



MVP Health Care®

2018 Abridged Medicare Part D Formulary

(Partial List of Covered Drugs)

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 BasiCare PPO, Gold PPO, GoldSecure HMO-POS, GoldValue HMO-POS, Preferred Gold HMO-POS, or WellSelect PPO.

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 *Drug Coverage (Part D)*.
- Select *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 49. 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.

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.

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 49.

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.

Your Costs in the Initial Coverage Period

Note:

1. Not all MVP Medicare Advantage plans are offered in each New York and Vermont county.
2. If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), a Vermont Prescription Assistance Program, or Low Income Subsidy, the amounts below may be reduced.

What You Pay for a 30-Day Supply From a Retail Pharmacy

MVP Medicare Advantage Plan Type	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
Preferred Gold with Part D (formerly GoldValue)–Rochester/Buffalo Region*	\$0	\$0	\$10	\$40	36%	33%
Preferred Gold with Part D–All Other Regions	\$0	\$0	\$10	\$35	36%	33%
GoldValue with Part D	\$0	\$0	\$15	\$45	36%	33%
Gold PPO with Part D	\$0	\$0	\$10	\$35	36%	33%
BasiCare with Part D–Hudson Valley Region†	\$325	\$2	\$11	<i>What you pay after deductible is met</i>		
BasiCare with Part D–All Other Regions	\$400	\$2	\$11	\$47	36%	25%
WellSelect with Part D–Rochester/Buffalo Region*	\$325	\$1	\$12	<i>What you pay after deductible is met</i>		
GoldSecure with Part D–Rochester/Buffalo Region*	\$400	\$1	\$12	\$47	36%	25%

*Rochester/Buffalo Region includes Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, and Yates counties.

†Hudson Valley Region includes Dutchess, Orange, Putnam, Ulster, and Westchester counties.

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	
NSAIDS		
<i>celecoxib</i> CAPS	3	
<i>diclofenac sodium</i> TB24	2	
<i>diclofenac sodium</i> TBEC 50mg, 75mg	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>meloxicam</i> TABS	2	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> TABS	2	
<i>salsalate</i> TABS	3	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	2	
<i>acetaminophen w/ codeine</i> TABS	2	QL (360 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	2	
<i>butorphanol tartrate</i> SOLN 10mg/ml	2	QL (4 bottles / 30 days)
<i>nalbuphine hcl</i> SOLN	2	
<i>tramadol hcl</i> TABS	2	
<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>hydromorphone hcl</i> LIQD	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>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)
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)
<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>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)
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)

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

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
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	4	
ALINIA	4	DL
<i>atovaquone</i> SUSP	4	PA; DL
<i>aztreonam</i> 1gm	2	
<i>bacim</i>	2	
BILTRICIDE	3	
<i>clindamycin hcl</i> CAPS	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i> SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i>	5	DL
DORIBAX	4	
<i>imipenem-cilastatin</i>	2	
<i>ivermectin</i> TABS	2	
<i>linezolid</i> SOLN	5	PA; DL
<i>linezolid</i> SUSR; TABS	5	DL
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i> TABS	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</i> TABS	2	
<i>trimethoprim</i> TABS	2	
TYGACIL	4	DL
<i>vancomycin hcl</i> CAPS	5	DL
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 1000mg	2	DL
<i>vancomycin hcl</i> SOLR 5000mg	2	DL
XIFAXAN 200mg	4	QL (9 tabs / 30 days), PA; DL
ANTIFUNGALS		
ABELCET	5	B/D; DL
AMBISOME	5	B/D; DL

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>amphotericin b</i> SOLR	3	B/D; DL
CANCIDAS	5	DL
<i>fluconazole</i> SUSR; TABS	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	DL
<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

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>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	DL
NEVIRAPINE SUSP	3	
<i>nevirapine</i> TABS	2	
<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

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
TRUVADA TAB 200-300	5	DL
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i> TABS	2	
<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	

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>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	
<i>cefpodoxime 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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i> 1gm, 10gm, 125mg	2	
BICILLIN C-R	4	
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>minocycline hcl</i> CAPS; TABS	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide</i> SOLR 1gm	2	DL
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 20 mg/ml</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

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Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	
ZALTRAP	5	NM, PA; DL
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

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
RITUXAN	5	NM, LA; DL
RUBRACA 200mg, 300mg	5	NM, LA, PA; DL
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, 45mg	4	NM; DL
ELIGARD 22.5mg, 30mg	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
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Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	NM, LA; DL
THALOMID	5	NM; DL
KINASE INHIBITORS		
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
TAGRISSO	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

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	5	NM, LA, PA; DL
ZYDELIG	5	NM, LA; DL
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl</i> SOLR	5	DL
CARDIOVASCULAR		
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</i> TABS	1	
<i>captopril</i> TABS	2	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	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</i> TABS	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	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	
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	

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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	2	
<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>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>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	
<i>ezetimibe-simvastatin</i>	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	2	
<i>fenofibrate</i> TABS 145mg	3	
<i>fenofibrate micronized</i> 43mg, 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 TABS	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	
<i>carvedilol</i>	1	
<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 BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<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	

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>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	
<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	
<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	
<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	
<i>MISCELLANEOUS</i>		
ADRENALIN 1mg/ml	3	
<i>clonidine hcl</i> TABS	2	
CORLANOR	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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
VENTAVIS	5	NM, PA; DL
CENTRAL NERVOUS SYSTEM		
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> TABS	2	
<i>lorazepam</i> TABS	2	
<i>lorazepam intensol</i>	2	DL
<i>oxazepam</i>	2	
ANTICONVULSANTS		
APTIOM	5	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
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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 25mg, 50mg	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

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>fluoxetine hcl</i> CAPS; SOLN	2	
<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
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-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> TABS	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

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Drug Name	Drug Tier	Requirements/Limits
<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	5	DL
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
<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> TABS	2	
<i>atomoxetine hcl</i>	3	
<i>dexmethylphenidate hcl</i> TABS	2	
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg	2	
<i>guanfacine hcl (adhd)</i>	2	
<i>methylphenidate hcl</i> SOLN	2	
<i>methylphenidate hcl</i> TABS	2	
<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)

HYPNOTICS

HETLIOZ	5	NM, LA, PA; DL
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR	3	QL (30 tabs / 30 days)
<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	QL (8 ml / 28 days); DL
<i>ergotamine w/ caffeine</i> TABS	3	QL (43 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)
<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)
<i>zolmitriptan</i> TABS 2.5mg	2	QL (12 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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		
<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

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Drug Name	Drug Tier	Requirements/Limits
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**

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
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	

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)

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
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>migliitol</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	
<i>ibandronate sodium</i> TABS	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 4 90mg/10ml	4	
<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

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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>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	
<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	
<i>NECON 10/11-28</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<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>pimtrea</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	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	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

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Drug Name	Drug Tier	Requirements/Limits
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> PTWK; TABS	3	
<i>estradiol valerate</i> OIL 20mg/ml	3	
ESTRING	4	
<i>estropipate</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN	4	
<i>yuvaferm</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	
<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	
PREDNISON 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	

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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>levoxy</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
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i>	2	
<i>lactulose</i>	2	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron 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		
CREON	3	
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
<i>lansoprazole</i> CPDR	3	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)
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	
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	2	
<i>flavoxate hcl</i>	2	
<i>potassium citrate (alkalinizer)</i>	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ	4	
<i>oxybutynin chloride</i> SYRP; TABS; TB24	2	
<i>tolterodine tartrate</i> CP24	3	
<i>tolterodine tartrate</i> TABS	2	
TOVIAZ	4	
<i>trospium chloride</i> CP24	3	
<i>trospium 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	

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

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
PROCRIT 10000unit/ml	4	QL (12 vials / 30 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C 1gm/10ml	5	NM, PA; DL
OCTAGAM 1gm/20ml, 2gm/20ml	5	NM, PA; DL
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		
ATGAM	5	DL
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
<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
NULOJIX	5	B/D; DL
PROGRAF SOLN	4	B/D; DL
RAPAMUNE SOLN	4	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	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	3	
DAPTACEL	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
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	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	
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 SOLN 50%</i>	3	
<i>phospha 250 neutral</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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%/NAACL 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
ISOLYTE-S	4	DL
KCL 0.3%/D5W/NAACL 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

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
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	
CILOXAN OINT	4	
<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	4	

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Drug Name	Drug Tier	Requirements/Limits
<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	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
<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	
<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	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA	4	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i>	2	
<i>cromolyn sodium (ophth)</i>	2	
<i>epinastine hcl (ophth)</i>	2	
<i>olopatadine hcl .1%</i>	2	
<i>olopatadine hcl .2%</i>	3	
ANTIGLAUCOMA		
ALPHAGAN P .1%	3	
<i>apraclonidine hcl</i>	2	
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	

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
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	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	3	
<i>cyproheptadine hcl TABS</i>	3	
<i>diphenhydramine hcl SOLN</i>	2	
<i>levocetirizine dihydrochloride</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP; TABS; TB12</i>	2	
BROVANA	4	B/D; DL
<i>levalbuterol hcl NEBU</i>	2	B/D
<i>levalbuterol tartrate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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
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	

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Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
<i>aminophylline</i>	2	
<i>theophylline</i> TB12	3	
<i>theophylline</i> TB24	2	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene</i> CREA; GEL	3	
<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</i> CREA; GEL	3	PA; DL
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin</i> OINT	2	
<i>mupirocin calcium (topical)</i>	2	
<i>silver sulfadiazine</i> CREA	3	
<i>ssd</i>	3	
SULFAMYLON 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>nyamyc</i>	2	
<i>nyata</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	DL
<i>calcipotriene</i> CREA; OINT; SOLN	4	
CALCITRIOL (TOPICAL)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen rapid</i>	5	DL
<i>tazarotene CREA</i>	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM</i>	2	
<i>selenium sulfide LOTN</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort 2.5%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide CREA; LOTN</i>	3	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented CREA; GEL</i>	2	
<i>betamethasone dipropionate augmented LOTN; OINT</i>	3	
<i>betamethasone valerate CREA; LOTN; OINT</i>	2	
<i>calcipotriene-betamethasone dipropionate</i>	5	DL
<i>clobetasol propionate CREA; GEL; OINT</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate LIQD; LOTN</i>	4	
<i>clobetasol propionate SHAM</i>	3	
<i>clobetasol propionate SOLN</i>	2	
<i>clobetasol propionate e</i>	4	QL (60 gm / 30 days)
<i>desonide CREA; OINT</i>	3	
<i>desoximetasone CREA; GEL; OINT</i>	3	
<i>fluocinolone acetonide CREA; OINT</i>	2	
<i>fluocinolone acetonide SOLN</i>	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 CREA .1%</i>	4	QL (60 gm / 30 days)
<i>fluocinonide CREA .05%</i>	2	
<i>fluocinonide GEL</i>	2	
<i>fluocinonide OINT</i>	2	
<i>fluocinonide SOLN</i>	3	QL (120 ml / 30 days)
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate CREA; OINT</i>	2	
<i>fluticasone propionate LOTN</i>	3	QL (120 ml / 30 days)
<i>halobetasol propionate</i>	3	QL (120 gm / 30 days)
<i>hydrocortisone (topical) CREA 2.5%</i>	2	
<i>hydrocortisone (topical) LOTN</i>	2	
<i>hydrocortisone (topical) OINT 2.5%</i>	2	
<i>hydrocortisone butyrate OINT; SOLN</i>	3	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>hydrocortisone valerate</i>	3	
<i>mometasone furoate CREA; OINT; SOLN</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> AERS	3	
<i>triamcinolone acetonide (topical)</i> CREA; LOTN; OINT	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	
<i>diclofenac sodium (topical)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	2	
<i>fluorouracil (topical)</i> CREA 5%	3	
<i>fluorouracil (topical)</i> CREA .5%	5	DL
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA	3	
<i>metronidazole (topical)</i> CREA	2	
<i>metronidazole (topical)</i> GEL 1%	3	
<i>metronidazole (topical)</i> GEL .75%	2	
<i>metronidazole (topical)</i> LOTN	2	
PANRETIN	5	DL
<i>podofilox</i> SOLN	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
VALCHLOR	5	NM, LA, PA; DL
ZYCLARA	5	DL
ZYCLARA PUMP	5	DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>atropine sulfate (ophthalmic)</i>	3	
<i>lactated ringer's (irrigation)</i>	3	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	4	
<i>ringer's irrigation</i>	3	
SANTYL	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>CIPRO HC</i>	4	
<i>CIPRODEX</i>	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	

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A	
abacavir sulfate	4
abacavir sulfate-lamivudine	5
abacavir sulfate-lamivudine-zidovudine	5
ABELCET	3
ABILIFY MAINTENA	21
ABRAXANE	10
acamprosate calcium	25
acarbose	26
acebutolol hcl	16
acetaminophen w/ codeine	1
acetazol hc	48
acetazolamide	17
acetazolamide sodium	17
acetic acid (otic)	48
acetylcysteine	44
acitretin	45
ACTHIB	38
ACTIMMUNE	38
acyclovir	6
acyclovir sodium	6
acyclovir topical	47
ADACEL	38
ADAGEN	30
adapalene	45
ADCIRCA	18
adefovir dipivoxil	6
ADEMPAS	18
ADRENALIN	17
adrucil	9
ADVAIR DISKUS	44
ADVAIR HFA	44
afeditab cr	16
AFINITOR	12
AFINITOR DISPERZ	12
ala-cort	46
ALBENZA	3
albuterol sulfate	43
alclometasone dipropionate	46
ALDURAZYME	30
ALECENSA	12
alendronate sodium	27
alfuzosin hcl	35
ALIMTA	9
ALINIA	3
allopurinol	1
almotriptan malate	23
alosetron hcl	35
ALPHAGAN P	42
alprazolam	18
ALPRAZOLAM INTENSOL	18
ALUNBRIG	12
alyacen 1/35	28
amabelz	28
amantadine hcl	21
AMBISOME	3
amcinonide	46
amethia	28
amethia lo	28
AMICAR	37
amikacin sulfate	2
amiloride & hydrochlorothiazide	17
amiloride hcl	17
aminocaproic acid	37
aminophylline	45
AMINOSYN 7%/ELECTROLYTES	40
AMINOSYN II INJ 10%	40
AMINOSYN II INJ 15%	40
AMINOSYN II INJ 7%	40
AMINOSYN II INJ 8.5%	40
AMINOSYN-HBC	40
AMINOSYN-PF 7%	40
AMINOSYN-PF INJ 10%	40
AMINOSYN-RF	40
amiodarone hcl	15
AMITIZA	35
amitriptyline hcl	20
amlodipine besylate	16
amlodipine besylate-benazepril hcl	14
amlodipine besylate-olmesartan medoxomil	14
amlodipine besylate-valsartan	14
amlodipine-valsartan-hydrochlorothiazide	14
amoxapine	20
amoxicillin	7
amoxicillin & pot clavulanate	7
amoxicillin-clarithromycin w/ lansoprazole	35
amphetamine-dextroamphetamine	23
amphotericin b	4
ampicillin	8
ampicillin & sulbactam sodium	8
ampicillin sodium	8
AMPYRA	24
ANADROL-50	32
anagrelide hcl	37

anastrozole	11	azithromycin	7
ANORO ELLIPTA	43	AZOPT	42
antipyrine-benzocaine	48	aztreonam	3
APIDRA	25	B	
APIDRA SOLOSTAR	25	baciiim	3
APOKYN	21	bacitracin (ophthalmic)	41
apraclonidine hcl	42	bacitracin-polymyxin b (ophth)	41
aprepitant	33	bacitracin-poly-neomycin-hc	41
aprepitant pak 80 & 125	33	baclofen	24
apri	28	BACTROBAN NASAL	45
APRISO	34	balsalazide disodium	34
APTIOM	18	balziva	28
APTIVUS	4	BANZEL	19
ARALAST NP	44	BAVENCIO	10
aranelle	28	BCG VACCINE	38
ARCALYST	38	bekyree	28
argatroban	36	BELEODAQ	10
aripiprazole	22	benazepril & hydrochlorothiazide	14
ARISTADA	22	benazepril hcl	14
ARNUITY ELLIPTA	44	BENDEKA	8
ARRANON	9	BENLYSTA	38
ARZERRA	10	benzoyl peroxide-erythromycin	45
ashlyna	28	benztropine mesylate	21
aspirin-dipyridamole	36	betamethasone dipropionate (topical)	46
atenolol	16	betamethasone dipropionate augmented	46
atenolol & chlorthalidone	16	betamethasone valerate	46
ATGAM	38	BETASERON	24
atomoxetine hcl	23	betaxolol hcl	16
atorvastatin calcium	15	betaxolol hcl (ophth)	42
atovaquone	3	bethanechol chloride	35
atovaquone-proguanil hcl	4	BETIMOL	42
ATRIPLA	5	BETOPTIC-S	42
atropine sulfate (ophthalmic)	47	bexarotene	13
ATROVENT HFA	43	BEXSERO	38
AUBAGIO	24	bicalutamide	11
aubra	28	BICILLIN C-R	8
AVASTIN	10	BICILLIN L-A	8
aviane	28	BICNU	8
AVONEX	24	BILTRICIDE	3
AVONEX PEN	24	bimatoprost	42
azacitidine	9	bisoprolol & hydrochlorothiazide	16
AZASITE	41	bisoprolol fumarate	16
azathioprine	38	BIVIGAM	37
AZATHIOPRINE	38	bleomycin sulfate	9
azelastine hcl (ophth)	42	BLEPHAMIDE	41
azelastine spr 0.1%	43	BLEPHAMIDE S.O.P.	41
azelastine spr 0.15%	43	blisovi 24 fe	28

blisovi fe 1.5/30	28	carbamazepine	19
blisovi fe 1/20	28	carbidopa-levodopa	21
BOOSTRIX	38	CARBIDOPA-LEVODOPA-ENTACAPONE	21
BOSULIF	12	carboplatin	13
BREO ELLIPTA	44	CARIMUNE NANOFILTERED	37
briellyn	28	carteolol hcl (ophth)	42
BRILINTA	37	cartia xt	16
brimonidine tartrate	42	carvedilol	16
BRIVIACT	19	CAYSTON	2
bromfenac sodium (ophth)	42	caziant	28
bromocriptine mesylate	21	cefaclor	6
BROVANA	43	cefadroxil	6
budesonide	34	cefazolin sodium	6
budesonide (inhalation)	44	cefdinir	6
budesonide (nasal)	44	cefepime hcl	7
bumetanide	17	cefixime	7
buprenorphine hcl	25	cefotaxime sodium	7
buprenorphine hcl-naloxone hcl dihydrate	25	cefotetan disodium	7
bupropion hcl	20	cefoxitin sodium	7
bupropion hcl (smoking deterrent)	25	cefpodoxime proxetil	7
bupirone hcl	18	cefprozil	7
busulfan	8	ceftazidime	7
butorphanol tartrate	1	ceftriaxone sodium	7
BYDUREON	25	cefuroxime axetil	7
BYDUREON PEN	25	cefuroxime sodium	7
BYETTA	25	celecoxib	1
C			
cabergoline	32	CELONTIN	19
CABOMETYX	12	cephalexin	7
calcipotriene	45	CEREZYME	30
calcipotriene-betamethasone dipropionate	46	CESAMET	33
calcitonin (salmon)	32	cevimeline hcl	48
calcitriol	41	CHANTIX	25
CALCITRIOL (TOPICAL)	45	CHANTIX CONTINUING MONTH	25
calcium acetate (phosphate binder)	32	CHANTIX STARTING MONTH PA	25
camila	28	CHEMET	27
camrese lo	28	chlordiazepoxide hcl	18
CANASA	34	chlorhexidine gluconate (mouth-throat)	48
CANCIDAS	4	chloroquine phosphate	4
candesartan cilexetil	15	chlorothiazide	17
candesartan cilexetil-hydrochlorothiazide	14	chlorpromazine hcl	22
CAPASTAT SULFATE	6	CHLORPROMAZINE HCL	22
CAPRELSA	12	chlorthalidone	17
captopril	14	cholestyramine	15
captopril & hydrochlorothiazide	14	cholestyramine light powder 4 gm/dose	15
CARAFATE	35	CIALIS	18
CARBAGLU	30	ciclopirox	45
		ciclopirox olamine	45

cidofovir	6	COMPLERA	5
cilostazol.....	37	compro	33
CILOXAN	41	constulose	34
CINRYZE.....	37	COPAXONE	24
CIPRO HC.....	48	CORLANOR	17
CIPRODEX	48	cortisone acetate	31
ciprofloxacin.....	7	COTELLIC.....	12
ciprofloxacin 200 mg/100ml in d5w.....	7	COUMADIN	36
ciprofloxacin hcl	7	CREON	35
ciprofloxacin hcl (ophth)	41	CRIXIVAN	4
cisplatin.....	13	cromolyn sodium	44
citalopram hydrobromide.....	20	cromolyn sodium (mastocytosis)	35
cladribine	9	cromolyn sodium (ophth)	42
clarithromycin	7	cryselle-28	28
CLEOCIN	36	cyclafem 1/35.....	28
clindamax	45	cyclafem 7/7/7	28
clindamycin hcl	3	CYCLOPHOSPHAMIDE	8
clindamycin palmitate hydrochloride.....	3	cyclosporine.....	38
clindamycin phosphate	3	cyclosporine modified (for microemulsion)	38
clindamycin phosphate (topical)	45	cyproheptadine hcl.....	43
clindamycin phosphate in d5w.....	3	CYRAMZA	10
clindamycin phosphate vaginal	36	CYSTADANE	30
clindamycin phosphate-benzoyl peroxide	45	CYSTAGON	30
clindamycin phosphate-benzoyl peroxide (refrigerate).....	45	CYSTARAN.....	42
clinpro 5000	48	cytarabine	9
clobetasol propionate	46	cytarabine inj 20 mg/ml.....	9
clobetasol propionate e.....	46	cytarabine inj pf 20 mg/ml	9
clofarabine	9	D	
clomipramine hcl	20	dacarbazine	8
clonazepam	19	DAKLINZA	6
clonidine hcl.....	17	DALIRESP	44
clopidogrel bisulfate.....	37	danazol	30
clorazepate dipotassium.....	19	dapsone	3
clotrimazole	48	DAPTACEL	38
clotrimazole (topical)	45	daptomycin	3
clotrimazole w/ betamethasone	45	DARAPRIM.....	4
clozapine.....	22	darifenacin hydrobromide	35
COARTEM	4	DARZALEX.....	10
colchicine	1	daunorubicin hcl.....	9
colchicine w/ probenecid	1	deblitane.....	28
colestipol hcl	15	decitabine.....	9
colistimethate sodium	3	delyla.....	28
colocort.....	34	DELZICOL	34
COMBIGAN	43	DEMSEK.....	18
COMBIVENT RESPIMAT.....	43	dentagel	48
COMETRIQ	12	DEPEN TITRATABS.....	27
		DEPO-MEDROL.....	31

DEPO-PROVERA.....	11	diphenoxylate w/ atropine	35
DEPO-SUBQ PROVERA 104	28	DIPHThERIA/TETANUS TOXOID	39
DESCOVY.....	4	disopyramide phosphate	15
desipramine hcl.....	20	disulfiram	25
desmopressin acetate	33	divalproex sodium	19
desmopressin acetate refrigerated.....	33	docetaxel	10
desmopressin acetate spray refrigerated	33	DOCETAXEL	10
desogestrel-ethinyl estradiol (biphasic)	28	dofetilide.....	15
desonide	46	donepezil hydrochloride.....	20
desoximetasone	46	DORIBAX	3
desvenlafaxine succinate	20	dorzolamide hcl.....	43
dexamethasone.....	31	dorzolamide hcl-timolol maleate	43
DEXAMETHASONE INTENSOL.....	31	doxazosin mesylate	14
dexamethasone sodium phosphate.....	31	doxepin hcl.....	20
dexamethasone sodium phosphate (ophth).....	42	doxercalciferol.....	41
dexmethylphenidate hcl	23	doxorubicin hcl	9
dexrazoxane.....	13	doxorubicin hcl liposomal.....	9
dextroamphetamine sulfate.....	23	doxy 100	8
dextrose	40	doxycycline (monohydrate)	8
DEXTROSE 10%/NACL 0.2%	40	DOXYCYCLINE (MONOHYDRATE)	8
dextrose 2.5% w/ sodium chloride 0.45%	40	doxycycline hyclate	8
dextrose in lactated ringers	40	dronabinol	33
dextrose w/ sodium chloride	40	drospirenone-ethinyl estradiol	28
DIASTAT ACUDIAL	19	DROXIA	13
DIASTAT PEDIATRIC.....	19	duloxetine hcl	20
diazepam	19	DULOXETINE HCL	20
DIAZEPAM INTENSOL	19	duramorph.....	1
diclofenac sodium.....	1	DUREZOL.....	42
diclofenac sodium (ophth)	42	dutasteride.....	35
diclofenac sodium (topical).....	47	dutasteride-tamsulosin hcl.....	35
diclofenac sodium soln 1.5%	47	E	
dicloxacillin sodium	8	e.e.s. 400.....	7
dicyclomine hcl	34	econazole nitrate.....	45
didanosine	4	EDURANT	4
DIFICID.....	7	effervescent pot chloride	39
digitek	17	ELIGARD	11
digoxin.....	17	ELIQUIS	36
dihydroergotamine mesylate.....	23	ELITEK	13
DILANTIN.....	19	EMCYT	8
DILANTIN INFATABS	19	emoquette	28
DILANTIN-125.....	19	EMPLICITI	10
diltiazem hcl.....	16	EMSAM.....	20
diltiazem hcl coated beads	16	EMTRIVA	4
diltiazem hcl extended release beads.....	16	enalapril maleate	14
dilt-xr	16	enalapril maleate & hydrochlorothiazide.....	14
DIPENTUM.....	34	ENBREL	37
diphenhydramine hcl.....	43	ENBREL SURECLICK	37

endocet.....	1	ezetimibe	15
ENGERIX-B	39	ezetimibe-simvastatin	15
enoxaparin sodium.....	36	F	
enpresse-28	28	FABRAZYME	31
entacapone	21	falmina	28
entecavir.....	6	famciclovir	6
ENTRESTO	14	famotidine	34
enulose	34	famotidine in nacl.....	34
epinastine hcl (ophth)	42	FANAPT	22
epinephrine (anaphylaxis).....	44	FARESTON.....	11
epirubicin hcl	9	FARXIGA.....	26
epitol	19	FARYDAK	10
eplerenone	14	FASLODEX.....	11
EPOGEN.....	36	felbamate	19
eprosartan mesylate	15	felodipine	16
ERBITUX	10	femynor.....	28
ergoloid mesylates	22	fenofibrate	15
ergotamine w/ caffeine	23	fenofibrate micronized	15
ERIVEDGE	10	fentanyl.....	1
errin	28	fentanyl citrate	1
ERWINAZE.....	9	FENTORA.....	1
ery	45	FERRIPROX	28
ERY-TAB.....	7	FETZIMA	20
ERYTHROCIN LACTOBIONATE	7	FETZIMA TITRATION PACK.....	20
erythrocin stearate.....	7	finasteride	35
erythromycin (acne aid).....	45	FIRAZYR.....	37
erythromycin (ophth).....	41	FIRMAGON	11
erythromycin base	7	flavoxate hcl.....	35
erythromycin ethylsuccinate	7	FLEBOGAMMA DIF.....	37
ESBRIET.....	44	flecainide acetate	15
escitalopram oxalate	20	FLOVENT DISKUS.....	44
ESTRACE	31	FLOVENT HFA	44
estradiol	31	fluconazole.....	4
estradiol & norethindrone acetate	28	fluconazole in dextrose	4
estradiol valerate	31	fluconazole in nacl	4
ESTRING	31	flucytosine	4
estropipate.....	31	fludarabine phosphate	9
ethambutol hcl	6	fludrocortisone acetate.....	31
ethosuximide.....	19	flunisolide (nasal)	44
ethynodiol diacet & eth estrad	28	fluocinolone acetonide	46
etidronate disodium.....	27	fluocinolone acetonide (otic)	48
ETOPOPHOS.....	13	fluocinolone acetonide bo	46
etoposide	13	fluocinolone acetonide sc.....	46
EVOTAZ	4	fluocinonide	46
exemestane	11	fluocinonide emulsified base	46
EXJADE	27	fluorometholone (ophth).....	42
EYLEA.....	43	fluorouracil.....	9

fluorouracil (topical).....	47	gentamicin sulfate (ophth)	41
fluoxetine hcl	21	gentamicin sulfate (topical)	45
fluphenazine decanoate	22	GENVOYA.....	4
fluphenazine hcl	22	GEODON	22
flurbiprofen sodium	42	gildagia	28
flutamide	11	GILENYA.....	24
fluticasone propionate	46	GILOTRIF	12
fluticasone propionate (nasal)	44	GLASSIA.....	44
fluvastatin sodium	15	glatopa	24
fluvoxamine maleate	18	GLEOSTINE	8
FML.....	42	glimepiride	26
FML FORTE	42	glip/metform tab 2.5-250m.....	26
fondaparinux sodium.....	36	glip/metform tab 2.5-500m	26
FORTEO.....	32	glip/metform tab 5-500mg	26
fosinopril sodium	14	glipizide.....	26
fosinopril sodium & hydrochlorothiazide.....	14	GLUCAGEN HYPOKIT	31
fosphenytoin sodium	19	GLUCAGON EMERGENCY KIT.....	31
FOSRENOL	32	glycopyrrolate	34
FRAGMIN.....	36	granisetron hcl.....	33
furosemide	17	GRANIX	36
FUZEON.....	4	GRASTEK.....	38
FYCOMPA.....	19	griseofulvin microsize	4
G		griseofulvin ultramicrosize	4
gabapentin	19	guanfacine hcl (adhd).....	23
GABITRIL.....	19	GUANIDINE HCL.....	24
galantamine hydrobromide	20	H	
GAMASTAN S/D	37	H.P. ACTHAR	32
GAMMAGARD LIQUID	37	HALAVEN.....	13
GAMMAGARD S/D IGA LESS TH	37	halobetasol propionate.....	46
GAMMAKED.....	37	haloperidol.....	22
GAMMAPLEX.....	37	haloperidol decanoate.....	22
GAMUNEX-C	38	haloperidol lactate	22
ganciclovir sodium	6	HAVRIX.....	39
GARDASIL 9.....	39	heparin sod (porcine) in d5w	36
gatifloxacin (ophth).....	41	heparin sodium (porcine)	36
GATTEX	35	hepatamine	40
GAUZE PADS & DRESSINGS - PADS 2 X 2	25	HERCEPTIN	10
gavilyte-c	34	HETLIOZ	23
gavilyte-g	34	HEXALEN.....	8
gavilyte-n/flavor pack	34	HUMALOG	25
gemcitabine hcl.....	9	HUMALOG KWIKPEN.....	25
gemfibrozil	15	HUMALOG MIX 50/50.....	25
generlac	35	HUMALOG MIX 50/50 KWIKPEN	25
gengraf	38	HUMALOG MIX 75/25.....	25
gentak	41	HUMALOG MIX 75/25 KWIKPEN	25
gentamicin in saline	2	HUMATROPE.....	32
gentamicin sulfate	2	HUMATROPE COMBO PACK.....	32

HUMIRA	37	INSULIN SYRINGE (DISP) U-100 0.3 ML	26
HUMIRA PEDIATRIC CROHNS D.	37	INSULIN SYRINGE (DISP) U-100 1 ML	26
HUMIRA PEN	37	INSULIN SYRINGE (DISP) U-100 1/2 ML	26
HUMIRA PEN-CROHNS DISEASE	37	INTELENCE	4
HUMIRA PEN-PSORIASIS STAR	37	intralipid	40
HUMULIN 70/30	25	INTRALIPID	40
HUMULIN 70/30 KWIKPEN	26	INTRON A.	38
HUMULIN N	26	introvale	28
HUMULIN N KWIKPEN	26	INVEGA SUSTENNA	22
HUMULIN R	26	INVEGA TRINZA	22
HUMULIN R U-500 (CONCENTR.	26	INVIRASE	4
HUMULIN R U-500 KWIKPEN	26	INVOKAMET	26
hydralazine hcl.	18	INVOKAMET XR	27
hydrochlorothiazide	17	INVOKANA.	27
hydrocodone-acetaminophen	1	IONOSOL-MB/DEXTROSE 5%	40
hydrocodone-acetaminophen tab 5-300 mg	1	IOPIDINE	43
hydrocortisone	31	IPOL INACTIVATED IPV	39
hydrocortisone (intrarectal)	34	ipratropium bromide	43
hydrocortisone (topical)	46	ipratropium bromide (nasal)	43
hydrocortisone butyrate	46	ipratropium-albuterol	43
hydrocortisone butyrate hydrophilic lipo base	46	irbesartan	15
hydrocortisone valerate	46	irbesartan-hydrochlorothiazide	14
hydrocortisone w/acetic acid	48	IRESSA	12
hydromorphone hcl	1, 2	irinotecan hcl	13
hydroxychloroquine sulfate	37	ISENTRESS	4
hydroxyurea	13	ISOLYTE-P/DEXTROSE 5%	40
I		ISOLYTE-S	40
ibandronate sodium	27	isoniazid	6
IBRANCE	10	ISOPROPYL ALCOHOL 0.7 ML/ML	26
ibuprofen	1	isosorbide dinitrate	18
ICLUSIG	12	isosorbide mononitrate	18
idarubicin hcl	9	isradipine	16
ifosfamide	9	ISTALOL	43
ILARIS.	38	ISTODAX (OVERFILL)	10
imatinib mesylate	12	itraconazole	4
IMBRUVICA	12	ivermectin	3
IMFINZI	10	IXEMPRA KIT	13
imipenem-cilastatin	3	IXIARO	39
imipramine hcl.	21	J	
imiquimod	47	JAKAFI	12
IMOVAX RABIES (H.D.C.V.)	39	jantoven	36
INCRELEX	32	JANUMET	27
INCRUSE ELLIPTA	43	JANUMET XR TAB 100-1000	27
indapamide	17	JANUMET XR TAB 50-1000	27
INFANRIX	39	JANUMET XR TAB 50-500MG	27
INLYTA	12	JANUVIA	27
INSULIN PEN NEEDLE	26	JENTADUETO TAB 2.5-1000	27

JENTADUETO TAB 2.5-850	27
JENTADUETO XR	27
JEVTANA	13
jolivette	28
juleber	29
junel 1.5/30	29
junel 1/20	29
junel fe 1.5/30	28
junel fe 1/20	29
junel fe 24	29
JUXTAPID	8

K

KADCYLA	10
kaitlib fe	29
KALETRA TAB 100-25MG	5
KALETRA TAB 200-50MG	5
KALYDECO	44
kariva	29
KCL 0.3%/D5W/NAACL 0.9%	40
kcl 20 meq/l (0.15%) in nacl 0.45% inj	40
kcl 20 meq/l (0.15%) in nacl 0.9% inj	40
kelnor 1/35	29
KENALOG-10	31
KENALOG-40	31
ketoconazole	4
ketoconazole (topical)	45, 46
ketorolac tromethamine (ophth)	42
KEYTRUDA	10
kimidess	29
KINRIX	39
kionex	28
KISQALI	10
KISQALI FEMARA 200 DOSE	10
KISQALI FEMARA 400 DOSE	10
KISQALI FEMARA 600 DOSE	10
klor-con	39
klor-con 10	39
klor-con 8	39
klor-con m10	39
KLOR-CON M15	39
klor-con m20	39
klor-con sprinkle	39
klor-con/ef	39
KORLYM	32
KUVAN	31
KYNAMRO	8
KYPROLIS	10

L

labetalol hcl	16
lactated ringer's	40
lactated ringer's (irrigation)	47
lactulose	35
lamivudine	5
lamivudine (hbv)	6
lamivudine-zidovudine	5
lamotrigine	19
lansoprazole	35
LANTUS	26
LANTUS SOLOSTAR	26
larin 1.5/30	29
larin 1/20	29
larin fe 1.5/30	29
larin fe 1/20	29
larissia	29
LARTRUVO	10
latanoprost	43
LATUDA	22
layolis fe	29
LAZANDA	2
leena	29
leflunomide	37
LENVIMA 10 MG DAILY DOSE	12
LENVIMA 14 MG DAILY DOSE	12
LENVIMA 18 MG DAILY DOSE	12
LENVIMA 20 MG DAILY DOSE	12
LENVIMA 24 MG DAILY DOSE	12
LENVIMA 8 MG DAILY DOSE	12
lessina	29
LETAIRIS	18
letrozole	11
leucovorin calcium	13
LEUKERAN	9
leuprolide inj 1mg/0.2	11
levalbuterol hcl	43
levalbuterol tartrate	43
LEVEMIR	26
LEVEMIR FLEXTOUCH	26
LEVETIRACETA INJ 5MG/ML	19
levetiracetam	19
levobunolol hcl	43
levocarnitine (metabolic modifiers)	31
levocetirizine dihydrochloride	43
levofloxacin	7
levofloxacin (ophth)	41

levofloxacin in d5w iv soln 500 mg/100ml	7	LUPRON DEPOT (6-MONTH)	11
levofloxacin in d5w iv soln 750 mg/150ml	7	LUPRON DEPOT-PED (1-MONTH)	11
levofloxacin oral soln 25 mg/ml	7	lutera	29
levoleucoverin calcium	13	LYNPARZA	10
levonest.	29	LYRICA	19
levonorgestrel & eth estradiol	29	LYSODREN	11
levonorgestrel-eth estradiol (triphasic)	29	lyza	29
levonorgestrel-ethinyl estradiol (91-day)	29		
levonorgestrel-ethinyl estradiol (continuous)	29	M	
levora 0.15/30-28	29	magnesium sulfate	39
levothyroxine sodium	32	malathion	47
levoxyl	33	maprotiline hcl	21
LEXIVA	5	marlissa	29
LIALDA	34	MARPLAN	21
lidocaine	47	MATULANE	13
lidocaine hcl	47	meclizine hcl	33
lidocaine hcl (local anesth.)	47	medroxyprogesterone acetate	32
lidocaine hcl (mouth-throat)	48	medroxyprogesterone acetate (contraceptive)	29
lidocaine-prilocaine	47	mefloquine hcl	4
lindane	47	megestrol acetate	11
linezolid	3	megestrol acetate (appetite)	11
LINZESS	35	MEKINIST	12
liothyronine sodium	33	meloxicam	1
lisinopril	14	melphalan hcl	9
lisinopril & hydrochlorothiazide	14	memantine hcl	20
lithium carbonate	24	MENACTRA	39
LITHIUM SOL 8MEQ/5ML	24	MENOMUNE-A/C/Y/W-135	39
LONSURF	9	MENVEO	39
loperamide hcl	35	mercaptopurine	9
lopinavir-ritonavir	5	meropenem	3
lorazepam	18	mesalamine	34
lorazepam intensol	18	mesalamine w/ cleanser	34
lorcet	2	mesna	13
lorcet hd	2	MESNEX	13
lortab	2	metaproterenol sulfate	44
loryna	29	metaxalone	24
losartan potassium	15	metformin hcl	27
losartan potassium & hydrochlorothiazide	14	methazolamide	17
LOTEMAX	42	methenamine hippurate	3
lovastatin	15	methimazole	33
low-ogestrel	29	METHITEST	25
loxapine succinate	22	methotrexate sodium	9, 37
LUCENTIS	43	METHOTREXATE SODIUM	9
LUMIGAN	43	methotrexate sodium inj 1 gm	9
LUPRON DEPOT (1-MONTH)	11	methoxsalen rapid	46
LUPRON DEPOT (3-MONTH)	11	methscopolamine bromide	34
LUPRON DEPOT (4-MONTH)	11	methyclothiazide	17
		methyldopa	18

methyldopa & hydrochlorothiazide	18	mupirocin	45
methylphenidate hcl	23	mupirocin calcium (topical)	45
methylprednisolone	31	MUSTARGEN	9
methylprednisolone acetate	31	MYALEPT	31
methylprednisolone sod succ	31	mycophenolate mofetil	38
methyltestosterone	25	mycophenolate mofetil hcl	38
metipranolol	43	mycophenolate sodium	38
metoclopramide hcl	33	myorisan	45
metolazone	17	MYRBETRIQ	36
metoprolol & hydrochlorothiazide	16	N	
metoprolol succinate	16	nabumetone	1
metoprolol tartrate	16	nadolol	16
metronidazole	3	nadolol & bendroflumethiazide	16
metronidazole (topical)	47	nafcillin sodium	8
metronidazole in nacl	3	NAGLAZYME	31
metronidazole vaginal	36	nalbuphine hcl	1
mexiletine hcl	15	naloxone hcl	25
MIACALCIN	32	naltrexone hcl	25
microgestin 1.5/30	29	NAMENDA XR	20
microgestin 1/20	29	NAMENDA XR TITRATION PACK	20
microgestin fe	29	NAMZARIC	20
microgestin fe 1.5/30	29	naproxen	1
midodrine hcl	18	naratriptan hcl	23
miglitol	27	NARCAN	25
minocycline hcl	8	NATACYN	41
minoxidil	18	nateglinide	27
mirtazapine	21	NATPARA	32
misoprostol	35	NEBUPENT	3
mitomycin	9	necon 0.5/35-28	29
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	13	NECON 10/11-28	29
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	13	necon 7/7/7	29
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	13	NEEDLES, INSULIN DISP., SAFETY	26
M-M-R II	39	nefazodone hcl	21
modafinil	24	neomycin sulfate	2
moexipril hcl	14	neomycin/polymyxin b gu	47
moexipril-hydrochlorothiazide	14	neomycin-bacitracin zn-polymyxin	42
mometasone furoate	46	neomycin-polymy-dexameth	41
mometasone furoate (nasal)	44	neomycin-polymyxin-gramicidin	42
mononessa	29	neomycin-polymyxin-hc (ophth)	41
montelukast sodium	44	neomycin-polymyxin-hc (otic)	48
MONUROL	3	NEPHRAMINE	40
morphine sulfate	2	NEUPRO	21
MORPHINE SULFATE	2	neutral sodium fluoride	48
MOVANTIK	35	NEVANAC	42
moxifloxacin hcl	7	nevirapine	5
MOZOBIL	36	NEVIRAPINE	5
MULTAQ	15	NEXAVAR	12

niacin (antihyperlipidemic).....	16	NOVOLOG MIX 70/30 PREFILL	26
niacor.....	16	NOVOLOG PENFILL	26
nicardipine hcl.....	17	NOXAFIL	4
NICOTROL INHALER	25	NUEDEXTA	24
NICOTROL NS.....	25	NULOJIX	38
nifediac cc.....	17	NUPLAZID.....	22
nifedipine	17	nyamyc	45
nikki	29	nyata	45
nilutamide	11	nystatin.....	4
nimodipine	17	nystatin (mouth-throat).....	48
NINLARO.....	10	nystatin (topical).....	45
NIPENT.....	9	nystatin-triamcinolone	45
nisoldipine	17	nystop	45
NITRO-BID.....	18	O	
nitrofur mac cap 50mg.....	3	OCTAGAM	38
nitrofurantoin macrocrystal.....	3	octreotide acetate	32
nitrofurantoin monohyd macro.....	3	ODEFSEY.....	5
nitroglycerin.....	18	ODOMZO.....	10
NITROGLYCERIN.....	18	OFEV.....	44
NITRONAL.....	18	ofloxacin	7
NITROSTAT	18	ofloxacin (ophth).....	42
nora-be	29	ofloxacin (otic).....	48
NORDITROPIN FLEXPPO	32	ogestrel.....	30
norethin acet & estrad-fe.....	29	olanzapine	22
norethindrone & ethinyl estradiol-fe	29	olmesartan medoxomil.....	15
norethindrone (contraceptive).....	29	olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	14
norethindrone acet & eth estra	30	olmesartan medoxomil-hydrochlorothiazide....	14
norethindrone acetate.....	32	olopatadine hcl	42
norethindrone acetate-ethinyl estradiol.....	31	olopatadine hcl (nasal).....	43
norgestimate-ethinyl estradiol	29	omega-3-acid ethyl esters.....	16
norgestimate-ethinyl estradiol (triphasic).....	30	omeprazole	35
norlyroc.....	30	ondansetron hcl	33
NORMOSOL-R.....	40	ondansetron hcl soln 4 mg/2ml vial	33
NORMOSOL-R IN D5W.....	41	ondansetron tab 4mg odt	33
NORPACE CR.....	15	ondansetron tab 8mg odt	33
NORTHERA	18	ONFI.....	19
nortrel 0.5/35 (28).....	30	OPDIVO	10
nortrel 1/35.....	30	OPSUMIT.....	18
nortrel 7/7/7	30	ORFADIN	31
nortriptyline hcl.....	21	ORKAMBI.....	44
NORVIR	5	orsythia.....	30
NOVOLIN 70/30	26	oseltamivir phosphate.....	6
NOVOLIN N	26	oxacillin sodium.....	8
NOVOLIN R	26	oxaliplatin.....	13
NOVOLOG	26	oxandrolone.....	25
NOVOLOG FLEXPEN	26	oxazepam	18
NOVOLOG MIX 70/30	26		

oxcarbazepine	19	PILOCARPINE HCL.....	43
oxybutynin chloride	36	pilocarpine hcl (oral).....	48
oxycodone hcl	2	pimozide	22
oxycodone w/ acetaminophen.....	2	pimtrea	30
OXYCONTIN	2	pindolol.....	16
oxymorphone hcl	2	pioglitazone hcl.....	27
P		pioglitazone hcl-metformin hcl	27
pacerone.....	15	piperacillin sodium-tazobactam sodium.....	8
paclitaxel.....	10	pirmella 1/35	30
paliperidone.....	22	PLASMA-LYTE A.....	41
pamidronate disodium	27	PLASMA-LYTE-148.....	41
PAMIDRONATE DISODIUM.....	27	PLEGRIDY	24
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) ..	35	PLEGRIDY STARTER PACK	24
PANRETIN	47	podofilox.....	47
pantoprazole sodium.....	35	polyethylene glycol 3350.....	35
paricalcitol	41	polymyxin b-trimethoprim.....	42
paromomycin sulfate	2	POMALYST	11
paroxetine hcl	21	portia-28.....	30
PASER	6	pot chl/nacl inj 40meq/l.....	41
PAXIL	21	potassium chloride.....	40
PEDIARIX.....	39	potassium chloride in dextrose	41
PEDVAX HIB.....	39	potassium chloride in dextrose & sodium chloride .	41
PEGANONE	20	potassium chloride microencapsulated crystals cr.	40
PEGASYS	38	POTASSIUM CHLORIDE/DEXTRO	41
PEGASYS PROCLICK	38	potassium citrate (alkalinizer)	35
penicillin g potassium	8	PRADAXA.....	36
PENICILLIN G POTASSIUM IN.....	8	PRALUENT	16
PENICILLIN G PROCAINE	8	pramipexole dihydrochloride.....	21
penicillin g sodium	8	pravastatin sodium.....	15
penicillin v potassium	8	prazosin hcl	14
PENTAM 300	3	PRED MILD	42
pentoxifylline.....	37	PRED-G	41
PERFOROMIST.....	44	PRED-G S.O.P.....	41
perindopril erbumine.....	14	prednisolone acetate (ophth).....	42
periogard	48	PREDNISOLONE SODIUM PHOSP.....	42
PERJETA	10	prednisolone sodium phosphate.....	31
permethrin	47	prednisone	31
perphenazine.....	22	PREDNISONE INTENSOL	31
pfizerpen-g.....	8	PREMARIN.....	31
phenadoz	33	premasol.....	40
phenelzine sulfate.....	21	PREMASOL SOL 10%.....	40
phenobarbital	20	prevalite	16
phenytoin	20	previfem	30
phenytoin sodium.....	20	PREZCOBIX	5
phenytoin sodium extended	20	PREZISTA.....	5
phospha 250 neutral	39	PRIFTIN	6
PHOSPHOLINE IODIDE	43	PRIMAQUINE PHOSPHATE.....	4

primidone	20
PRIVIGEN	38
probenecid	1
procainamide hcl	15
PROCALAMINE	40
prochlorperazine	33
prochlorperazine edisylate	33
prochlorperazine maleate	34
PROCRT	36, 37
procto-med hc	47
procto-pak	47
proctosol hc	47
proctozone-hc	47
progesterone micronized	32
PROGLYCEM	31
PROGRAF	38
PROLASTIN-C	44
PROLENSA	42
PROLEUKIN	10
PROLIA	32
PROMACTA	37
promethazine hcl	34
promethegan	34
propafenone hcl	15
propantheline bromide	34
proparacaine hcl	43
propranolol & hydrochlorothiazide	16
propranolol hcl	16
propylthiouracil	33
PROQUAD	39
PROSOL	40
protriptyline hcl	21
PULMICORT FLEXHALER	44
PULMOZYME	44
PURIXAN	9
pyrazinamide	6
pyridostigmine bromide	24

Q

QUADRACEL	39
quasense	30
quetiapine fumarate	22
quinapril hcl	14
quinapril-hydrochlorothiazide	14
quinidine gluconate	15
quinidine sulfate	15
quinine sulfate	4

R

RABAVERT	39
RAGWITEK	38
raloxifene hcl	32
ramipril	14
RANEXA	18
ranitidine hcl	34
RAPAMUNE	38
rasagiline mesylate	21
RAVICTI	32
REBIF	24
REBIF REBIDOSE	24
REBIF REBIDOSE TITRATION	24
REBIF TITRATION PACK	24
reclipsen	30
RECOMBIVAX HB	39
REGRANEX	47
RELENZA DISKHALER	6
RELISTOR	35
REMICADE	37
RENAGEL	32
REVELA	32
repaglinide	27
repaglinide-metformin hcl	27
RESCRIPTOR	5
RESTASIS	43
RETROVIR IV INFUSION	5
REVLIMID	12
REXULTI	22
REYATAZ	5
ribasphere	6
ribavirin cap 200 mg	6
ribavirin tab 200 mg	6
RIDAURA	37
rifabutin	6
rifampin	6
RIFATER	6
riluzole	24
rimantadine hydrochloride	6
ringer's	41
ringer's irrigation	47
RISPERDAL CONSTA	22
risperidone	22
RITUXAN	11
rivastigmine	20
rivastigmine tartrate	20
rizatriptan benzoate	23

ropinirole hydrochloride	21	sotalol hcl	15
rosuvastatin calcium	15	sotalol hcl (afib/afl)	15
ROTARIX	39	SOVALDI	6
ROTATEQ	39	spironolactone	14
ROZEREM	23	spironolactone & hydrochlorothiazide	17
RUBRACA	11	sprintec 28	30
RUCONEST	37	SPRITAM	20
RYDAPT	12	SPRYCEL	12
S		sps	28
SABRIL	20	sronyx	30
salsalate	1	ssd	45
SAMSCA	32	stavudine	5
SANCUSO	34	STIMATE	33
SANDOSTATIN LAR DEPOT	32	STIVARGA	12
SANTYL	47	STRATTERA	23
SAPHRIS	22	streptomycin sulfate	2
selegiline hcl	21	STRIBILD	5
selenium sulfide	46	SUBOXONE	25
SELZENTRY	5	SUCRAID	35
SENSIPAR	32	sucrafate	35
SEREVENT DISKUS	44	sulfacetamide sodium (acne)	45
sertraline hcl	21	sulfacetamide sodium (ophth)	42
setlakin	30	sulfacetamide sod-prednisolone	41
sevelamer carbonate	32	SULFADIAZINE	2
sf 5000 plus	48	sulfamethoxazole-trimethoprim	3
sharobel	30	SULFAMYLON	45
SIGNIFOR	32	sulfasalazine	34
SIGNIFOR LAR	32	SUMATRIPTAN	23
sildenafil citrate (pulmonary hypertension)	18	sumatriptan succinate	23
SILENOR	23	SUPRAX	7
silver sulfadiazine	45	SUPREP BOWEL PREP	35
SIMBRINZA	43	SUSTIVA	5
SIMULECT	38	SUTENT	12
simvastatin	15	SYLATRON	13
sirolimus	38	SYLVANT	28
SIRTURO	6	SYMBICORT	44
sodium chloride	40, 41	SYMLINPEN 120	26
sodium chloride (gu irrigant)	48	SYMLINPEN 60	26
SODIUM FLUORIDE 2.2 MG	40	SYNAGIS	39
SODIUM LACTATE	40	SYNAREL	30
sodium polystyrene sulfonate	28	SYNERCID	3
SOLTAMOX	11	SYNRIBO	13
SOLU-CORTEF	31	SYNTHROID	33
SOLU-MEDROL	31	SYPRINE	28
SOMATULINE DEPOT	32		
SOMAVERT	32	T	
sorine	15	TABLOID	10
		tacrolimus	38

tacrolimus (topical).....	47	TOBRADEX	41
TAFINLAR.....	12	tobramycin	2
TAGRISSO	12	tobramycin (ophth).....	42
TAMIFLU.....	6	tobramycin sulfate	2
tamoxifen citrate.....	11	tobramycin-dexamethasone	41
tamsulosin hcl	35	TOBREX	42
TARCEVA	12	tolcapone	21
TARGRETIN	47	tolterodine tartrate.....	36
tarina fe 1/20	30	topiramate	20
TASIGNA.....	12	toposar	13
tazarotene	46	topotecan hcl.....	14
tazicef	7	TORISEL.....	11
taztia xt	17	torseamide	17
TECENTRIQ	11	TOUJEO SOLOSTAR.....	26
TECFIDERA	24	TOVIAZ.....	36
TECFIDERA STARTER PACK	24	TRADJENTA.....	27
TEFLARO	7	tramadol hcl.....	1
TEKURNA.....	17	tramadol-acetaminophen.....	1
TEKURNA HCT	17	trandolapril	14
telmisartan.....	15	trandolapril-verapamil hcl	14
telmisartan-amlodipine.....	14	tranexamic acid.....	37
telmisartan-hydrochlorothiazide	14	TRANSDERM-SCOP	34
TENIVAC.....	39	tranylcypramine sulfate	21
terazosin hcl.....	14	TRAVASOL	40
terbinafine hcl	4	TRAVATAN Z.....	43
terbutaline sulfate.....	44	trazodone hcl.....	21
terconazole vaginal.....	36	TREANDA.....	9
testosterone.....	25	TRECATOR.....	6
testosterone cypionate	25	TRELSTAR MIXJECT.....	11
testosterone enanthate.....	25	TRESIBA FLEXTOUCH	26
TETANUS/DIPHThERIA TOXOID	39	tretinoin	45
tetrabenazine.....	24	tretinoin (chemotherapy)	13
tetracycline hcl	8	triamcinolone acetonide (mouth)	48
THALOMID.....	12	triamcinolone acetonide (nasal)	44
theophylline.....	45	triamcinolone acetonide (topical).....	47
thioridazine hcl	23	triamterene & hydrochlorothiazide.....	17
THIOTEPA	9	trifluoperazine hcl.....	23
thiothixene	23	trifluridine.....	42
THYMOGLOBULIN	38	trihexyphenidyl hcl.....	21
tiagabine hcl.....	20	tri-legest fe	30
TIGECYCLINE.....	3	trilyte.....	35
timolol maleate	16	trimethoprim.....	3
timolol maleate (ophth).....	43	trimipramine maleate	21
tinidazole	3	trinessa	30
TIVICAY.....	5	TRINTELLIX	21
tizanidine hcl	24	tri-previfem	30
TOBI PODHALER.....	2	TRISENOX	13

tri-sprintec	30	VESICARE	36
TRIUMEQ	5	vestura.....	30
trivora-28	30	VICTOZA	26
TROPHAMINE	40	VIDEX PEDIATRIC	5
tropium chloride	36	vienna	30
TRULICITY	26	VIIBRYD	21
TRUMENBA	39	VIIBRYD STARTER PACK	21
TRUVADA TAB 100-150	5	VIMPAT.....	20
TRUVADA TAB 133-200	5	VINBLASTINE SULFATE.....	10
TRUVADA TAB 167-250	5	vincasar pfs.....	10
TRUVADA TAB 200-300	6	vincristine sulfate	10
TWINRIX.....	39	vinorelbine tartrate	10
TYBOST	5	VIRACEPT	5
TYGACIL.....	3	VIREAD.....	5
TYKERB	12	VIVITROL	25
TYPHIM VI	39	voriconazole.....	4
TYSABRI.....	24	VOTRIENT	12
TYZINE	44	VPRIV	31
U		VRAYLAR	23
unithroid.....	33	vyfemla	30
UPTRAVI	18	W	
ursodiol.....	35	warfarin sodium	36
V		water for irrigation, sterile	48
valacyclovir hcl	6	WELCHOL	16
VALCHLOR.....	47	wymzya fe.....	30
valganciclovir hcl.....	6	X	
valproate sodium	20	XALKORI	12
valproic acid.....	20	XGEVA.....	32
valsartan.....	15	XIFAXAN.....	3, 35
valsartan-hydrochlorothiazide	14	XIGDUO XR TAB 10-1000.....	27
vancomycin hcl	3	XIGDUO XR TAB 10-500MG.....	27
vandazole	36	XIGDUO XR TAB 5-1000MG.....	27
VAQTA.....	39	XIGDUO XR TAB 5-500MG.....	27
VARIVAX.....	39	XOLAIR.....	44
VARUBI.....	34	XTANDI.....	11
VECTIBIX	11	xulane	30
VELCADE	11	XYREM	25
velivet	30	Y	
VENCLEXTA.....	11	YERVOY	11
VENCLEXTA STARTING PACK.....	11	YF-VAX	39
venlafaxine hcl.....	21	YONDELIS	9
VENLAFAXINE HCL.....	21	yuvafem.....	31
VENTAVIS.....	18	Z	
VENTOLIN HFA	44	zafirlukast.....	44
verapamil hcl	17		
VERSACLOZ.....	23		

zaleplon.....	23
ZALTRAP	10
ZANOSAR.....	9
zarah	30
ZARXIO.....	37
ZAVESCA	31
ZEJULA	11
ZELBORAF.....	13
ZEMAIRA	44
zenchent	30
zenchent fe	30
ZENPEP	35
ZERIT	5
ZIAGEN.....	5
zidovudine	5
ziprasidone hcl.....	23
ZIRGAN.....	42
zoledronic acid.....	27
ZOLINZA.....	11
zolmitriptan	24
zolmitriptan odt tab 2.5 mg.....	23
zolmitriptan odt tab 5 mg	24
zolpidem tartrate	23
zonisamide	20
ZORBTIVE	32
ZORTRESS.....	38
ZOSTAVAX	39
zovia 1/35e	30
zovia 1/50e	30
ZYCLARA	47
ZYCLARA PUMP	47
ZYDELIG.....	13
ZYKADIA	13
ZYPREXA RELPREVV	23
ZYTIGA.....	11

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.



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Monday–Friday, 8 am–8 pm Eastern Time

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

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-665-7924** (TTY: **1-800-662-1220**).

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