid</i>	2	
<i>probenecid</i>	2	
ULORIC	4	QL (30 tabs / 30 days)
NSAIDS		
<i>celecoxib</i> CAPS	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i> TB24; TBEC	2	
<i>diclofenac w/ misoprostol</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i> CAPS; TABS	2	
<i>fenoprofen calcium</i> TABS	2	
<i>flurbiprofen</i> TABS	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>ketoprofen</i> CAPS	2	
<i>ketoprofen</i> CP24	3	
<i>meclofenamate sodium</i> CAPS	2	
<i>mefenamic acid</i> CAPS	2	
<i>meloxicam</i> TABS	2	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> TABS	2	
<i>naproxen dr</i>	3	
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i> CAPS	2	
<i>salsalate</i> TABS	3	
<i>sulindac</i> TABS	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	2	
<i>acetaminophen w/ codeine</i> TABS	2	QL (360 tabs / 30 days)
<i>ascomp/codeine</i>	2	QL (24 caps / 30 days)
<i>butalbital-acetaminophen</i>	2	QL (24 tabs / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap</i> 50-325-40-30 mg	2	QL (24 caps / 30 days)
<i>butalbital-acetaminophen-caffeine</i> CAPS	2	QL (24 caps / 30 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	2	QL (24 tabs / 30 days)
<i>butalbital-aspirin-caffeine</i>	2	QL (24 caps / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	2	

We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your EOC (Evidence of Coverage).

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate</i> SOLN 10mg/ml	2	QL (4 bottles / 30 days)
<i>nalbuphine hcl</i> SOLN	2	
<i>tencon</i>	2	QL (24 tabs / 30 days)
<i>tramadol hcl</i> CP24	3	QL (30 caps / 30 days)
<i>tramadol hcl</i> TABS	2	
<i>tramadol hcl</i> TB24	3	QL (30 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	
OPIOID ANALGESICS, CII		
<i>duramorph</i>	3	
<i>endocet</i>	2	QL (360 tabs / 30 days)
<i>fentanyl</i> 12mcg/hr, 25mcg/hr, 50mcg/hr	2	QL (20 patches / 30 days)
<i>fentanyl</i> 75mcg/hr, 100mcg/hr	3	QL (20 patches / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA; DL
FENTORA	5	QL (120 tabs / 30 days), PA; DL
<i>hydrocodone-acetaminophen</i> SOLN	2	
<i>hydrocodone-acetaminophen</i> TABS	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
<i>hydromorphone hcl</i> TABS	2	QL (250 tabs / 30 days)
LAZANDA	5	QL (60 bottles / 30 days), PA; DL
<i>lorcet</i>	2	QL (360 tabs / 30 days)
<i>lorcet hd</i>	2	QL (360 tabs / 30 days)
<i>lortab</i> TABS	2	QL (360 tabs / 30 days)
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg	4	QL (90 caps / 30 days)
<i>morphine sulfate</i> CP24 60mg, 80mg, 100mg	4	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml	3	
<i>morphine sulfate</i> SOLN 10mg/5ml, 10mg/ml, 20mg/5ml, 100mg/5ml	3	
<i>morphine sulfate</i> SUPP 10mg	2	
<i>morphine sulfate</i> TABS	3	QL (300 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg	2	QL (90 tabs / 30 days)
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg	2	QL (60 tabs / 30 days)
<i>morphine sulfate beads</i>	4	QL (30 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	QL (120 ml / 30 days)
<i>oxycodone hcl</i> SOLN	2	
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	3	QL (90 tabs / 30 days)
<i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg	2	QL (240 tabs / 30 days)
<i>oxycodone hcl</i> TABS 15mg, 20mg, 30mg	2	QL (200 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg	4	QL (90 tabs / 30 days)
OXYCONTIN 40mg	4	QL (60 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (60 tabs / 30 days); DL
<i>oxymorphone hcl</i> TABS 5mg	3	QL (240 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 10mg	3	QL (200 tabs / 30 days)
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (90 tabs / 30 days)
<i>oxymorphone hcl</i> TB12 30mg, 40mg	4	QL (60 tabs / 30 days)
<i>vicodin</i>	3	

ANTI-INFECTIVES**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate</i> SOLN	2	
CAYSTON	5	NM, LA, PA; DL
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	4	
SULFADIAZINE TABS	3	
TOBI PODHALER	3	NM, LA, PA; DL
<i>tobramycin</i> NEBU	5	B/D, NM; DL
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 40mg/ml	2	B/D
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	2	B/D; DL

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	4	
ALINIA	4	DL
<i>atovaquone</i> SUSP	4	PA; DL
<i>aztreonam</i> 1gm	2	

We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your EOC (Evidence of Coverage).

Drug Name	Drug Tier	Requirements/Limits
<i>baciim</i>	2	
BILTRICIDE	3	
<i>clindamycin hcl CAPS</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 2 600mg/4ml, 900mg/6ml</i>		
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	DL
DORIBAX	4	
<i>imipenem-cilastatin</i>	2	
<i>ivermectin TABS</i>	2	
<i>linezolid SOLN</i>	5	PA; DL
<i>linezolid SUSR; TABS</i>	5	DL
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
MONUROL	4	
NEBUPENT	4	B/D; DL
<i>nitrofur mac cap 50mg</i>	3	
<i>nitrofurantoin macrocrystal</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
PENTAM 300	4	DL
<i>sulfamethoxazole-trimethoprim</i>	2	
SYNERCID	5	DL
TIGECYCLINE	4	DL
<i>tinidazole TABS</i>	2	
<i>trimethoprim TABS</i>	2	
TYGACIL	4	DL
<i>vancomycin hcl CAPS</i>	5	DL
<i>vancomycin hcl SOLR 10gm, 500mg, 1000mg</i>	2	DL
<i>vancomycin hcl SOLR 5000mg</i>	2	DL
XIFAXAN 200mg	4	QL (9 tabs / 30 days), PA; DL
ANTIFUNGALS		
ABELCET	5	B/D; DL
AMBISOME	5	B/D; DL
<i>amphotericin b SOLR</i>	3	B/D; DL
CANCIDAS	5	DL
<i>fluconazole SUSR; TABS</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	DL

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

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	4	
NOXAFIL SUSP; TBEC	5	PA; DL
<i>nystatin</i> TABS	2	
<i>terbinafine hcl</i> TABS	2	QL (84 tabs / 365 days)
<i>voriconazole</i> SOLR	4	DL
<i>voriconazole</i> SUSR	5	DL
<i>voriconazole</i> TABS 50mg	4	DL
<i>voriconazole</i> TABS 200mg	5	DL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	DL
<i>chloroquine phosphate</i> TABS	2	DL
COARTEM	4	DL
DARAPRIM	5	PA; DL
<i>mefloquine hcl</i>	2	DL
PRIMAQUINE PHOSPHATE	4	DL
<i>quinine sulfate</i> CAPS	2	QL (84 caps / 365 days); DL
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	2	
APTIVUS	5	DL
CRIXIVAN	3	
DESCOVY	5	DL
<i>didanosine</i>	2	
EDURANT	5	DL
EMTRIVA	3	
EVOTAZ	5	DL
FUZEON	3	NM
GENVOYA	5	DL
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	DL
INVIRASE	3	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	DL
ISENTRESS PACK	4	
ISENTRESS TABS	5	DL
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	DL
NEVIRAPINE SUSP	3	
<i>nevirapine</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine</i> TB24 100mg	2	
<i>nevirapine</i> TB24 400mg	4	
NORVIR	3	
ODEFSEY	5	DL
PREZCOBIX	5	DL
PREZISTA SUSP	4	
PREZISTA TABS 75mg, 150mg	4	
PREZISTA TABS 600mg, 800mg	5	DL
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ CAPS	5	DL
REYATAZ PACK	4	
SELZENTRY TABS 25mg	4	QL (120 tabs / 30 days); DL
SELZENTRY TABS 75mg, 150mg, 300mg	5	DL
<i>stavudine</i>	2	
SUSTIVA	3	
TIVICAY 10mg	4	QL (30 tabs / 30 days)
TIVICAY 25mg, 50mg	5	DL
TYBOST	4	
VIDEX PEDIATRIC 2gm	4	
VIRACEPT	3	
VIREAD	3	
ZERIT SOLR	4	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	5	DL
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	
ATRIPLA	5	DL
COMPLERA	5	DL
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
<i>lamivudine-zidovudine</i>	3	
<i>lopinavir-ritonavir</i>	3	
STRIBILD	5	DL
TRIUMEQ	5	DL
TRUVADA TAB 100-150	5	DL
TRUVADA TAB 133-200	5	DL
TRUVADA TAB 167-250	5	DL
TRUVADA TAB 200-300	5	DL
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i> TABS	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i> SOLN; SYRP; TABS	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	3	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA; DL
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; SUSP; TABS	2	
<i>acyclovir sodium</i> SOLN	2	B/D
<i>adefovir dipivoxil</i>	2	
<i>cidofovir</i>	2	
DAKLINZA	5	NM, PA; DL
<i>entecavir</i>	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D; DL
<i>lamivudine (hbv)</i>	2	
<i>oseltamivir phosphate</i> 30mg	3	QL (56 caps / 180 days)
<i>oseltamivir phosphate</i> 45mg, 75mg	3	QL (28 caps / 180 days)
RELENZA DISKHALER	4	QL (3 inhalers / 180 days)
<i>ribasphere</i> CAPS	4	NM, PA; DL
<i>ribasphere</i> TABS 200mg, 400mg	4	NM, PA; DL
<i>ribasphere</i> TABS 600mg	5	NM, PA; DL
<i>ribavirin cap 200 mg</i>	4	NM, PA; DL
<i>ribavirin tab 200 mg</i>	4	NM, PA; DL
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA; DL
TAMIFLU SUSR	4	QL (360 ml / 180 days); DL
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i> TABS	5	DL

CEPHALOSPORINS

<i>cefaclor</i> CAPS	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 500mg	2	
<i>cefazolin sodium</i> SOLR 10gm	4	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefotetan disodium</i>	2	
<i>cefoxitin sodium</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> SOLR	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i> CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
SUPRAX CAPS	4	
SUPRAX SUSR 500mg/5ml	4	
<i>tazicef</i> SOLR	2	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR; SUSR; TABS	2	
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	PA; DL
<i>e.e.s. 400</i>	3	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i> TABS	3	
PCE	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SOLN 400mg/40ml	2	PA
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	PA
<i>ciprofloxacin hcl</i> TABS	2	
<i>levofloxacin</i> SOLN	2	PA; DL
<i>levofloxacin</i> TABS	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	PA
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	PA; DL
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>moxifloxacin hcl</i> TABS	2	
<i>ofloxacin</i>	2	
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i> 1gm, 10gm, 125mg	2	
BICILLIN C-R	4	

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

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium</i> 2gm, 10gm	2	
<i>penicillin g potassium</i>	2	
PENICILLIN G POTASSIUM IN	4	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	
TETRACYCLINES		
<i>doxy 100</i>	3	
DOXYCYCLINE (MONOHYDRATE) CAPS 50mg	3	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg	3	
<i>doxycycline (monohydrate)</i> SUSR	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 75mg, 150mg	4	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC 50mg	3	
<i>doxycycline hyclate</i> TBEC 75mg, 100mg, 150mg, 200mg	4	
<i>minocycline hcl</i> CAPS; TABS	2	
<i>minocycline hcl</i> TB24	4	
<i>tetracycline hcl</i> CAPS	3	
ANTILIPEMICS, MISCELLANEOUS		
ANTILIPEMICS, MISCELLANEOUS		
JUXTAPID	5	NM, LA, PA; DL
KYNAMRO	5	NM, PA; DL
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM; DL
BICNU	4	DL
<i>busulfan</i>	5	DL
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>dacarbazine</i>	2	
EMCYT	3	
GLEOSTINE	4	DL
HEXALEN	5	DL
<i>ifosfamide</i> SOLR 1gm	2	DL

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Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	3	
<i>melphalan hcl</i>	2	DL
MUSTARGEN	4	DL
THIOTEPA SOLR	5	NM; DL
TREANDA	5	NM; DL
YONDELIS	5	NM, LA; DL
ZANOSAR	4	DL
ANTHRACYCLINES		
<i>daunorubicin hcl</i>	2	DL
<i>doxorubicin hcl</i> SOLN	2	DL
<i>doxorubicin hcl liposomal</i>	4	DL
<i>epirubicin hcl</i> 200mg/100ml	3	
<i>idarubicin hcl</i> 5mg/5ml, 20mg/20ml	2	DL
<i>idarubicin hcl</i> 10mg/10ml	2	DL
ANTIBIOTICS		
<i>bleomycin sulfate</i> 15unit	2	
<i>bleomycin sulfate</i> 30unit	2	B/D
<i>mitomycin</i> SOLR 5mg	4	DL
<i>mitomycin</i> SOLR 20mg, 40mg	5	DL
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D; DL
ALIMTA	5	PA; DL
ARRANON	5	DL
<i>azacitidine</i>	5	NM; DL
<i>cladribine</i>	4	B/D; DL
<i>clofarabine</i>	5	DL
<i>cytarabine</i>	2	B/D; DL
<i>cytarabine inj pf 20 mg/ml</i>	2	DL
<i>decitabine</i>	5	NM; DL
ERWINAZE	5	NM; DL
<i>fludarabine phosphate</i> SOLR	2	DL
<i>fluorouracil</i> SOLN 1gm/20ml, 5gm/100ml	2	DL
<i>fluorouracil</i> SOLN 2.5gm/50ml	2	B/D; DL
<i>gemcitabine hcl</i>	2	
LONSURF	5	NM, PA; DL
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml	3	
METHOTREXATE SODIUM SOLN 50mg/2ml	3	
<i>methotrexate sodium inj 1 gm</i>	2	DL
NIPENT	5	DL
PURIXAN	4	NM
TABLOID	4	
ZALTRAP	5	NM, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	DL
<i>docetaxel</i> CONC 80mg/4ml	3	DL
DOCETAXEL SOLN 80mg/8ml	3	DL
<i>paclitaxel</i> 30mg/5ml, 100mg/16.7ml, 150mg/25ml	2	DL
<i>paclitaxel</i> 300mg/50ml	2	DL
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	3	B/D; DL
<i>vincasar pfs</i>	2	B/D; DL
<i>vincristine sulfate</i>	2	B/D; DL
<i>vinorelbine tartrate</i>	4	
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA 1000mg/50ml	5	NM; DL
AVASTIN	5	NM, LA; DL
BAVENCIO	5	NM, PA; DL
BELEODAQ	5	NM; DL
CYRAMZA	5	NM, LA; DL
DARZALEX	5	NM, LA; DL
EMPLICITI 300mg	5	NM, LA; DL
EMPLICITI 400mg	5	NM; DL
ERBITUX	5	NM; DL
ERIVEDGE	5	NM, LA; DL
FARYDAK	5	NM, LA, PA; DL
HERCEPTIN 440mg	5	NM; DL
IBRANCE	5	NM, LA, PA; DL
IMFINZI	5	NM, LA, PA; DL
ISTODAX (OVERFILL)	5	NM; DL
KADCYLA 100mg	5	NM; DL
KEYTRUDA	5	NM; DL
KISQALI	5	NM, PA; DL
KISQALI FEMARA 200 DOSE	5	NM, PA; DL
KISQALI FEMARA 400 DOSE	5	NM, PA; DL
KISQALI FEMARA 600 DOSE	5	NM, PA; DL
KYPROLIS	5	NM, LA; DL
LARTRUVO 500mg/50ml	5	NM, LA; DL
LYNPARZA	5	NM, LA, PA; DL
NINLARO	5	NM, PA; DL
ODOMZO	5	NM, LA, PA; DL
OPDIVO	5	NM, PA; DL
PERJETA	5	NM; DL
PROLEUKIN	5	NM; DL
RITUXAN	5	NM, LA; DL
RUBRACA 200mg, 300mg	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ	5	NM, LA; DL
TORISEL	5	NM; DL
VECTIBIX	5	NM; DL
VELCADE	5	NM, PA; DL
VENCLEXTA 10mg, 50mg	4	NM, LA, PA; DL
VENCLEXTA 100mg	5	NM, LA, PA; DL
VENCLEXTA STARTING PACK	5	NM, LA, PA; DL
YERVOY	5	NM, PA; DL
ZEJULA	5	NM, LA, PA; DL
ZOLINZA	5	NM; DL
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA	4	
ELIGARD 7.5mg	4	NM; DL
ELIGARD 22.5mg, 30mg, 45mg	4	NM
<i>exemestane</i>	3	
FARESTON	3	
FASLODEX	5	DL
FIRMAGON 80mg	4	QL (4 vials / 28 days), NM; DL
FIRMAGON 120mg	5	NM; DL
<i>flutamide</i>	2	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM
LUPRON DEPOT (1-MONTH) 3.75mg	4	NM; DL
LUPRON DEPOT (1-MONTH) 7.5mg	5	NM; DL
LUPRON DEPOT (3-MONTH)	5	NM; DL
LUPRON DEPOT (4-MONTH)	5	NM; DL
LUPRON DEPOT (6-MONTH)	5	NM; DL
LUPRON DEPOT-PED (1-MONTH)	5	NM; DL
LYSODREN	3	
<i>megestrol acetate</i> SUSP; TABS	2	PA; DL
<i>megestrol acetate (appetite)</i>	4	PA; DL
<i>nilutamide</i>	3	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	2	
TRELSTAR MIXJECT	5	NM; DL
XTANDI	5	NM, LA; DL
ZYTIGA 250mg	5	NM, LA; DL
IMMUNOMODULATORS		
POMALYST	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID	5	NM, LA; DL
THALOMID	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
<i>KINASE INHIBITORS</i>		
AFINITOR	5	NM, PA; DL
AFINITOR DISPERZ	5	NM, PA; DL
ALECENSA	5	NM, LA, PA; DL
ALUNBRIG	5	NM, LA, PA; DL
BOSULIF	5	NM, PA; DL
CABOMETYX	5	NM, LA, PA; DL
CAPRELSA 100mg	3	QL (60 tabs / 30 days), NM, LA, PA; DL
CAPRELSA 300mg	3	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ	5	NM, LA, PA; DL
COTELLIC	5	NM, LA, PA; DL
GILOTRIF	5	NM, LA; DL
ICLUSIG	5	NM, LA, PA; DL
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA	5	NM, LA, PA; DL
INLYTA	5	NM, LA, PA; DL
IRESSA	5	NM, LA, PA; DL
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA; DL
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA; DL
MEKINIST	5	NM, LA, PA; DL
NEXAVAR	5	NM, LA, PA; DL
RYDAPT	5	NM, PA; DL
SPRYCEL	5	NM, PA; DL
STIVARGA	5	NM, LA, PA; DL
SUTENT	5	NM, PA; DL
TAFINLAR	5	NM, LA; DL
TAGRISSE	5	NM, LA, PA; DL
TARCEVA	5	NM, LA; DL
TASIGNA	5	NM; DL
TYKERB	5	NM, LA; DL
VOTRIENT	5	NM, LA; DL
XALKORI	5	NM, LA, PA; DL
ZELBORAF	5	NM, LA, PA; DL
ZYDELIG	5	NM, LA; DL

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA	5	NM, LA, PA; DL
MISCELLANEOUS		
<i>bexarotene</i>	5	NM; DL
DROXIA	3	
HALAVEN	5	NM; DL
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT 15mg	5	NM; DL
JEVTANA	5	NM; DL
MATULANE	5	LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	NM; DL
SYLATRON	5	NM; DL
SYNRIBO	5	NM; DL
<i>tretinoin (chemotherapy)</i>	5	DL
TRISENOX	4	DL
PLATINUM-BASED AGENTS		
<i>carboplatin</i> 50mg/5ml, 450mg/45ml, 600mg/60ml	2	DL
<i>carboplatin</i> 150mg/15ml	2	DL
<i>cisplatin</i> 50mg/50ml, 200mg/200ml	2	DL
<i>cisplatin</i> 100mg/100ml	2	DL
<i>oxaliplatin</i> SOLN	4	
PROTECTIVE AGENTS		
<i>dexrazoxane</i> 250mg	4	
ELITEK	5	DL
<i>leucovorin calcium</i> SOLR 50mg, 200mg	2	
<i>leucovorin calcium</i> SOLR 100mg, 350mg	2	DL
<i>leucovorin calcium</i> TABS 5mg, 10mg	2	
<i>leucovorin calcium</i> TABS 15mg	3	
<i>leucovorin calcium</i> TABS 25mg	4	
<i>levoleucovorin calcium</i>	5	NM; DL
<i>mesna</i>	2	DL
MESNEX TABS	3	
TOPOISOMERASE INHIBITORS		
ETOPOPHOS	4	DL
<i>etoposide</i> SOLN 500mg/25ml	2	DL
<i>irinotecan hcl</i>	4	
<i>toposar</i> 100mg/5ml	2	
<i>topotecan hcl</i> SOLR	5	DL

CARDIOVASCULAR

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	2	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	2	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	2	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	2	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> 3		
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>olmesartan</i>	2	
<i>medoxomil-amlodipine-hydrochlorothiazide</i>		
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazide</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	
EDARBI	4	
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	2	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml	2	
<i>amiodarone hcl</i> TABS	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	3	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl</i> SOLN 100mg/ml	2	
<i>propafenone hcl</i> CP12	3	
<i>propafenone hcl</i> TABS	2	
<i>quinidine gluconate</i> TBCR	3	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	1	
<i>fluvastatin sodium</i> CAPS	2	
<i>fluvastatin sodium</i> TB24	3	
LIVALO	4	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	3	
<i>simvastatin</i> TABS	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>choline fenofibrate</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	
<i>ezetimibe-simvastatin</i>	3	
<i>fenofibrate</i> TABS 40mg, 120mg, 145mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	2	
<i>fenofibrate micronized</i> 43mg, 67mg, 134mg, 200mg	2	
<i>fenofibrate micronized</i> 130mg	3	
<i>gemfibrozil</i> TABS	2	
<i>niacin (antihyperlipidemic)</i>	3	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	5	QL (2 injections / 28 days), NM, PA; DL
<i>prevalite</i> POWD	2	
WELCHOL	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	4	
<i>carvedilol</i>	1	
COREG CR	4	
<i>labetalol hcl</i> SOLN; TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol hcl</i> CP24	2	
<i>propranolol hcl</i> SOLN 1mg/ml	2	
<i>propranolol hcl</i> TABS	1	
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12	2	
<i>diltiazem hcl</i> SOLN 50mg/10ml	2	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl coated beads</i> CP24	2	
<i>diltiazem hcl extended release beads</i> 180mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> 420mg	3	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl</i> CAPS	2	
<i>nifediac cc</i>	2	
<i>nifedipine</i> TB24	2	
<i>nimodipine</i> CAPS	4	
<i>nisoldipine</i>	4	
<i>taztia xt</i>	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	2	
<i>verapamil hcl</i> CP24 360mg	3	
<i>verapamil hcl</i> SOLN	3	
<i>verapamil hcl</i> TABS	2	
<i>verapamil hcl</i> TBCR	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> .25mg	2	
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml	3	
<i>digoxin</i> SOLN .25mg/ml	2	
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	
LANOXIN TABS 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	4	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	
TEKTURNA HCT	4	
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i> TABS	2	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN 10mg/ml	2	
<i>furosemide</i> TABS	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide</i>	2	
<i>triamterene & hydrochlorothiazide</i>	1	
MISCELLANEOUS		
ADRENALIN 1mg/ml	3	
<i>clonidine hcl</i> TABS	2	
CORLANOR	4	
DEMSER	5	DL
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>methyldopa</i>	4	
<i>methyldopa & hydrochlorothiazide</i>	4	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA 100mg	5	QL (90 caps // 30 days), NM; DL
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM; DL
RANEXA	4	
NITRATES		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
NITRO-BID	3	
NITRO-DUR	4	
<i>nitroglycerin</i> PT24	2	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
NITRONAL	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA; DL
ADEMPAS	5	QL (90 tabs // 30 days), NM, LA, PA; DL
CIALIS 2.5mg, 5mg	4	QL (30 tabs // 30 days), PA; DL
LETAIRIS	5	NM, LA, PA; DL
OPSUMIT	5	NM, LA, PA; DL
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	QL (90 tabs // 30 days), NM, PA; DL
UPTRAVI TABS	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
VENTAVIS	5	NM, PA; DL
CENTRAL NERVOUS SYSTEM		
ANORECTIC AGENTS		
BELVIQ	4	ED, PA
<i>benzphetamine hcl</i>	2	ED
CONTRAVE	4	ED, PA
<i>diethylpropion hcl</i>	2	ED
<i>phendimetrazine tartrate</i>	2	ED
<i>phentermine hcl</i>	2	ED
QSYMIA	4	ED, PA
SAXENDA	4	ED, PA
SUPRENZA	4	ED, PA
XENICAL	4	ED, PA
ANTI-ANXIETY		
<i>alprazolam</i> TABS	2	
ALPRAZOLAM INTENSOL	3	DL
<i>bupirone hcl</i> TABS	2	
<i>chlordiazepoxide hcl</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>lorazepam</i> TABS	2	
<i>lorazepam intensol</i>	2	DL
<i>oxazepam</i>	2	
ANTICONVULSANTS		
APTIOM	5	PA; DL
BANZEL SUSP	5	DL
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	DL
BRIVIACT	5	PA; DL
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	3	
<i>clonazepam</i> TABS; TBDP	2	
<i>clorazepate dipotassium</i>	2	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	2	DL
<i>diazepam</i> TABS	2	
DIAZEPAM INTENSOL	3	DL
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>divalproex sodium</i> CSDR; TBEC	2	
<i>divalproex sodium</i> TB24	3	
<i>epitol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i>	2	
<i>fosphenytoin sodium</i> 100mgpe/2ml	2	
FYCOMPA SUSP	5	PA; DL
FYCOMPA TABS 2mg	4	QL (30 tabs / 30 days); DL
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	DL
<i>gabapentin</i> CAPS; SOLN; TABS	2	
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW; TABS	2	
<i>lamotrigine</i> TB24	4	
LEVETIRACETA INJ 5MG/ML	3	
<i>levetiracetam</i> SOLN 100mg/ml	2	
<i>levetiracetam</i> SOLN 500mg/5ml	3	
<i>levetiracetam</i> TABS	2	
<i>levetiracetam</i> TB24	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 ml / 30 days); DL
ONFI SUSP	4	DL
ONFI TABS	5	DL
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	2	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium</i> SOLN	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i> TABS	2	
SABRIL	5	NM, LA; DL
SPRITAM	4	
<i>tiagabine hcl</i>	3	
<i>topiramate</i> CPSP; TABS	2	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
VIMPAT SOLN 10mg/ml	5	DL
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	
VIMPAT TABS 100mg, 150mg, 200mg	5	DL
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i> CP24	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> SOLN; TABS	2	
<i>memantine hcl</i> SOLN	2	
<i>memantine hcl</i> TABS	3	
NAMENDA XR	4	
NAMENDA XR TITRATION PACK	4	
NAMZARIC	4	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	PA
<i>amoxapine</i>	2	
<i>bupropion hcl</i> TABS; TB12	2	
<i>bupropion hcl</i> TB24	3	
<i>citalopram hydrobromide</i>	2	
<i>clomipramine hcl</i> CAPS	3	
<i>desipramine hcl</i> TABS	2	
<i>desvenlafaxine succinate</i>	3	
<i>doxepin hcl</i> CAPS; CONC	3	PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	
DULOXETINE HCL CPEP 40mg	3	
EMSAM	5	DL
<i>escitalopram oxalate</i>	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine hcl</i> CAPS	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg	2	
<i>fluoxetine hcl</i> TABS 20mg	3	
<i>imipramine hcl</i> TABS	3	PA
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS; SOLN	2	
<i>paroxetine hcl</i> TABS	2	
<i>paroxetine hcl</i> TB24	3	
PAXIL SUSP	4	
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC; TABS	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	2	
<i>trazodone hcl</i> TABS 300mg	3	
<i>trimipramine maleate</i> CAPS	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX	4	PA
<i>venlafaxine hcl</i> CP24	2	
<i>venlafaxine hcl</i> TABS	2	
<i>venlafaxine hcl</i> TB24 37.5mg, 75mg, 150mg	3	
VENLAFAXINE HCL TB24 225mg	3	
VIIBRYD	4	
VIIBRYD STARTER PACK	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	2	
APOKYN	5	NM, LA; DL
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	2	
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	DL
<i>carbidopa-levodopa</i>	2	
CARBIDOPA-LEVODOPA-ENTACAPONE	3	
<i>entacapone</i>	3	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> TABS	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i> CAPS; TABS	3	
<i>tolcapone</i>	5	DL
<i>trihexyphenidyl hcl</i>	2	
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days); DL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg	4	
<i>aripiprazole</i> TABS 20mg, 30mg	5	DL
<i>aripiprazole</i> TBDP	5	DL
ARISTADA	5	DL
CHLORPROMAZINE HCL SOLN 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS	3	
<i>clozapine</i> TABS	2	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg	3	
<i>clozapine</i> TBDP 150mg, 200mg	5	DL
<i>ergoloid mesylates</i> TABS	2	
FANAPT 1mg, 2mg, 4mg, 6mg, 10mg, 12mg	5	DL
FANAPT 8mg	4	
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
GEODON SOLR	4	DL
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate</i>	2	
INVEGA SUSTENNA 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days); DL
INVEGA TRINZA 273mg/0.875ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 syringe / 90 days); DL
INVEGA TRINZA 410mg/1.315ml	5	QL (1 syringe / 90 days); DL
LATUDA	4	
<i>loxapine succinate</i>	2	
NUPLAZID	5	NM, LA, PA; DL
<i>olanzapine</i> SOLR; TABS	2	
<i>olanzapine</i> TBDP	3	
<i>paliperidone</i>	4	
<i>perphenazine</i> TABS	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24	3	
REXULTI 2mg, 3mg, 4mg	5	QL (30 tabs / 30 days); DL
REXULTI .25mg, .5mg, 1mg	5	DL
RISPERDAL CONSTA 12.5mg	4	
RISPERDAL CONSTA 25mg, 37.5mg, 50mg	4	DL
<i>risperidone</i> SOLN; TABS	2	
<i>risperidone</i> TBDP	3	
SAPHRIS	5	DL
<i>thioridazine hcl</i> TABS	4	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	DL
VRAYLAR CAPS	5	PA; DL
<i>ziprasidone hcl</i>	2	
ZYPREXA RELPREVV	5	DL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i> CP24	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine</i> TABS	2	
<i>atomoxetine hcl</i>	3	
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate</i> CP24	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg	2	
<i>guanfacine hcl (adhd)</i>	2	
<i>metadate er</i>	2	
<i>methylphenidate hcl</i> CP24 30mg	4	
<i>methylphenidate hcl</i> CPR	4	
<i>methylphenidate hcl</i> SOLN	2	
<i>methylphenidate hcl</i> TABS	2	
<i>methylphenidate hcl</i> TB24	4	
<i>methylphenidate hcl</i> TBCR 10mg	2	
<i>methylphenidate hcl</i> TBCR 20mg	4	
STRATTERA 10mg, 18mg, 25mg	4	
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
VYVANSE CAPS	4	
HYPNOTICS		
<i>estazolam</i> TABS	2	ED; DL
<i>flurazepam</i> CAPS	2	ED; DL
HETLIOZ	5	NM, LA, PA; DL
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR	3	QL (30 tabs / 30 days)
<i>temazepam</i> CAPS	2	ED; DL
<i>triazolam</i> TAB	2	ED; DL
<i>zaleplon</i>	3	QL (90 caps / year); DL
<i>zolpidem tartrate</i> TABS	2	QL (90 tabs / year); DL
MIGRAINE		
<i>almotriptan malate</i> 6.25mg	3	QL (12 tabs / 30 days)
<i>almotriptan malate</i> 12.5mg	3	QL (8 tabs / 30 days)
<i>dihydroergotamine mesylate</i> 1mg/ml	5	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate</i> 4mg/ml	5	DL
<i>ergotamine w/ caffeine</i> TABS	3	QL (43 tabs / 30 days)
<i>frovatriptan succinate</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl</i> 1mg	2	QL (18 tabs / 30 days)
<i>naratriptan hcl</i> 2.5mg	2	QL (9 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 tabs / 30 days)
SUMATRIPTAN SOLN	4	QL (12 units / 30 days)
SUMATRIPTAN SUCCINATE SOAJ 4mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	4	QL (8 injections / 30 days)
SUMATRIPTAN SUCCINATE SOCT 4mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> SOCT 6mg/0.5ml	4	QL (8 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> SOLN	4	QL (8 injections / 30 days)
<i>sumatriptan succinate</i> SOSY	4	QL (8 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate</i> TABS 100mg	2	QL (9 tabs / 30 days)
TREXIMET	4	QL (9 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 5mg	2	QL (8 tabs / 30 days)
<i>zolmitriptan odt tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt tab 5 mg</i>	2	QL (8 tabs / 30 days)
MISCELLANEOUS		
GUANIDINE HCL	3	
HORIZANT	4	
<i>lithium carbonate</i> CAPS; TABS; TBCR	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA	3	PA; DL
<i>pyridostigmine bromide</i> TABS	2	
<i>pyridostigmine bromide</i> TBCR	3	
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	QL (60 tabs / 30 days), NM, LA, PA; DL
AUBAGIO	5	QL (30 tabs / 30 days), NM, LA, PA; DL
AVONEX	5	NM; DL
AVONEX PEN	5	NM; DL
BETASERON	5	NM; DL
COPAXONE	5	NM; DL
GILENYA	5	QL (30 caps / 30 days), NM; DL
<i>glatopa</i>	5	QL (30 ml / 30 days), NM; DL
PLEGRIDY	5	NM; DL
PLEGRIDY STARTER PACK	5	NM; DL
REBIF	5	NM; DL
REBIF REBIDOSE	5	NM; DL
REBIF REBIDOSE TITRATION	5	NM; DL
REBIF TITRATION PACK	5	NM; DL
TECFIDERA	5	QL (60 caps / 30 days), NM, LA; DL
TECFIDERA STARTER PACK	5	NM, LA; DL
TYSABRI	5	NM, LA, PA; DL
MUSCULOSKELETAL THERAPY AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen</i> TABS	2	
<i>metaxalone</i>	4	DL
<i>tizanidine hcl</i> TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i> 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	4	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 ml / 30 days), LA, PA; DL
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	3	
<i>buprenorphine hcl</i> SOLN; SUBL	2	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	4	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	
CHANTIX CONTINUING MONTH	4	
CHANTIX STARTING MONTH PA	4	
<i>disulfiram</i> TABS	2	
<i>naloxone hcl</i> SOLN .4mg/ml	2	
<i>naloxone hcl</i> SOSY	2	DL
<i>naltrexone hcl</i> TABS	2	
NARCAN	4	QL (4 sprays / 30 days); DL
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE	3	QL (90 films / 30 days)
VIVITROL	5	NM; DL
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm, 50mg/5gm	4	
ANDROGEL PUMP	4	
METHITEST	4	
<i>methyltestosterone</i> CAPS	4	
<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days); DL
<i>oxandrolone</i> TABS 10mg	4	DL
<i>testosterone</i> GEL	3	
<i>testosterone cypionate</i> SOLN	2	
<i>testosterone enanthate</i> SOLN	2	
ANTIDIABETICS, INJECTABLE		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST

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Drug Name	Drug Tier	Requirements/Limits
BYDUREON	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS & DRESSINGS - PADS 2 X 2	4	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	4	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NEEDLES, INSULIN DISP., SAFETY	3	
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILL	4	ST
NOVOLOG PENFILL	4	ST
SYMLINPEN 60	4	
SYMLINPEN 120	4	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i>	2	
FARXIGA	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250m	2	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500m	2	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	2	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
INVOKAMET	3	QL (60 tabs / 30 days)
INVOKAMET XR	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (60 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days)
<i>miglitol</i>	2	
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	2	QL (90 tabs / 30 days)
<i>repaglinide</i>	2	
<i>repaglinide-metformin hcl</i>	2	QL (150 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> SOLN	2	
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	2	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	
<i>etidronate disodium</i>	2	
<i>ibandronate sodium</i> SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium</i> TABS	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 4 90mg/10ml	4	
<i>risedronate sodium</i> TABS	2	
<i>risedronate sodium</i> TBEC	3	
<i>zoledronic acid</i> CONC	4	NM; DL
<i>zoledronic acid</i> SOLN 5mg/100ml	4	NM
CHELATING AGENTS		
CHEMET	4	DL
DEPEN TITRATABS	4	DL
EXJADE 125mg	4	NM, LA; DL
EXJADE 250mg, 500mg	5	NM, LA; DL
FERRIPROX TABS	5	NM, LA; DL
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps</i>	2	
SYLVANT	5	NM, PA; DL
SYPRINE	5	PA; DL
CONTRACEPTIVES		
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethia lo</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese lo</i>	3	
<i>caziant</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-SUBQ PROVERA 104	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estradiol & norethindrone acetate</i>	2	
<i>ethynodiol diacet & eth estrad</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gildagia</i>	2	
<i>introvale</i>	2	
<i>jolivette</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kimidess</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1/20</i>	3	
<i>microgestin fe</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
NECON 10/11-28	3	
<i>nikki</i>	2	
<i>nora-be</i>	3	
<i>norethin acet & estrad-fe TABS</i>	2	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>pimtree</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zenchent</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	2	
SYNAREL	3	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA; DL
ALDURAZYME	5	NM, LA, PA; DL
CARBAGLU	5	NM, LA; DL
CEREZYME	5	NM, LA, PA; DL
CYSTADANE	4	NM, LA; DL
CYSTAGON	3	NM, LA
FABRAZYME	5	NM, LA, PA; DL
KUVAN PACK 500mg	5	NM, LA, PA; DL
KUVAN TBSO	5	NM, LA, PA; DL
<i>levocarnitine (metabolic modifiers)</i>	3	
MYALEPT	5	NM, LA, PA; DL
NAGLAZYME	5	NM, LA, PA; DL
ORFADIN CAPS 2mg, 5mg, 10mg	5	NM, LA; DL
ORFADIN SUSP	5	NM, LA; DL
VPRIV	5	NM, PA; DL
ZAVESCA	5	NM, LA, PA; DL
ESTROGENS		
ESTRACE CREA	4	
<i>estradiol</i> PTTW; PTWK; TABS	3	
<i>estradiol valerate</i> OIL 20mg/ml	3	
ESTRING	4	
<i>estropipate</i>	2	
<i>fyavolv</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN	4	
PREMPRO	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL	3	
<i>dexamethasone</i> ELIX; TABS	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	2	
KENALOG-10	3	
KENALOG-40	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TABS; TBPk	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sod succ</i> 40mg, 125mg	2	
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	
<i>prednisone</i> SOLN; TABS	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	3	
SOLU-MEDROL 2gm, 40mg, 125mg, 500mg	3	
SOLU-MEDROL 1000mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
HUMAN GROWTH HORMONES		
HUMATROPE	5	NM, PA; DL
HUMATROPE COMBO PACK	5	NM, PA; DL
NORDITROPIN FLEXPRO	5	NM, PA; DL
ZORBTIVE	5	NM, PA; DL
MISCELLANEOUS		
ANADROL-50	5	DL
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	2	
FORTEO	5	QL (2.4 ml / 28 days), NM, PA; DL
H.P. ACTHAR	5	NM, LA, PA; DL
INCRELEX	5	NM, LA; DL
KORLYM	5	QL (120 tabs / 30 days), NM, LA, PA; DL
MIACALCIN	5	DL
NATPARA	5	NM, PA; DL
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM; DL
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM; DL
PROLIA	4	QL (2 injections / year), NM
<i>raloxifene hcl</i>	3	
RAVICTI	5	NM; DL
SAMSCA	5	NM, PA; DL
SANDOSTATIN LAR DEPOT	5	NM; DL
SENSIPAR	3	NM; DL; B/D
SIGNIFOR	5	NM, LA; DL

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR	5	NM, LA; DL
SOMATULINE DEPOT	5	NM; DL
SOMAVERT	5	NM, LA; DL
XGEVA	5	NM; DL
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	4	
RENAGEL	4	
REVELA	4	
<i>sevelamer carbonate</i> PACK	3	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	2	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	3	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	3	
<i>unithroid</i>	3	
VASOPRESSINS		
<i>desmopressin acetate</i> SOLN 4mcg/ml	3	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate refrigerated</i>	3	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	5	NM; DL
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> 40mg	3	B/D, QL (1 cap / 30 days); DL
<i>aprepitant</i> 80mg	3	B/D, QL (8 caps / 30 days); DL
<i>aprepitant</i> 125mg	3	B/D, QL (2 caps / 30 days); DL
<i>aprepitant pak 80 & 125</i>	3	B/D, QL (6 caps / 30 days); DL
CESAMET	4	PA
<i>compro</i>	2	
<i>dronabinol</i>	3	QL (60 caps / 30 days), PA
<i>granisetron hcl</i> SOLN 4mg/4ml	2	PA; DL
<i>granisetron hcl</i> SOLN .1mg/ml, 1mg/ml	2	PA; DL

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl</i> TABS	2	B/D, QL (30 tabs / 30 days); DL
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml	3	B/D; DL
<i>ondansetron hcl</i> TABS 4mg, 8mg	2	B/D, QL (45 tabs / 30 days); DL
<i>ondansetron hcl</i> TABS 24mg	2	B/D, QL (14 tabs / 30 days); DL
<i>ondansetron hcl soln 4 mg/2ml vial</i>	2	PA; DL
<i>ondansetron tab 4mg odt</i>	2	B/D, QL (45 tabs / 30 days); DL
<i>ondansetron tab 8mg odt</i>	2	B/D, QL (45 tabs / 30 days); DL
<i>phenadoz</i>	3	DL
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i> TABS	2	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	2	DL
<i>promethegan</i>	2	DL
SANCUSO	4	DL
TRANSDERM-SCOP	4	DL
VARUBI	4	B/D, QL (4 tabs / 30 days); DL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	2	
<i>dicyclomine hcl</i> TABS	2	
<i>glycopyrrolate</i> SOLN; TABS	2	
<i>methscopolamine bromide</i> TABS	2	
<i>propantheline bromide</i> TABS	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	2	
<i>famotidine in nacl</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl</i> CAPS	2	
<i>ranitidine hcl</i> SOLN 50mg/2ml	2	
<i>ranitidine hcl</i> SYRP	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide</i> CPEP	5	DL
CANASA	5	DL
<i>colocort</i>	3	
DELZICOL	4	
DIPENTUM	5	DL
<i>hydrocortisone (intrarectal)</i>	3	
LIALDA	4	
<i>mesalamine</i> ENEM	2	
<i>mesalamine</i> TBEC	4	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine</i> TABS	2	
<i>sulfasalazine</i> TBEC	3	

LAXATIVES

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	4	
<i>lactulose</i>	2	
MOVIPREP	4	
OSMOPREP	3	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	

MISCELLANEOUS

<i>alose tron hcl</i>	5	DL
AMITIZA	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
CARAFATE SUSP	3	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA; DL
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTIK	3	
RELISTOR SOLN	5	DL
SUCRAID	5	LA; DL
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS; TABS	3	
XIFAXAN 550mg	5	PA; DL

PANCREATIC ENZYMES

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Drug Name	Drug Tier	Requirements/Limits
CREON	3	
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	3	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR	2	QL (60 caps / 30 days)
<i>pantoprazole sodium</i> TBEC	2	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i> TABS 5mg	2	
RAPAFLO CAP	4	
<i>tamsulosin hcl</i>	2	

IMPOTENCE AGENTS

CAVERJECT	4	ED, QL (6 vials / 30 days); DL
CAVERJECT IMPULSE	4	ED, QL (6 kits / 30 days); DL
CIALIS 10mg, 20mg	4	ED, QL (4 tabs / 30 days); DL
EDEX	4	ED, QL (6 kits / 30 days); DL
LEVITRA	4	ED, QL (4 tabs / 30 days); DL
MUSE	4	ED, QL (6 sup / 30 days); DL
STAXYN	4	ED, QL (4 tabs / 30 days); DL
STENDRA	4	ED, QL (4 tabs / 30 days); DL
VIAGRA	4	ED, QL (4 tabs / 30 days); DL

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	2	
ELMIRON	4	
<i>flavoxate hcl</i>	2	
<i>potassium citrate (alkalinizer)</i>	3	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i>	3	
MYRBETRIQ	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> SYRP; TABS; TB24	2	
<i>tolterodine tartrate</i> CP24	3	
<i>tolterodine tartrate</i> TABS	2	
TOVIAZ	4	
<i>tropium chloride</i> CP24	3	
<i>tropium chloride</i> TABS	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP	4	
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>argatroban</i> 250mg/2.5ml	5	DL
<i>aspirin-dipyridamole</i>	4	
COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i>	4	DL
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	DL
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	DL
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	DL
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	DL
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sodium (porcine)</i>	3	
<i>jantoven</i>	2	
PRADAXA	4	
<i>warfarin sodium</i>	2	
XARELTO	3	
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), NM, PA; DL
EPOGEN 10000unit/ml	4	QL (12 vials / 30 days), NM, PA; DL
EPOGEN 20000unit/ml	4	NM, PA; DL
GRANIX	5	NM; DL
MOZOBIL	5	NM; DL
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), NM, PA; DL
PROCRIT 10000unit/ml	4	QL (12 vials / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA; DL
ZARXIO	5	NM; DL

MISCELLANEOUS

AMICAR TABS	4	
<i>aminocaproic acid</i> TABS	3	DL
<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA; DL
FIRAZYR	5	NM, PA; DL
<i>pentoxifylline</i> TBCR	2	
PROMACTA	5	NM, LA, PA; DL
RUCONEST	5	NM, PA; DL
<i>tranexamic acid</i> SOLN	2	DL
<i>tranexamic acid</i> TABS	3	

PLATELET AGGREGATION INHIBITORS

BRILINTA	4	
<i>clopidogrel bisulfate</i> TABS	2	

IMMUNOLOGIC AGENTS**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

ENBREL	5	NM, PA; DL
ENBREL SURECLICK	5	NM, PA; DL
HUMIRA	5	NM, PA; DL
HUMIRA PEDIATRIC CROHNS D	5	NM, PA; DL
HUMIRA PEN	5	NM, PA; DL
HUMIRA PEN-CROHNS DISEASE	5	NM, PA; DL
HUMIRA PEN-PSORIASIS STAR	5	NM, PA; DL
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium</i> TABS	2	
REMICADE	5	NM, PA; DL
RIDAURA	5	DL

IMMUNOGLOBULINS

BIVIGAM 10gm/100ml	5	NM, PA; DL
CARIMUNE NANOFILTERED 6gm	5	NM, PA; DL
FLEBOGAMMA DIF 10%	5	NM, PA; DL
GAMASTAN S/D	4	NM, PA; (10ML vial)
GAMASTAN S/D	4	NM, PA; (2ML vial)
GAMMAGARD LIQUID 2.5gm/25ml	5	NM, PA; DL
GAMMAGARD S/D IGA LESS TH	5	NM, PA; DL
GAMMAKED 1gm/10ml	5	NM, PA; DL
GAMMAPLEX 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA; DL
GAMUNEX-C 1gm/10ml	5	NM, PA; DL
OCTAGAM 1gm/20ml, 2gm/20ml	5	NM, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN 20gm/200ml	5	NM, PA; DL
IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA; DL
ARCALYST	5	NM, PA; DL
BENLYSTA SOLR	5	NM, PA; DL
GRASTEK	4	PA; DL
ILARIS SOLR	5	NM, PA; DL
INTRON A SOLN 10mu/ml	5	NM; DL
INTRON A SOLN 6000000unit/ml	4	NM; DL
INTRON A SOLR 10mu, 50mu	5	NM; DL
INTRON A SOLR 18mu	4	NM; DL
PEGASYS	5	NM; DL
PEGASYS PROCLICK	5	NM; DL
RAGWITEK	4	PA; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	4	B/D
ATGAM	5	DL
AZASAN	4	B/D
AZATHIOPRINE SOLR	3	B/D
<i>azathioprine</i> TABS	2	B/D
<i>cyclosporine</i> CAPS	3	B/D
<i>cyclosporine</i> SOLN	2	B/D; DL
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
ENVARUSUS XR	4	B/D
<i>gengraf</i>	2	B/D
<i>mycophenolate mofetil</i>	2	B/D
<i>mycophenolate mofetil hcl</i>	3	B/D
<i>mycophenolate sodium</i>	3	B/D
NEORAL	4	B/D
NULOJIX	5	B/D; DL
PROGRAF SOLN	4	B/D; DL
RAPAMUNE	4	B/D
SANDIMMUNE CAPS	3	B/D
SANDIMMUNE SOLN 50mg/ml	4	B/D; DL
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIMULECT	4	B/D
<i>sirolimus</i> TABS	3	B/D
<i>tacrolimus</i> CAPS	2	B/D
THYMOGLOBULIN	3	B/D; DL
ZORTRESS .5mg, .75mg	5	B/D; DL
ZORTRESS .25mg	4	B/D, QL (60 tabs / 30 days); DL
VACCINES		
ACTHIB	3	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL	3	
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	
ENGERIX-B SUSP	4	B/D
GARDASIL 9	4	
HAVRIX	4	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
KINRIX	3	
M-M-R II	4	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	4	
PEDIARIX	3	
PEDVAX HIB	4	
PROQUAD	4	
QUADRACEL	4	
RABAVERT	3	DL
RECOMBIVAX HB	4	B/D
ROTARIX	4	
ROTATEQ	4	
SYNAGIS	5	NM; DL
TENIVAC	3	
TETANUS/DIPHThERIA TOXOID	3	
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effervescent pot chloride</i>	2	
K-TAB	4	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate</i> SOLN 50%	3	
<i>phospha 250 neutral</i>	2	
<i>potassium chloride</i> CPCR	2	
<i>potassium chloride</i> SOLN 10%, 20%	3	
<i>potassium chloride</i> TBCR 8meq, 10meq	2	
<i>potassium chloride</i> TBCR 20meq	3	
<i>potassium chloride microencapsulated crystals cr</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	3	
SODIUM FLUORIDE 2.2 MG	2	
SODIUM LACTATE 5meq/ml	3	

IV NUTRITION

AMINOSYN 7%/ELECTROLYTES	4	B/D; DL
AMINOSYN II INJ 7%	4	B/D; DL
AMINOSYN II INJ 8.5%	4	B/D; DL
AMINOSYN II INJ 10%	4	B/D; DL
AMINOSYN II INJ 15%	4	B/D; DL
AMINOSYN-HBC	4	B/D; DL
AMINOSYN-PF 7%	4	B/D; DL
AMINOSYN-PF INJ 10%	4	B/D; DL
AMINOSYN-RF	4	B/D; DL
<i>hepatamine</i>	4	B/D; DL
<i>intralipid</i> 20gm/100ml	4	B/D; DL
INTRALIPID 30gm/100ml	4	B/D; DL
NEPHRAMINE	4	B/D; DL
<i>premasol</i>	3	B/D; DL
PREMASOL SOL 10%	3	B/D; DL
PROCALAMINE	4	B/D; DL
PROSOL	4	B/D; DL
TRAVASOL	3	B/D; DL
TROPHAMINE	4	B/D; DL

IV REPLACEMENT SOLUTIONS

<i>dextrose</i> SOLN 5%	2	
<i>dextrose</i> SOLN 10%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose in lactated ringers</i>	3	
<i>dextrose w/ sodium chloride</i>	3	
IONOSOL-MB/DEXTROSE 5%	4	DL
ISOLYTE-P/DEXTROSE 5%	4	DL

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S	4	DL
KCL 0.3%/D5W/NACL 0.9%	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>lactated ringer's</i>	3	
NORMOSOL-R	4	DL
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	DL
PLASMA-LYTE-148	4	DL
<i>pot chl/nacl inj 40meq/l</i>	3	
<i>potassium chloride SOLN 2meq/ml</i>	2	
<i>potassium chloride SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride in dextrose</i>	3	
<i>potassium chloride in dextrose & sodium chloride</i>	3	
POTASSIUM CHLORIDE/DEXTRO	3	
<i>ringer's</i>	3	
<i>sodium chloride SOLN .9%</i>	2	
<i>sodium chloride SOLN .45%, 3%, 5%</i>	3	
VITAMINS		
<i>calcitriol CAPS; SOLN</i>	2	
<i>doxercalciferol CAPS</i>	4	
<i>paricalcitol CAPS</i>	4	
<i>paricalcitol SOLN 2mcg/ml</i>	4	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone</i>	2	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	4	
CILOXAN OINT	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate (ophth)</i>	2	
<i>levofloxacin (ophth)</i>	2	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	2	
TOBEX OINT	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
<i>bromfenac sodium (ophth)</i>	2	
CYSTARAN	5	NM, LA, PA; DL
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX GEL; OINT	3	
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA	4	
ANTIALLERGICS		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	2	
<i>cromolyn sodium (ophth)</i>	2	
EMADINE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl (ophth)</i>	2	
<i>olopatadine hcl .1%</i>	2	
<i>olopatadine hcl .2%</i>	3	
PATADAY	4	

ANTIGLAUCOMA

ALPHAGAN P .1%	3	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate (ophthalmic)</i>	3	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL .5%	4	
BETOPTIC-S	4	
<i>bimatoprost SOLN</i>	2	
<i>brimonidine tartrate SOLN .2%</i>	2	
<i>brimonidine tartrate SOLN .15%</i>	3	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
IOPIDINE 1%	4	
ISTALOL	4	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl .5%</i>	2	
<i>levobunolol hcl .25%</i>	3	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	3	
PILOCARPINE HCL SOLN	3	
SIMBRINZA	4	
<i>timolol maleate (ophth) SOLG</i>	3	
<i>timolol maleate (ophth) SOLN</i>	2	
TRAVATAN Z	3	

MISCELLANEOUS

EYLEA	5	NM; DL
LUCENTIS SOLN	5	NM; DL
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium-albuterol</i>	2	B/D

ANTICHOLINERGICS

ATROVENT HFA	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page E.

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	3	
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	3	
<i>cyproheptadine hcl</i> TABS	3	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl</i> SOLN	2	
<i>levocetirizine dihydrochloride</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	2	
BROVANA	4	B/D; DL
<i>levalbuterol hcl</i> NEBU	2	B/D
<i>levalbuterol tartrate</i>	3	
<i>metaproterenol sulfate</i> SYRP; TABS	2	
PERFOROMIST	4	B/D; DL
SEREVENT DISKUS	3	
<i>terbutaline sulfate</i> SOLN; TABS	2	
VENTOLIN HFA	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>zafirlukast</i>	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D; DL
ARALAST NP 400mg, 500mg, 800mg	5	NM, LA, PA; DL
<i>cromolyn sodium</i> NEBU	2	B/D
DALIRESP	4	DL
<i>epinephrine (anaphylaxis)</i> .3mg/0.3ml	3	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml	3	QL (2 pens / 30 days)
ESBRIET	5	NM, PA; DL
GLASSIA	5	NM, LA, PA; DL
KALYDECO PACK	5	NM, PA; DL
KALYDECO TABS	5	QL (60 tabs / 30 days), NM, PA; DL
OFEV	5	NM, PA; DL
ORKAMBI	5	NM, PA; DL
PROLASTIN-C	5	NM, LA, PA; DL
PULMOZYME	5	B/D, NM; DL
TYZINE	3	
XOLAIR	5	NM, PA; DL
ZEMAIRA	5	NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>budesonide (nasal)</i>	2	
<i>flunisolide (nasal)</i>	2	
<i>fluticasone propionate (nasal)</i>	2	
<i>mometasone furoate (nasal)</i>	3	
<i>triamcinolone acetonide (nasal)</i>	3	
STEROID INHALANTS		
ARNUIITY ELLIPTA	3	
<i>budesonide (inhalation)</i>	3	B/D
FLOVENT DISKUS	3	
FLOVENT HFA	3	
PULMICORT FLEXHALER	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	
ADVAIR HFA	3	
BREO ELLIPTA	3	
SYMBICORT	3	
XANTHINES		
<i>aminophylline</i>	2	
<i>theophylline TB12</i>	3	
<i>theophylline TB24</i>	2	
TOPICAL		
DERMATOLOGY, ACNE		
ACANYA	4	
<i>adapalene CREA; GEL</i>	3	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	3	
<i>ery</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	3	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin CREA; GEL</i>	3	PA; DL
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	2	
<i>mupirocin calcium (topical)</i>	2	
<i>silver sulfadiazine CREA</i>	3	
<i>ssd</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLLON CREA	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	2	
<i>ciclopirox</i> SHAM	3	
<i>ciclopirox</i> SOLN	2	PA
<i>ciclopirox olamine</i> CREA; SUSP	2	
<i>clotrimazole (topical)</i> CREA	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>econazole nitrate</i> CREA	3	
<i>ketoconazole (topical)</i> CREA	2	
<i>naftifine hcl</i>	3	
<i>nyamyc</i>	2	
<i>nyata</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	DL
<i>calcipotriene</i> CREA; OINT; SOLN	4	
CALCITRIOL (TOPICAL)	3	
<i>methoxsalen rapid</i>	5	DL
TAZORAC GEL	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort 2.5%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i> CREA; GEL	2	
<i>betamethasone dipropionate augmented</i> LOTN; OINT	3	
<i>betamethasone valerate</i> CREA; LOTN; OINT	2	
<i>betamethasone valerate</i> FOAM	4	
<i>calcipotriene-betamethasone dipropionate</i>	5	DL
<i>clobetasol propionate</i> CREA; GEL; OINT	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> FOAM; LIQD; LOTN	4	
<i>clobetasol propionate</i> SHAM	3	
<i>clobetasol propionate</i> SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate e</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion</i>	4	
<i>clodan</i>	2	
<i>cormax scalp application</i>	2	
<i>desonide</i> CREA; LOTN; OINT	3	
<i>desoximetasone</i> CREA; GEL; OINT	3	
<i>diflorasone diacetate</i>	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA; OINT	2	
<i>fluocinolone acetonide</i> SOLN	3	QL (120 ml / 30 days)
<i>fluocinolone acetonide bo</i>	3	QL (120 ml / 30 days)
<i>fluocinolone acetonide sc</i>	3	QL (120 ml / 30 days)
<i>fluocinonide</i> CREA .1%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> CREA .05%	2	
<i>fluocinonide</i> GEL	2	
<i>fluocinonide</i> OINT	2	
<i>fluocinonide</i> SOLN	3	QL (120 ml / 30 days)
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> CREA; OINT	2	
<i>fluticasone propionate</i> LOTN	3	QL (120 ml / 30 days)
<i>halobetasol propionate</i>	3	QL (120 gm / 30 days)
HALOG	4	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate</i> OINT; SOLN	3	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>hydrocortisone valerate</i>	3	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
<i>triamcinolone acetonide (topical)</i> AERS	3	
<i>triamcinolone acetonide (topical)</i> CREA; LOTN; OINT	2	
<i>triderm</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT	4	PA
<i>lidocaine</i> PTCH	3	PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> SOLN 4%	2	
<i>lidocaine hcl (local anesth.)</i> .5%, 2%	2	
<i>lidocaine-prilocaine</i>	2	QL (30 gm / 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	3	
DENAVIR	4	DL
<i>diclofenac sodium (topical)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (antipruritic)</i>	4	DL
ELIDEL	4	
FINACEA GEL	4	
<i>fluorouracil (topical) CREA 5%</i>	3	
<i>fluorouracil (topical) CREA .5%</i>	5	DL
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod CREA</i>	3	
<i>metronidazole (topical) CREA</i>	2	
<i>metronidazole (topical) GEL 1%</i>	3	
<i>metronidazole (topical) GEL .75%</i>	2	
<i>metronidazole (topical) LOTN</i>	2	
PANRETIN	5	DL
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>tacrolimus (topical)</i>	3	
TARGRETIN GEL	5	NM; DL
TOLAK	4	
VALCHLOR	5	NM, LA, PA; DL
ZYCLARA	5	DL
ZYCLARA PUMP	5	DL

DERMATOLOGY, SCABICIDES AND PEDICULIDES

EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	

DERMATOLOGY, WOUND CARE AGENTS

<i>lactated ringer's (irrigation)</i>	3	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	4	
<i>ringer's irrigation</i>	3	
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	3	
<i>water for irrigation, sterile</i>	3	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clinpro 5000</i>	2	
<i>clotrimazole LOZG</i>	2	
<i>dentagel</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>neutral sodium fluoride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat)</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl (oral)</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
<i>acetic acid (otic)</i>	3	
<i>antipyrine-benzocaine</i>	2	
CIPRO HC	4	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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

A	
abacavir sulfate	5
abacavir sulfate-lamivudine	6
abacavir sulfate-lamivudine-zidovudine	6
ABELCET	4
ABILIFY MAINTENA	23
ABRAXANE	11
acamprosate calcium	27
ACANYA	48
acarbose	28
acebutolol hcl	17
acetaminophen w/ codeine	1
acetazol hc	52
acetazolamide	18
acetazolamide sodium	18
acetic acid (otic)	52
acetylcysteine	47
acitretin	49
ACTHIB	41
ACTIMMUNE	41
ACUVAIL	45
acyclovir	7
acyclovir sodium	7
acyclovir topical	50
ADACEL	42
ADAGEN	33
adapalene	48
ADCIRCA	19
adefovir dipivoxil	7
ADEMPAS	19
ADRENALIN	19
adrucil	10
ADVAIR DISKUS	48
ADVAIR HFA	48
afeditab cr	17
AFINITOR	13
AFINITOR DISPERZ	13
ala-cort	49
ALBENZA	3
albuterol sulfate	47
alclometasone dipropionate	49
ALDACTAZIDE	18
ALDURAZYME	33
ALECENSA	13
alendronate sodium	29
alfuzosin hcl	38
ALIMTA	10
ALINIA	3
allopurinol	1
almotriptan malate	25
ALOCRIL	45
ALOMIDE	45
alosetron hcl	37
ALPHAGAN P	46
alprazolam	20
ALPRAZOLAM INTENSOL	20
ALUNBRIG	13
alyacen 1/35	30
amabelz	30
amantadine hcl	23
AMBISOME	4
amcinonide	49
AMCINONIDE	49
amethia	30
amethia lo	30
AMICAR	40
amikacin sulfate	3
amiloride & hydrochlorothiazide	18
amiloride hcl	18
aminocaproic acid	40
aminophylline	48
AMINOSYN 7%/ELECTROLYTES	43
AMINOSYN II INJ 10%	43
AMINOSYN II INJ 15%	43
AMINOSYN II INJ 7%	43
AMINOSYN II INJ 8.5%	43
AMINOSYN-HBC	43
AMINOSYN-PF 7%	43
AMINOSYN-PF INJ 10%	43
AMINOSYN-RF	43
amiodarone hcl	16
AMITIZA	37
amitriptyline hcl	22
amlodipine besylate	17
amlodipine besylate-atorvastatin calcium	17
amlodipine besylate-benazepril hcl	15
amlodipine besylate-olmesartan medoxomil	15
amlodipine besylate-valsartan	15
amlodipine-valsartan-hydrochlorothiazide	15
amoxapine	22
amoxicillin	8
amoxicillin & pot clavulanate	8
amoxicillin-clarithromycin w/ lansoprazole	37
amphetamine-dextroamphetamine	24

amphotericin b	4	aubra	30
ampicillin	8	AVASTIN	11
ampicillin & sulbactam sodium	8	aviane	30
ampicillin sodium	8	AVONEX	26
AMPYRA	26	AVONEX PEN	26
ANADROL-50	34	azacitidine	10
anagrelide hcl	40	AZASAN	41
anastrozole	12	AZASITE	44
ANDRODERM	27	azathioprine	41
ANDROGEL	27	AZATHIOPRINE	41
ANDROGEL PUMP	27	azelastine hcl (ophth)	45
ANORO ELLIPTA	46	azelastine spr 0.1%	47
antipyrine-benzocaine	52	azelastine spr 0.15%	47
APIDRA	27	AZELEX	48
APIDRA SOLOSTAR	27	azithromycin	8
APOKYN	23	AZOPT	46
apraclonidine hcl	46	aztreonam	3
aprepitant	35	B	
aprepitant pak 80 & 125	35	baciiim	4
apri	30	bacitracin (ophthalmic)	44
APRISO	36	bacitracin-polymyxin b (ophth)	44
APTIOM	20	bacitracin-poly-neomycin-hc	44
APTIVUS	5	baclofen	27
ARALAST NP	47	BACTROBAN NASAL	48
aranelle	30	balsalazide disodium	36
ARCALYST	41	balziva	30
argatroban	39	BANZEL	20
aripiprazole	23	BAVENCIO	11
ARISTADA	23	BCG VACCINE	42
ARNUITY ELLIPTA	48	bekyree	30
ARRANON	10	BELEODAQ	11
ARZERRA	11	BELVIQ	20
ascomp/codeine	1	benazepril & hydrochlorothiazide	15
ashlyna	30	benazepril hcl	15
aspirin-dipyridamole	39	BENDEKA	9
ASTAGRAF XL	41	BENLYSTA	41
atenolol	17	benzoyl peroxide-erythromycin	48
atenolol & chlorthalidone	17	benzphetamine hcl	20
ATGAM	41	benztropine mesylate	23
atomoxetine hcl	24	BESIVANCE	45
atorvastatin calcium	16	betamethasone dipropionate (topical)	49
atovaquone	3	betamethasone dipropionate augmented	49
atovaquone-proguanil hcl	5	betamethasone valerate	49
ATRIPLA	6	BETASERON	26
atropine sulfate (ophthalmic)	46	betaxolol hcl	17
ATROVENT HFA	46	betaxolol hcl (ophth)	46
AUBAGIO	26	bethanechol chloride	38

BETIMOL	46	BYETTA	28
BETOPTIC-S	46	BYSTOLIC	17
bexarotene	14	BYVALSON	15
BEXSERO	42		
bicalutamide	12	C	
BICILLIN C-R	8	cabergoline	34
BICILLIN L-A	9	CABOMETYX	13
BICNU	9	calcipotriene	49
BILTRICIDE	4	calcipotriene-betamethasone dipropionate	49
bimatoprost	46	calcitonin (salmon)	34
bisoprolol & hydrochlorothiazide	17	calcitriol	44
bisoprolol fumarate	17	CALCITRIOL (TOPICAL)	49
BIVIGAM	40	calcium acetate (phosphate binder)	35
bleomycin sulfate	10	camila	30
BLEPHAMIDE	44	camrese lo	30
BLEPHAMIDE S.O.P.	44	CANASA	37
blisovi 24 fe	30	CANCIDAS	4
blisovi fe 1.5/30	30	candesartan cilexetil	16
blisovi fe 1/20	30	candesartan cilexetil-hydrochlorothiazide	15
BOOSTRIX	42	CAPASTAT SULFATE	6
BOSULIF	13	CAPRELSA	13
BREO ELLIPTA	48	captopril	15
briellyn	30	captopril & hydrochlorothiazide	15
BRILINTA	40	CARAFATE	37
brimonidine tartrate	46	CARBAGLU	33
BRIVIACT	20	carbamazepine	20
bromfenac sodium (ophth)	45	carbidopa	23
bromocriptine mesylate	23	carbidopa-levodopa	23
BROVANA	47	CARBIDOPA-LEVODOPA-ENTACAPONE	23
budesonide	37	carboplatin	14
budesonide (inhalation)	48	CARIMUNE NANOFILTERED	40
budesonide (nasal)	48	carteolol hcl (ophth)	46
bumetanide	18	cartia xt	17
buprenorphine hcl	27	carvedilol	17
buprenorphine hcl-naloxone hcl dihydrate	27	CAVERJECT	38
bupropion hcl	22	CAVERJECT IMPULSE	38
bupropion hcl (smoking deterrent)	27	CAYSTON	3
buspirone hcl	20	caziant	30
busulfan	9	cefaclor	7
butalbital-acetaminophen	1	cefadroxil	7
butalbital-acetaminophen-caff		cefazolin sodium	7
w/ cod cap 50-325-40-30 mg	1	cefdinir	7
butalbital-acetaminophen-caffeine	1	cefepime hcl	7
butalbital-aspirin-caffeine	1	cefixime	7
butorphanol tartrate	1,2	cefotaxime sodium	7
BYDUREON	28	cefotetan disodium	7
BYDUREON PEN	28	cefoxitin sodium	7
		cefpodoxime proxetil	8

cefprozil	8	clindamycin phosphate (topical)	48
ceftazidime	8	clindamycin phosphate in d5w.	4
ceftriaxone sodium	8	clindamycin phosphate vaginal	39
cefuroxime axetil	8	clindamycin phosphate-benzoyl peroxide	48
cefuroxime sodium	8	clindamycin phosphate-benzoyl peroxide (refrigerate)	48
celecoxib	1	clinpro 5000	51
CELONTIN	20	clobetasol propionate	49, 50
cephalexin	8	clobetasol propionate e.	50
CEREZYME	33	clobetasol propionate emulsion	50
CESAMET	35	clodan	50
cevimeline hcl	51	clofarabine	10
CHANTIX	27	clomipramine hcl	22
CHANTIX CONTINUING MONTH	27	clonazepam	20
CHANTIX STARTING MONTH PA	27	clonidine hcl	19
CHEMET	30	clopidogrel bisulfate	40
chlordiazepoxide hcl	20	clorazepate dipotassium	20
chlorhexidine gluconate (mouth-throat)	51	clotrimazole	51
chloroquine phosphate	5	clotrimazole (topical)	49
chlorothiazide	18	clotrimazole w/ betamethasone	49
chlorpromazine hcl	23	clozapine	23
CHLORPROMAZINE HCL	23	COARTEM	5
chlorthalidone	18	colchicine	1
cholestyramine	16	colchicine w/ probenecid	1
cholestyramine light powder 4 gm/dose	16	colestipol hcl	16
choline fenofibrate	16	colistimethate sodium	4
CIALIS	19, 38	colocort	37
ciclopirox	49	COMBIGAN	46
ciclopirox olamine	49	COMBIVENT RESPIMAT	46
cidofovir	7	COMETRIQ	13
cilostazol	40	COMPLERA	6
CILOXAN	44	compro	35
CINRYZE	40	constulose	37
CIPRO HC	52	CONTRAIVE	20
CIPRODEX	52	COPAXONE	26
ciprofloxacin	8	COREG CR	17
ciprofloxacin 200 mg/100ml in d5w.	8	CORLANOR	19
ciprofloxacin hcl	8	cormax scalp application	50
ciprofloxacin hcl (ophth)	45	cortisone acetate	33
cisplatin	14	COTELLIC	13
citalopram hydrobromide	22	COUMADIN	39
cladribine	10	CREON	38
clarithromycin	8	CRIXIVAN	5
CLEOCIN	39	cromolyn sodium	47
clindamax	48	cromolyn sodium (mastocytosis)	37
clindamycin hcl	4	cromolyn sodium (ophth)	46
clindamycin palmitate hydrochloride	4	cryselle-28	30
clindamycin phosphate	4		

cyclafem 1/35.....	30	dexamethasone sodium phosphate.....	33
cyclafem 7/7/7.....	30	dexamethasone sodium phosphate (ophth).....	45
CYCLOPHOSPHAMIDE.....	9	DEXILANT.....	38
cyclosporine.....	41	dexmethylphenidate hcl.....	24
cyclosporine modified (for microemulsion).....	41	dexrazoxane.....	14
cyproheptadine hcl.....	47	dextroamphetamine sulfate.....	24, 25
CYRAMZA.....	11	dextrose.....	43
CYSTADANE.....	33	DEXTROSE 10%/NAACL 0.2%.....	43
CYSTAGON.....	33	dextrose 2.5% w/ sodium chloride 0.45%.....	43
CYSTARAN.....	45	dextrose in lactated ringers.....	43
cytarabine.....	10	dextrose w/ sodium chloride.....	43
cytarabine inj pf 20 mg/ml.....	10	DIASTAT ACUDIAL.....	20
D		DIASTAT PEDIATRIC.....	20
dacarbazine.....	9	diazepam.....	20
DAKLINZA.....	7	DIAZEPAM INTENSOL.....	20
DALIRESP.....	47	diclofenac potassium.....	1
danazol.....	33	diclofenac sodium.....	1
dapsone.....	4	diclofenac sodium (ophth).....	45
DAPTACEL.....	42	diclofenac sodium (topical).....	50
daptomycin.....	4	diclofenac sodium soln 1.5%.....	50
DARAPRIM.....	5	diclofenac w/ misoprostol.....	1
darifenacin hydrobromide.....	38	dicloxacillin sodium.....	9
DARZALEX.....	11	dicyclomine hcl.....	36
daunorubicin hcl.....	10	didanosine.....	5
deblitane.....	30	diethylpropion hcl.....	20
decitabine.....	10	DIFICID.....	8
delyla.....	30	diflorasone diacetate.....	50
DELZICOL.....	37	diflunisal.....	1
DEMSEK.....	19	digitek.....	18
DENAVIR.....	50	digoxin.....	18
dentagel.....	51	dihydroergotamine mesylate.....	25
DEPEN TITRATABS.....	30	DILANTIN.....	20
DEPO-MEDROL.....	33	DILANTIN INFATABS.....	20
DEPO-PROVERA.....	12	DILANTIN-125.....	20
DEPO-SUBQ PROVERA 104.....	31	diltiazem hcl.....	18
DESCOVY.....	5	diltiazem hcl coated beads.....	18
desipramine hcl.....	22	diltiazem hcl extended release beads.....	18
desloratadine.....	47	dilt-xr.....	17
desmopressin acetate.....	35	DIPENTUM.....	37
desmopressin acetate refrigerated.....	35	diphenhydramine hcl.....	47
desmopressin acetate spray refrigerated.....	35	diphenoxylate w/ atropine.....	37
desogestrel-ethinyl estradiol (biphasic).....	31	DIPHThERIA/TETANUS TOXOID.....	42
desonide.....	50	disopyramide phosphate.....	16
desoximetasone.....	50	disulfiram.....	27
desvenlafaxine succinate.....	22	divalproex sodium.....	20
dexamethasone.....	33	docetaxel.....	11
DEXAMETHASONE INTENSOL.....	33	DOCETAXEL.....	11

dofetilide.....	16	endocet.....	2
donepezil hydrochloride.....	21	ENGERIX-B.....	42
DORIBAX.....	4	enoxaparin sodium.....	39
dorzolamide hcl.....	46	enpresse-28.....	31
dorzolamide hcl-timolol maleate.....	46	entacapone.....	23
doxazosin mesylate.....	15	entecavir.....	7
doxepin hcl.....	22	ENTRESTO.....	15
doxepin hcl (antipruritic).....	51	enulose.....	37
doxercalciferol.....	44	ENVARUSUS XR.....	41
doxorubicin hcl.....	10	epinastine hcl (ophth).....	46
doxorubicin hcl liposomal.....	10	epinephrine (anaphylaxis).....	47
doxy 100.....	9	epirubicin hcl.....	10
doxycycline (monohydrate).....	9	epitol.....	20
DOXYCYCLINE (MONOHYDRATE).....	9	eplerenone.....	15
doxycycline hyclate.....	9	EPOGEN.....	39
dronabinol.....	35	eprosartan mesylate.....	16
drospirenone-ethinyl estradiol.....	31	ERBITUX.....	11
DROXIA.....	14	ergoloid mesylates.....	23
duloxetine hcl.....	22	ergotamine w/ caffeine.....	25
DULOXETINE HCL.....	22	ERIVEDGE.....	11
duramorph.....	2	errin.....	31
DUREZOL.....	45	ERWINAZE.....	10
dutasteride.....	38	ery.....	48
dutasteride-tamsulosin hcl.....	38	ERY-TAB.....	8
E		ERYTHROCIN LACTOBIONATE.....	8
e.e.s. 400.....	8	erythrocin stearate.....	8
econazole nitrate.....	49	erythromycin (acne aid).....	48
EDARBI.....	16	erythromycin (ophth).....	45
EDARBYCLOR.....	15	erythromycin base.....	8
EDEX.....	38	erythromycin ethylsuccinate.....	8
EDURANT.....	5	ESBRIET.....	47
effervescent pot chloride.....	42	escitalopram oxalate.....	22
ELIDEL.....	51	esomeprazole magnesium.....	38
ELIGARD.....	12	ESTRACE.....	33
ELIQUIS.....	39	estradiol.....	33
ELITEK.....	14	estradiol & norethindrone acetate.....	31
ELMIRON.....	38	estradiol valerate.....	33
EMADINE.....	45	ESTRING.....	33
EMCYT.....	9	estropipate.....	33
emoquette.....	31	ethambutol hcl.....	6
EMPLICITI.....	11	ethosuximide.....	21
EMSAM.....	22	ethynodiol diacet & eth estrad.....	31
EMTRIVA.....	5	etidronate disodium.....	29
enalapril maleate.....	15	etodolac.....	1
enalapril maleate & hydrochlorothiazide.....	15	ETOPOPHOS.....	14
ENBREL.....	40	etoposide.....	14
ENBREL SURECLICK.....	40	EURAX.....	51

EVOTAZ	5	fluocinolone acetonide	50
exemestane	12	fluocinolone acetonide (otic)	52
EXJADE	30	fluocinolone acetonide bo	50
EYLEA.....	46	fluocinolone acetonide sc.....	50
ezetimibe	16	fluocinonide	50
ezetimibe-simvastatin	16	fluocinonide emulsified base	50
F			
FABRAZYME	33	fluorometholone (ophth).....	45
falmina	31	fluorouracil.....	10
famciclovir	7	fluorouracil (topical).....	51
famotidine	36	fluoxetine hcl	22
famotidine in nacl.....	36	fluphenazine decanoate	23
FANAPT	23	fluphenazine hcl	23
FANAPT TITRATION PACK	23	flurbiprofen	1
FARESTON.....	12	flurbiprofen sodium	45
FARXIGA.....	28	flutamide	12
FARYDAK.....	11	fluticasone propionate	50
FASLODEX.....	12	fluticasone propionate (nasal).....	48
felbamate	21	fluvastatin sodium	16
felodipine	18	fluvoxamine maleate	20
femynor.....	31	FML.....	45
fenofibrate	16, 17	FML FORTE	45
fenofibrate micronized	17	fondaparinux sodium.....	39
fenoprofen calcium.....	1	FORTEO.....	34
fentanyl.....	2	fosinopril sodium	15
fentanyl citrate	2	fosinopril sodium & hydrochlorothiazide.....	15
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LUPRON DEPOT (4-MONTH)	12	methotrexate sodium inj 1 gm	10
LUPRON DEPOT (6-MONTH)	12	methoxsalen rapid	49
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minoxidil	19	naproxen	1
mirtazapine	22	naproxen dr	1
misoprostol	37	naproxen sodium	1
mitomycin	10	naratriptan hcl	25
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	14	NARCAN	27
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	14	NATACYN	45
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	14	nateglinide	29
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SILENOR	25	sulfasalazine	37
silver sulfadiazine	49	sulindac	1
SIMBRINZA	46	SUMATRIPTAN	25
SIMULECT	41	sumatriptan succinate	25, 26
simvastatin	16	SUMATRIPTAN SUCCINATE	25
sirolimus	41	SUPRAX	8
SIRTURO	7	SUPRENZA	20
sodium chloride	43, 44	SUPREP BOWEL PREP	37
sodium chloride (gu irrigant)	51	SUSTIVA	6
SODIUM FLUORIDE 2.2 MG	43	SUTENT	13
SODIUM LACTATE	43	SYLATRON	14
sodium polystyrene sulfonate	30	SYLVANT	30
SOLTAMOX	12	SYMBICORT	48
		SYMLINPEN 120	28

SYMLINPEN 60	28	THIOTEPA	10
SYNAGIS	42	thiothixene	24
SYNAREL	33	THYMOGLOBULIN	41
SYNERCID	4	tiagabine hcl	21
SYNRIBO	14	TIGECYCLINE	4
SYNTHROID	35	timolol maleate	17
SYPRINE	30	timolol maleate (ophth)	46
T		tinidazole	4
TABLOID	10	TIVICAY	6
tacrolimus	41	tizanidine hcl	27
tacrolimus (topical)	51	TOBI PODHALER	3
TAFINLAR	13	TOBRADEX	44
TAGRISSE	13	tobramycin	3
TAMIFLU	7	tobramycin (ophth)	45
tamoxifen citrate	12	tobramycin sulfate	3
tamsulosin hcl	38	tobramycin-dexamethasone	44
TARCEVA	13	TOBREX	45
TARGRETIN	51	TOLAK	51
tarina fe 1/20	32	tolcapone	23
TASIGNA	13	tolterodine tartrate	39
tazicef	8	topiramate	21
TAZORAC	49	toposar	14
taztia xt	18	topotecan hcl	14
TECENTRIQ	12	TORISEL	12
TECFIDERA	26	toremide	19
TECFIDERA STARTER PACK	26	TOUJEO SOLOSTAR	28
TEFLARO	8	TOVIAZ	39
TEKTRNA	18	TRADJENTA	29
TEKTRNA HCT	18	tramadol hcl	2
telmisartan	16	tramadol-acetaminophen	2
telmisartan-amlodipine	15	trandolapril	15
telmisartan-hydrochlorothiazide	15	trandolapril-verapamil hcl	15
tencon	2	tranexamic acid	40
TENIVAC	42	TRANSDERM-SCOP	36
terazosin hcl	15	tranylcyproamine sulfate	22
terbinafine hcl	5	TRAVASOL	43
terbutaline sulfate	47	TRAVATAN Z	46
terconazole vaginal	39	trazodone hcl	22
testosterone	27	TREANDA	10
testosterone cypionate	27	TRECTOR	7
testosterone enanthate	27	TRELSTAR MIXJECT	12
TETANUS/DIPHThERIA TOXOID	42	TRESIBA FLEXTOUCH	28
tetrabenazine	26	tretinoin	48
tetracycline hcl	9	tretinoin (chemotherapy)	14
THALOMID	12	TREXIMET	26
theophylline	48	triamcinolone acetonide (mouth)	52
thioridazine hcl	24	triamcinolone acetonide (nasal)	48

triamcinolone acetonide (topical)	50	vandazole	39
triamterene & hydrochlorothiazide	19	VAQTA	42
triderm	50	VARIVAX	42
trifluoperazine hcl	24	VARUBI	36
trifluridine	45	VECTIBIX	12
trihexyphenidyl hcl	23	VELCADE	12
tri-legest fe	32	velivet	32
trilyte	37	VENCLEXTA	12
trimethoprim	4	VENCLEXTA STARTING PACK	12
trimipramine maleate	22	venlafaxine hcl	23
trinessa	32	VENLAFAXINE HCL	23
TRINTELLIX	23	VENTAVIS	20
tri-previfem	32	VENTOLIN HFA	47
TRISENOX	14	verapamil hcl	18
tri-sprintec	32	VERSACLOZ	24
TRIUMEQ	6	VESICARE	39
trivora-28	32	vestura	32
TROPHAMINE	43	VIAGRA	38
tropium chloride	39	vicodin	3
TRULICITY	28	VICTOZA	28
TRUMENBA	42	VIDEX PEDIATRIC	6
TRUVADA TAB 100-150	6	vienva	32
TRUVADA TAB 133-200	6	VIGAMOX	45
TRUVADA TAB 167-250	6	VIIBRYD	23
TRUVADA TAB 200-300	6	VIIBRYD STARTER PACK	23
TWINRIX	42	VIMPAT	21
TYBOST	6	VINBLASTINE SULFATE	11
TYGACIL	4	vincasar pfs	11
TYKERB	13	vincristine sulfate	11
TYPHIM VI	42	vinorelbine tartrate	11
TYSABRI	26	VIRACEPT	6
TYZINE	47	VIREAD	6
U		VIVITROL	27
ULORIC	1	voriconazole	5
unithroid	35	VOTRIENT	13
UPTRAVI	19	VPRIV	33
ursodiol	37	VRAYLAR	24
V		vyfemla	32
valacyclovir hcl	7	VYVANSE	25
VALCHLOR	51	W	
valganciclovir hcl	7	warfarin sodium	39
valproate sodium	21	water for irrigation, sterile	51
valproic acid	21	WELCHOL	17
valsartan	16	wymzya fe	32
valsartan-hydrochlorothiazide	15	X	
vancomycin hcl	4	XALKORI	13

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XIGDUO XR TAB 10-1000.....	29	ZYKADIA	14
XIGDUO XR TAB 10-500MG.....	29	ZYPREXA RELPREVV	24
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xulane	32		
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YERVOY	12		
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ZALTRAP	10		
ZANOSAR.....	10		
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zenchent fe	33		
ZENPEP	38		
ZERIT	6		
ZIAGEN.....	6		
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zoledronic acid.....	30		
ZOLINZA.....	12		
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zolmitriptan odt tab 2.5 mg.....	26		
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zonisamide	21		
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ZORTRESS.....	41		
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This abridged Formulary was updated on August 15, 2017. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the MVP Medicare Customer Care Center.



1-800-665-7924

Monday–Friday, 8 am–8 pm Eastern Time

October 1–February 14 call seven days a week, 8 am–8 pm

TTY: **1-800-662-1220**



Visit mvphealthcare.com for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits and co-payments/co-insurance may change on January 1 of each year. The Formulary may change at any time. You will receive notice when necessary. You must continue to pay your Part B premium. Out-of-network/non-contracted providers are under no obligation to treat MVP Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

