



MVP Health Care®
**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 16, 2016**. 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:

Monday–Friday, 8am–8pm Eastern Time

1-800-665-7924

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

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

Or visit **www.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, GoldAnywhere PPO, GoldValue HMO-POS, MVP RxCare PDP, Preferred Gold HMO-POS, WellSelect PPO, or USA Care PPO.

This document includes a partial list of the drugs (Formulary) for our plan which is current as of August 16 2016. 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, 2018, 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 2017 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 16, 2016. 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 **www.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 *Medicare Members*.
- Choose the county you live in or *View Part D Prescription Drug Coverage*.
- Under Part D (Prescription Drug Coverage) select *Covered Formulary Drug List & Updates*.
- Select *2017 Formulary Changes*.

Or you may request an errata sheet (a copy of the 2017 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

HOW DO I USE THE FORMULARY?

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

Medical Condition

The Formulary begins on page 1. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 53. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.

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

WHAT ARE GENERIC DRUGS?

MVP Health Care covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization

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

Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides one tablet per day for DEXILANT. 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?” at right for information about how to request an exception.

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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 **www.medicare.gov**.

THE MVP HEALTH CARE MEDICARE PART D FORMULARY

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

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

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ZETIA) 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 DEXILANT. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP Health Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)

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

Limited Access (LA)

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

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

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP Health Care so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination. **MVP RxCare PDP Members note:** Because your MVP plan is Part D prescription drug coverage only, any drugs deemed Part B will not be covered. You will need to seek coverage from your medical plan for Part B drugs.

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. The costs and plan names below may differ if your coverage is through a former employer.
3. 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

	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6
MVP MEDICARE ADVANTAGE PLAN TYPE	PREFERRED GENERIC DRUGS	GENERIC DRUGS	PREFERRED BRAND NAME DRUGS	NON-PREFERRED DRUGS	SPECIALTY DRUGS	VACCINES
Preferred Gold with Part D	\$0	\$10	\$35	50%	33%	\$0
Gold PPO	\$0	\$10	\$35	50%	33%	\$0
GoldValue with Part D—Rochester/ Buffalo Region*	\$0	\$10	\$40	50%	33%	\$0
GoldValue with Part D—All Other Regions	\$0	\$15	\$45	50%	33%	\$0
BasiCare with Part D**	\$2	\$10	\$47	50%	25%	\$0
WellSelect with Part D**	\$1	\$11	\$47	50%	25%	\$0

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

****BasiCare with Part D and WellSelect with Part D each have a \$400 deductible.** For Tiers 1 and 6, you pay no deductible. For Tiers 2-5, you pay 100 percent of the cost of retail and mail order drugs until you spend \$400.

2017 MVP Health Care Medicare Part D Covered Drugs

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

We provide additional coverage of prescription drugs in Tiers 1 and 6 in the coverage gap, depending on your plan. Please refer to your EOC (Evidence of Coverage).

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine</i>	2	QL (24 caps / 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>tencon</i>	2	QL (24 tabs / 30 days)
<i>tramadol hcl</i> TABS	2	
<i>tramadol hcl</i> TB24	3	
<i>tramadol-acetaminophen</i>	2	
OPIOID ANALGESICS, CII		
<i>codeine sulfate</i>	2	
<i>duramorph</i>	2	
<i>endocet</i>	2	QL (360 tabs / 30 days)
<i>fentanyl</i> 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (20 patches / 30 days)
FENTANYL 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr	4	QL (20 patches / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lpop / 30 days), PA; DL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lpop / 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-ibuprofen</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
<i>hydromorphone hcl</i> SOLN 1mg/ml, 2mg/ml, 4mg/ml	2	
HYDROMORPHONE HCL SOLN 2mg/ml	2	
<i>hydromorphone hcl</i> TABS	2	QL (250 tabs / 30 days)
LAZANDA 100mcg/act, 400mcg/act	5	QL (24 bottles / 30 days), PA; DL
LAZANDA 300mcg/act	5	QL (120 boxes / 30 days), PA; DL
<i>levorphanol tartrate</i> TABS	2	QL (160 tabs / 30 days)
<i>lorcet</i>	3	QL (360 tabs / 30 days)
<i>lorTAB</i> TABS	2	QL (360 tabs / 30 days)
<i>methadone hcl</i> CONC	2	DL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	DL
METHADONE HCL SOLN 10mg/ml	3	DL
<i>methadone hcl</i> TABS	2	DL
<i>morphine sulfate</i> CP24 10mg, 20mg	3	QL (90 caps / 30 days)
<i>morphine sulfate</i> CP24 30mg, 50mg	4	QL (90 caps / 30 days)
<i>morphine sulfate</i> CP24 60mg, 80mg, 100mg	4	QL (60 caps / 30 days)

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 8mg/ml	3	
<i>morphine sulfate</i> SOLN 2mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 15mg/ml, 20mg/5ml, 100mg/5ml	2	
<i>morphine sulfate</i> SUPP 10mg	2	
<i>morphine sulfate</i> TABS	2	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>morphine sulfate beads</i>	4	QL (30 caps / 30 days)
OPANA ER (CRUSH RESISTANT)	4	QL (60 tabs / 30 days)
<i>oxycodone cap 5mg</i>	2	QL (240 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	QL (120 ml / 30 days)
<i>oxycodone hcl</i> SOLN	2	
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg	2	QL (90 tabs / 30 days)
<i>oxycodone hcl</i> T12A 30mg	3	QL (90 tabs / 30 days)
<i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg	2	QL (240 tabs / 30 days)
<i>oxycodone hcl</i> TABS 15mg, 20mg, 30mg	2	QL (200 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg	4	QL (90 tabs / 30 days)
OXYCONTIN 15mg, 20mg, 30mg	4	QL (90 tabs / 30 days)
OXYCONTIN 40mg	4	QL (60 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (60 tabs / 30 days); DL
<i>oxymorphone hcl</i> TABS 5mg	3	QL (240 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 10mg	3	QL (200 tabs / 30 days)
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg	2	QL (90 tabs / 30 days)
<i>oxymorphone hcl</i> TB12 15mg, 20mg	4	QL (90 tabs / 30 days)
<i>oxymorphone hcl</i> TB12 30mg, 40mg	4	QL (60 tabs / 30 days)
<i>vicodin</i>	3	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	2	
CAYSTON	5	NM, LA, PA; DL
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	4	
SULFADIAZINE TABS	3	
TOBI NEB 300/5ML	5	B/D, NM; DL

We provide additional coverage of prescription drugs in Tiers 1 and 6 in the coverage gap, depending on your plan. Please refer to your EOC (Evidence of Coverage).

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER	3	NM, LA, PA; DL
<i>tobramycin</i> NEBU	5	B/D, NM; DL
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	2	B/D; DL
<i>tobramycin sulfate</i> SOLN 40mg/ml	2	B/D; DL
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	4	
ALINIA	4	DL
<i>atovaquone</i> SUSP	4	PA; DL
AZACTAM IN ISO-OSMOTIC DE	4	
<i>aztreonam</i>	2	
<i>baci-im</i>	2	
BACITRACIN SOLR	2	
BILTRICIDE	3	
<i>chloramphenicol sodium succinate</i>	2	
<i>clindamycin hcl</i> CAPS	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i> SOLR	4	
CUBICIN	5	B/D; DL
<i>dapsone</i> TABS	3	
DORIBAX	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
KETEK	4	
<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> CAPS; 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>polymyxin b sulfate</i> SOLR	2	
PRIMAXIN IV	4	
<i>sulfamethoxazole-trimethoprim</i>	2	
SYNERCID	5	DL
<i>tinidazole</i> TABS	2	

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PA Prior Authorization

B/D Covered under Medicare B or D

QL Quantity Limits

ST Step Therapy

NM Not available at mail-order

LA Limited Access

DL Medication restricted to 30 day supply

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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
<i>amphotericin b</i> SOLR	2	B/D; DL
CANCIDAS	5	DL
<i>fluconazole</i> SUSR; TABS	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	4	PA; DL
<i>ketoconazole</i> TABS	4	
NOXAFIL SUSP	5	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

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA	3	
EVOTAZ	5	DL
FUZEON	3	NM; DL
GENVOYA	5	DL
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	DL
INVIRASE	3	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	DL
ISENTRESS PACK	4	
ISENTRESS TABS	5	DL
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	DL
NEVIRAPINE SUSP	2	
<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	5	DL
<i>stavudine</i>	2	
SUSTIVA	3	
TIVICAY 10mg	4	QL (30 tabs / 30 days)
TIVICAY 25mg, 50mg	5	DL
TYBOST	4	DL
VIDEX PEDIATRIC 2gm	4	
VIRACEPT	3	
VIREAD	3	
VITEKTA	5	DL
ZIAGEN	3	
<i>zidovudine</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	
ATRIPLA	5	DL

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
COMPLERA	5	DL
EPZICOM	5	DL
KALETRA	3	
<i>lamivudine-zidovudine</i>	4	
STRIBILD	5	DL
TRIUMEQ	5	DL
TRIZIVIR	5	DL
TRUVADA	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>	2	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA; DL
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS	1	
<i>acyclovir</i> SUSP; TABS	2	
<i>acyclovir sodium</i> SOLN	2	B/D
<i>adefovir dipivoxil</i>	2	
<i>cidofovir</i>	2	
<i>entecavir</i>	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D; DL
HARVONI	5	NM, PA; DL
<i>lamivudine (hbv)</i>	2	
<i>moderiba</i> TABS	4	NM, PA; DL
MODERIBA PAK 600/DAY	5	NM, PA; DL
REBETOL SOLN	3	QL (900 ml / 30 days), NM, PA; DL
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
RIBASPHERE RIBAPAK	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	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
SOVALDI	5	NM, PA; DL
TAMIFLU SUSR	4	QL (360 ml / 180 days); DL
TYZEKA	4	
<i>valacyclovir hcl</i> TABS	2	
VALCYTE SOLR	5	DL
<i>valganciclovir hcl</i>	5	DL
VIRAZOLE	5	DL
CEPHALOSPORINS		
CEDAX CAPS	4	
<i>cefaclor</i> CAPS	2	
CEFACLOR ER	3	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 20gm, 500mg	2	
<i>cefazolin sodium</i> SOLR 10gm	4	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefotetan disodium</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
CLAFORAN 1gm, 2gm	4	
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.</i>	3	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i> CPEP	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> TABS	2	
ERYTHROMYCIN BASE TBEC 250mg, 333mg	2	
ERYTHROMYCIN BASE TBEC 500mg	3	
<i>erythromycin ethylsuccinate</i>	3	
PCE	4	
FLUOROQUINOLONES		
AVELOX SOLN	4	PA; DL
<i>ciprofloxacin</i> SOLN 200mg/20ml, 400mg/40ml	2	PA
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	PA; DL
<i>ciprofloxacin hcl</i> TABS	2	
<i>levofloxacin</i> SOLN	2	PA
<i>levofloxacin</i> TABS	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	PA
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	PA
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	DL
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>moxifloxacin hcl</i> TABS	2	
<i>ofloxacin</i>	2	
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i>	2	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium</i>	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>piperacillin sodium-tazobactam sodium</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
DOXYCYCLINE (MONOHYDRATE) CAPS 50mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 75mg	3	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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> SOLR	3	
<i>doxycycline hyclate</i> TABS	2	
<i>doxycycline hyclate</i> TBEC 50mg	3	
<i>doxycycline hyclate</i> TBEC 75mg, 100mg, 150mg, 200mg	4	
<i>minocycline hcl</i> CAPS; TABS	2	
<i>minocycline hcl</i> TB24	4	
<i>tetracycline hcl</i> CAPS	3	

ANTILIPEMICS, MISCELLANEOUS

ANTILIPEMICS, MISCELLANEOUS

JUXTAPID	5	NM, LA, PA; DL
KYNAMRO	5	NM, PA; DL

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	5	B/D, NM; DL
BICNU	4	B/D; DL
BUSULFEX	4	B/D; DL
CYCLOPHOSPHAMIDE CAPS	3	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	3	
GLEOSTINE	4	DL
HEXALEN	5	DL
<i>ifosfamide</i> SOLR 1gm	2	B/D; DL
LEUKERAN	3	
<i>melphalan hcl</i>	2	B/D; DL
MUSTARGEN	4	B/D; DL
THIOTEPA SOLR	5	B/D; DL
TREANDA	5	B/D, NM; DL
ZANOSAR	4	B/D; DL

ANTHRACYCLINES

<i>daunorubicin hcl</i>	2	B/D; DL
DOXIL	4	B/D; DL
<i>doxorubicin hcl</i> SOLN	2	B/D; DL
<i>doxorubicin hcl liposomal</i>	4	
ELLENCE 200mg/100ml	5	B/D; DL
<i>idarubicin hcl</i> 5mg/5ml, 20mg/20ml	2	B/D
<i>idarubicin hcl</i> 10mg/10ml	2	B/D; DL

ANTIBIOTICS

<i>bleomycin sulfate</i>	2	B/D
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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin</i> SOLR 5mg	4	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	5	B/D; DL
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D; DL
ALIMTA	5	B/D; DL
ARRANON	5	B/D; DL
<i>azacitidine</i>	5	B/D, NM; DL
<i>cladribine</i>	4	B/D; DL
<i>cytarabine</i>	2	B/D; DL
<i>decitabine</i>	5	B/D, NM; DL
ERWINAZE	5	B/D, NM; DL
<i>fludarabine phosphate</i> SOLR	2	B/D; DL
<i>fluorouracil</i> SOLN	2	B/D; DL
<i>gemcitabine hcl</i>	2	B/D
LONSURF	5	NM, PA; DL
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml	2	
METHOTREXATE SODIUM SOLN 50mg/2ml	2	
<i>methotrexate sodium inj 1 gm</i>	2	B/D; DL
NIPENT	5	B/D; DL
PURIXAN	4	NM
TABLOID	4	
VIDAZA	5	B/D, NM; DL
ZALTRAP	5	NM, PA; DL
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D; DL
DOCEFREZ 20mg	4	DL
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml	3	B/D; DL
DOCETAXEL SOLN 80mg/8ml	3	B/D; DL
<i>paclitaxel</i> 30mg/5ml, 100mg/16.7ml, 150mg/25ml	2	B/D
<i>paclitaxel</i> 300mg/50ml	2	B/D; DL
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D; DL
<i>vincasar</i>	2	B/D; DL
<i>vincristine sulfate</i>	2	B/D; DL
<i>vinorelbine tartrate</i>	4	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA 1000mg/50ml	5	B/D, NM; DL
AVASTIN	5	B/D, NM, LA; DL
BELEODAQ	5	B/D, NM; DL
CYRAMZA	5	B/D, NM, LA; DL
DARZALEX	5	B/D, NM, LA; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
EMPLICITI 300mg	5	B/D, NM, LA; DL
EMPLICITI 400mg	5	B/D, NM; DL
ERBITUX	5	B/D, NM; DL
ERIVEDGE	5	NM, LA; DL
FARYDAK	5	NM, LA, PA; DL
HERCEPTIN	5	B/D, NM; DL
IBRANCE	5	NM, LA; DL
ISTODAX	5	B/D, NM; DL
KADCYLA 100mg	5	B/D, NM; DL
KEYTRUDA	5	B/D, NM; DL
LYNPARZA	5	NM, LA, PA; DL
NINLARO	5	NM, PA; DL
OPDIVO	5	B/D, NM; DL
PERJETA	5	B/D, NM; DL
PROLEUKIN	5	NM; DL
RITUXAN	5	B/D, NM, LA; DL
TECENTRIQ	5	NM, LA; DL
TORISEL	5	B/D, NM; DL
VECTIBIX	5	B/D, NM; DL
VELCADE	5	B/D, NM; DL
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA; DL
VENCLEXTA STARTING PACK	5	NM, LA, PA; DL
YERVOY	5	NM, PA; DL
ZOLINZA	5	NM; DL
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA	4	
ELIGARD	4	B/D, NM; DL
<i>exemestane</i>	3	
FARESTON	3	
FASLODEX	5	B/D; DL
FIRMAGON 80mg	4	B/D, QL (4 vials / 28 days), NM; DL
FIRMAGON 120mg	5	B/D, NM; DL
<i>flutamide</i>	2	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM
LUPRON DEPOT 3.75mg	4	B/D, NM; DL
LUPRON DEPOT 7.5mg, 11.25mg, 22.5mg, 30mg, 45mg	5	B/D, NM; DL
LUPRON DEPOT-PED 7.5mg, 11.25mg, 15mg	5	B/D, NM; DL
LYSODREN	3	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate</i> SUSP; TABS	2	PA; DL
<i>megestrol acetate (appetite)</i>	4	PA; DL
NILANDRON	3	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	2	
TRELSTAR MIXJECT 3.75mg, 11.25mg	4	B/D, NM; DL
TRELSTAR MIXJECT 22.5mg	5	B/D, NM; DL
XTANDI	5	NM, LA; DL
ZYTIGA	5	NM, LA; DL
<i>KINASE INHIBITORS</i>		
AFINITOR	5	NM; DL
AFINITOR DISPERZ	5	NM; DL
ALECENSA	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
GLEEVEC	5	NM; DL
ICLUSIG	5	NM, LA, PA; DL
<i>imatinib mesylate</i>	5	NM; DL
IMBRUVICA	5	NM, LA; 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; DL
LENVIMA 10 MG DAILY DOSE	5	NM, LA; DL
LENVIMA 14 MG DAILY DOSE	5	NM, LA; DL
LENVIMA 18 MG DAILY DOSE	5	NM, LA; DL
LENVIMA 20 MG DAILY DOSE	5	NM, LA; DL
LENVIMA 24 MG DAILY DOSE	5	NM, LA; DL
MEKINIST	5	NM, LA; DL
NEXAVAR	5	NM, LA; DL
SPRYCEL	5	NM; DL
STIVARGA	5	NM, LA, PA; DL
SUTENT	5	NM; DL
TAFINLAR	5	NM, LA; DL
TAGRISSO 80mg	5	NM, LA, PA; DL
TARCEVA	5	NM, LA; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
TASIGNA	5	NM; DL
TYKERB	5	NM, LA; DL
VOTRIENT	5	NM, LA; DL
XALKORI	5	NM, LA, PA; DL
ZELBORAF	5	NM, LA, PA; DL
ZYDELIG	5	NM, LA; DL
ZYKADIA	5	NM, LA, PA; DL
MISCELLANEOUS		
<i>bexarotene</i>	5	NM; DL
DROXIA	3	
HALAVEN	5	B/D, NM; DL
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT 15mg	5	B/D, NM; DL
JEVTANA	5	B/D, NM; DL
MATULANE	5	LA; DL
<i>mitoxantrone hcl</i>	2	B/D, NM; DL
ODOMZO	5	NM, LA, PA; DL
SYLATRON	5	NM; DL
SYNRIBO	5	B/D, NM; DL
TAGRISSO 40mg	5	NM, LA, PA; DL
<i>tretinoin (chemotherapy)</i>	5	DL
TRISENOX	4	B/D; DL
UVADEX	4	
PLATINUM-BASED AGENTS		
<i>carboplatin</i> 50mg/5ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>carboplatin</i> 150mg/15ml	2	B/D; DL
<i>cisplatin</i> 50mg/50ml, 200mg/200ml	2	B/D; DL
<i>cisplatin</i> 100mg/100ml	2	B/D; DL
<i>oxaliplatin</i> SOLN	4	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	5	B/D; DL
<i>dexrazoxane</i> 250mg	4	B/D
ELITEK	5	B/D; DL
<i>leucovorin calcium</i> SOLR 50mg, 200mg	2	B/D; DL
<i>leucovorin calcium</i> SOLR 100mg, 350mg	2	B/D; DL
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	2	
<i>leucovorin calcium</i> TABS 25mg	4	
<i>levoleucovorin calcium</i>	5	B/D, NM; DL
<i>mesna</i>	2	B/D; DL
MESNEX TABS	3	
ZINECARD	4	B/D
TOPOISOMERASE INHIBITORS		
ETOPOPHOS	4	B/D; DL

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide SOLN 100mg/5ml</i>	2	B/D; DL
<i>etoposide SOLN 500mg/25ml</i>	2	B/D; DL
<i>irinotecan hcl</i>	4	B/D
<i>topotecan hcl SOLR</i>	5	B/D; 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 TABS</i>	1
<i>captopril TABS</i>	2
<i>enalapril maleate TABS</i>	1
<i>fosinopril sodium</i>	1
<i>lisinopril TABS</i>	1
<i>moexipril hcl</i>	2
<i>perindopril erbumine</i>	2
<i>quinapril hcl</i>	1
<i>ramipril</i>	1
<i>trandolapril</i>	2

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	2
<i>spironolactone TABS</i>	1

ALPHA BLOCKERS

<i>doxazosin mesylate</i>	2
<i>prazosin hcl</i>	2
<i>terazosin hcl</i>	2

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-valsartan</i>	2
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2
<i>BENICAR HCT</i>	4
<i>candesartan cilexetil-hydrochlorothiazide</i>	2
<i>EDARBYCLOR</i>	4
<i>irbesartan-hydrochlorothiazide</i>	2
<i>losartan potassium & hydrochlorothiazide</i>	1
<i>telmisartan-amlodipine</i>	2
<i>telmisartan-hydrochlorothiazide</i>	2

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	4	
<i>candesartan cilexetil</i>	2	
EDARBI	4	
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium</i>	1	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	3	NM
<i>flecainide acetate</i>	2	
LIDOCAINE HCL (CARDIAC)	2	
<i>mexiletine hcl</i>	3	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl SOLN 100mg/ml</i>	2	
PROCAINAMIDE HCL SOLN 500mg/ml	3	
<i>propafenone hcl CP12</i>	3	
<i>propafenone hcl TABS</i>	2	
QUINIDINE GLUCONATE SOLN	3	
<i>quinidine gluconate TBCR</i>	3	
<i>quinidine sulfate TABS</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
TIKOSYN	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	2	
CRESTOR	4	
<i>fluvastatin sodium</i>	2	
LIVALO	4	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	3	
<i>simvastatin TABS</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate</i>	2	
<i>colestipol hcl</i>	2	
FENOFIBRATE CAPS	2	
<i>fenofibrate</i> TABS 40mg, 120mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
<i>gemfibrozil</i> TABS	2	
<i>niacin (antihyperlipidemic)</i>	2	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	QL (2 injections / 28 days), NM, PA; DL
<i>prevalite</i>	2	
WELCHOL	4	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	4	
<i>carvedilol</i>	1	
COREG CR	4	
<i>labetalol hcl</i> SOLN; TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	2	
<i>propranolol hcl</i> CP24; SOLN	2	
<i>propranolol hcl</i> TABS	1	
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate</i> TABS	2	
CARDIZEM CD 360mg	5	DL
<i>cartia</i>	2	
<i>dilt</i>	2	
<i>diltiazem hcl</i> CP12; SOLN; TABS	2	
DILTIAZEM HCL SOLR	3	
<i>diltiazem hcl coated beads</i> CP24	2	
<i>diltiazem hcl extended release beads</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl</i> CAPS	2	
<i>nifedical</i>	2	
<i>nifedipine</i> TB24	2	
<i>nimodipine</i> CAPS	4	
<i>nisoldipine</i>	4	
<i>taztia</i>	2	
<i>verapamil hcl</i> CP24; SOLN; TABS; TBCR	2	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	2	PA
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN	2	
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA
LANOXIN TABS 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	4	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
FUROSEMIDE SOLN 8mg/ml	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	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>methylothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide</i>	2	
<i>triamterene & hydrochlorothiazide</i>	1	
MISCELLANEOUS		
ADRENALIN 1mg/ml	3	
<i>clonidine hcl</i> PTWK; TABS	2	
DEMSER	5	DL
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>methyldopa</i>	4	
<i>methyldopa & hydrochlorothiazide</i>	4	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA 100mg	5	QL (90 caps / 30 days), NM; DL
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM; DL
RANEXA	4	
NITRATES		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
NITRO-BID	3	
NITRO-DUR	4	
<i>nitroglycerin</i> PT24	2	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
NITRONAL	3	
NITROSTAT	4	
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
TRACLEER	5	NM, LA, PA; DL
TYVASO	5	NM, PA; DL
UPTRAVI TABS	5	NM, LA, PA; DL
VENTAVIS	5	NM, PA; DL

CENTRAL NERVOUS SYSTEM

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
ANTIAXIETY		
<i>alprazolam</i> TABS	2	DL
<i>alprazolam</i> TB24; TBDP	3	DL
ALPRAZOLAM INTENSOL	3	DL
<i>buspirone hcl</i> TABS	1	
<i>chlordiazepoxide hcl</i>	2	DL
<i>fluvoxamine maleate</i>	2	
<i>lorazepam</i> CONC	2	DL
LORAZEPAM SOLN 2mg/ml	2	
<i>lorazepam</i> TABS	2	DL
<i>oxazepam</i>	2	DL
ANTICONVULSANTS		
APTIOM	5	PA; DL
BANZEL SUSP	5	DL
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	DL
BRIVIACT	5	PA; DL
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	3	
<i>clonazepam</i> TABS; TBDP	2	
<i>clorazepate dipotassium</i>	2	DL
DIAZEPAM CONC	2	DL
<i>diazepam</i> SOLN 1mg/ml	2	DL
<i>diazepam</i> TABS	2	DL
<i>diazepam (anticonvulsant)</i>	3	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>divalproex sodium</i>	2	
<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	4	PA; DL
<i>gabapentin</i> CAPS; SOLN; TABS	2	
GABITRIL	4	
<i>lamotrigine</i> CHEW; TABS	2	
<i>lamotrigine</i> TB24	4	
<i>lamotrigine</i> TBDP	3	
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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	4	DL
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	2	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium</i> SOLN	2	
<i>phenytoin sodium extended</i>	2	
POTIGA	4	
<i>primidone</i> TABS	2	
SABRIL	5	NM, LA; DL
SPRITAM	4	
TEGRETOL-XR 100mg	3	
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> CS24 25mg, 50mg	2	QL (60 caps / 30 days)
<i>topiramate</i> CS24 100mg, 150mg, 200mg	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN; SYRP	2	
<i>valproic acid</i>	2	
VIMPAT	4	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>memantine hcl</i>	2	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	4	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	PA
<i>amoxapine</i>	2	
<i>bupropion hcl</i> TABS; TB12; TB24	2	
<i>citalopram hydrobromide</i>	1	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS	3	
<i>desipramine hcl</i> TABS	2	
DESVENLAFAXINE ER	3	
<i>doxepin hcl</i> CAPS; CONC	3	PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	
DULOXETINE HCL CPEP 40mg	3	
EMSAM	4	
<i>escitalopram oxalate</i>	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine hcl</i> CAPS	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
<i>imipramine hcl</i> TABS	3	PA
<i>imipramine pamoate</i>	4	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	1	
<i>paroxetine hcl</i> TB24	2	
PAXIL SUSP	4	
<i>phenelzine sulfate</i> TABS	2	
PRISTIQ	4	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC; TABS	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS	2	
<i>trimipramine maleate</i> CAPS	2	
TRINTELLIX	4	PA
<i>venlafaxine hcl</i> CP24; TABS	2	
<i>venlafaxine hcl</i> TB24	3	
VENLAFAXINE HCL ER 225mg	3	
VIIBRYD	4	
VIIBRYD STARTER PACK	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	2	
APOKYN	5	NM, LA; DL
AZILECT	4	
<i>benztropine mesylate</i>	2	
<i>bromocriptine mesylate</i> CAPS; TABS	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa</i> TABS	4	
<i>carbidopa-levodopa</i>	2	
CARBIDOPA-LEVODOPA-ENTACAPONE	3	
<i>entacapone</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> TABS	2	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i> CAPS; TABS	2	
<i>tolcapone</i>	5	DL
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA 300mg	5	QL (1 vial / 28 days); DL
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 injection / 28 days); DL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg	4	DL
<i>aripiprazole</i> TABS 20mg, 30mg	5	DL
ARIPIPAZOLE TBP	5	DL
ARISTADA	5	DL
CHLORPROMAZINE HCL SOLN 25mg/ml	3	
CHLORPROMAZINE HCL SOLN 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS	3	
<i>clozapine</i> TABS	2	
<i>clozapine</i> TBP 12.5mg, 25mg, 100mg	2	
<i>clozapine</i> TBP 150mg	4	
<i>clozapine</i> TBP 200mg	5	DL
<i>ergoloid mesylates</i> TABS	2	
FANAPT	4	
FANAPT TITRATION PACK	4	
<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, 78mg/0.5ml	4	QL (1 injection / 28 days); DL
INVEGA SUSTENNA 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	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID	5	NM, LA, PA; DL
<i>olanzapine SOLR; TABS</i>	2	
<i>olanzapine TBDP</i>	3	
<i>paliperidone</i>	3	
<i>perphenazine TABS</i>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i>	2	
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 SOLN; TABS</i>	2	
<i>risperidone TBDP</i>	3	
SAPHRIS	4	
SEROQUEL XR	4	
<i>thioridazine hcl TABS</i>	4	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	4	PA; DL
VRAYLAR CAPS	5	PA; DL
<i>ziprasidone hcl</i>	2	
ZYPREXA RELPREVV 210mg	4	
ZYPREXA RELPREVV 300mg, 405mg	5	DL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine CP24</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine TABS</i>	2	
<i>dexmethylphenidate hcl</i>	2	
<i>dextroamphetamine sulfate CP24</i>	4	
<i>dextroamphetamine sulfate TABS 5mg, 10mg</i>	2	
<i>guanfacine hcl (adhd)</i>	3	QL (30 tabs / 30 days)
<i>metadate</i>	2	
<i>methylphenidate hcl CP24</i>	4	
<i>methylphenidate hcl CPCR</i>	4	
<i>methylphenidate hcl SOLN</i>	2	
<i>methylphenidate hcl TABS</i>	2	
<i>methylphenidate hcl TB24</i>	4	
<i>methylphenidate hcl TBCR 10mg</i>	2	
<i>methylphenidate hcl TBCR 20mg</i>	4	
STRATTERA	4	
VYVANSE	4	

HYPNOTICS

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ	5	NM, LA, PA; DL
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR	4	QL (30 tabs / 30 days)
<i>zaleplon</i>	2	QL (90 caps / 365 days); DL
<i>zolpidem tartrate</i> TABS	3	QL (90 tabs / 365 days)
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>cafergot</i>	4	QL (43 tabs / 30 days)
<i>dihydroergotamine mesylate</i> 1mg/ml	3	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate</i> 4mg/ml	5	DL
<i>frovatriptan succinate</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl</i> 1mg	2	QL (18 tabs / 30 days)
<i>naratriptan hcl</i> 2.5mg	2	QL (9 tabs / 30 days)
RELPAK 20mg	3	QL (12 tabs / 30 days)
RELPAK 40mg	3	QL (8 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	4	QL (12 units / 30 days)
SUMATRIPTAN SOLN 20mg/act	4	QL (12 units / 30 days)
SUMATRIPTAN SUCCINATE SOAJ 4mg/0.5ml	4	QL (4 cartridges / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	4	QL (4 syringes / 30 days)
SUMATRIPTAN SUCCINATE SOCT 4mg/0.5ml	4	QL (6 cartridges / 30 days)
<i>sumatriptan succinate</i> SOCT 6mg/0.5ml	4	QL (4 cartridges / 30 days)
SUMATRIPTAN SUCCINATE SOCT 6mg/0.5ml	4	QL (4 cartridges / 30 days)
<i>sumatriptan succinate</i> SOLN	4	QL (4 vials / 30 days)
<i>sumatriptan succinate</i> SOSY	4	QL (4 cartridges / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate</i> TABS 100mg	2	QL (9 tabs / 30 days)
TREXIMET	4	QL (9 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 5mg	2	QL (8 tabs / 30 days)
<i>zolmitriptan odt tab</i> 2.5 mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt tab</i> 5 mg	2	QL (8 tabs / 30 days)
MISCELLANEOUS		
EQUETRO	4	
GUANIDINE HCL	3	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
HORIZANT	4	
LITHIUM	3	
<i>lithium carbonate</i> CAPS; TABS; TBCR	2	
NUDEXTA	3	PA; DL
<i>olanzapine-fluoxetine hcl</i>	4	
<i>perphenazine-amitriptyline</i>	2	
<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
EXTAVIA	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>dantrolene sodium</i> CAPS	2	
<i>metaxalone</i>	4	
<i>tizanidine hcl</i> CAPS; TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i>	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 ml / 30 days), LA, PA; DL

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SOLN; SUBL	2	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	4	QL (90 tabs / 30 days)
<i>buproban</i>	2	
CHANTIX	4	
CHANTIX CONTINUING MONTH	4	
CHANTIX STARTING MONTH PA	4	
<i>disulfiram</i> TABS	2	
<i>naloxone hcl</i> SOLN	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	4	QL (4 boxes / 30 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE	4	QL (90 tabs / 30 days)
VIVITROL	5	NM; DL
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm, 50mg/5gm	4	
ANDROGEL PUMP 1.62%	4	
METHITEST	4	
<i>methyltestosterone</i> CAPS	4	
<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days); DL
<i>oxandrolone</i> TABS 10mg	4	DL
<i>testosterone</i> GEL	3	
<i>testosterone cypionate</i> SOLN	2	
<i>testosterone enanthate</i> SOLN	2	
ANTIDIABETICS, INJECTABLE		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
BYETTA	4	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	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	
VICTOZA	3	
ANTIDIABETICS, ORAL		
<i>acarbose</i>	2	
FARXIGA	3	
<i>glimepiride 1mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride 2mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride 4mg</i>	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	2	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	2	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	2	QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
GLYSET	4	
INVOKAMET	4	
INVOKANA	4	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
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 TABS 500mg</i>	1	QL (150 tabs / 30 days)

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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)
METFORMIN HCL TAB SR 24HR OSMOTIC 500 MG	4	QL (120 tabs / 30 days)
<i>metformin hcl tab sr 24hr osmotic 1000 mg</i>	4	QL (60 tabs / 30 days)
<i>miglitol</i>	2	
<i>nateglinide</i>	2	
<i>pioglitazone hcl</i>	2	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
<i>repaglinide</i>	2	
<i>repaglinide-metformin hcl</i>	2	QL (150 tabs / 30 days)
RIOMET	4	
TRADJENTA	3	
XIGDUO XR	3	
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 3mg/3ml	4	DL
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	DL
<i>ibandronate sodium</i> TABS	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	4	B/D
<i>risedronate sodium</i> TABS	2	
<i>risedronate sodium</i> TBEC	3	
<i>zoledronic acid</i> CONC	4	B/D, NM; DL
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	4	
EXJADE 125mg	4	NM, LA; DL
EXJADE 250mg, 500mg	5	NM, LA; DL
FERRIPROX TABS	5	NM, LA; DL
<i>fomepizole</i>	2	
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
SYLVANT	5	NM, PA; DL
SYPRINE	5	DL
CONTRACEPTIVES		

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>amethia 91 day</i>	2	
<i>amethyst 28 day</i>	2	
<i>apri 28 day</i>	2	
<i>aranelle 28</i>	2	
<i>ashlyna 91 day</i>	2	
<i>aubra 28 day</i>	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i>	2	
<i>bekyree 28 day</i>	2	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	
<i>blisovi 21 fe 1/20 28 day pack</i>	2	
<i>blisovi 24 fe 1/20 28 day</i>	2	
<i>briellyn 28 day</i>	2	
<i>camila 28 day</i>	2	
<i>cryselle 28</i>	2	
<i>cyclafem 1/35 28 day</i>	2	
<i>cyclafem 7/7/7 28 day</i>	2	
<i>deblitane 28 day</i>	2	
<i>delyla 28 day</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 day</i>	2	
<i>errin 28 day</i>	2	
<i>estradiol & norethindrone acetate</i>	2	
<i>falmina 28 day</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30 21 day</i>	2	
<i>gildess 24 fe 28 day</i>	2	
<i>introvale 91 day</i>	2	
<i>jolivette 28 day</i>	2	
<i>juleber 28 day</i>	2	
<i>junel 1.5/30 21 day</i>	2	
<i>junel 1/20 21 day</i>	2	
<i>junel fe 1.5/30 28 day</i>	2	
<i>junel fe 1/20 28 day</i>	2	
<i>junel fe 24 1/20 28 day</i>	2	
<i>kaitlib fe 28 day</i>	2	
<i>kariva 28 day</i>	2	
<i>kelnor 1/35 28 day</i>	2	
<i>kimidess 28 day</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe 28</i>	2	
<i>leena 28 day</i>	2	
<i>lessina 28 day</i>	2	
<i>levonest 28 day</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 day</i>	2	
<i>lopreeza 0.5/0.1 28 day</i>	2	
<i>lopreeza 1/0.5 28 day</i>	2	
<i>loryna 28 day</i>	2	
<i>lutera 28 day</i>	2	
<i>lyza</i>	2	
<i>marlissa 28 day</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30 21 day</i>	2	
<i>microgestin 1/20 21 day</i>	2	
<i>microgestin fe 1.5/30 28 day</i>	2	
<i>microgestin fe 1/20 28 day</i>	2	
<i>mononessa 28 day</i>	2	
<i>necon 0.5/35 28 day</i>	2	
<i>necon 1/35 28 day</i>	2	
<i>necon 7/7/7 28 day</i>	2	
<i>NECON 10/11-28</i>	3	
<i>nikki 28 day</i>	2	
<i>nora-be 28 day</i>	2	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norlyroc 28 day</i>	2	
<i>nortrel 0.5/35 28 day</i>	2	
<i>nortrel 1/35 21 day</i>	2	
<i>nortrel 1/35 28 day</i>	2	
<i>nortrel 7/7/7 28 day</i>	2	
<i>ogestrel 28 day</i>	2	
<i>orsythia 28 day</i>	2	
<i>pimtrea pack</i>	2	
<i>pirmella 1/35 28 day</i>	2	
<i>portia 28 day</i>	2	
<i>previfem 28 day</i>	2	
<i>quasense 91 day</i>	2	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>reclipsen 28 day</i>	2	
<i>setlakin 91 day</i>	2	
<i>sharobel 28 day</i>	2	
<i>sprintec 28 day</i>	2	
<i>sronyx 28 day</i>	2	
<i>tarina fe 1/20 28 day</i>	2	
<i>tri-legest 28 day</i>	2	
<i>tri-previfem 28 day</i>	2	
<i>tri-sprintec 28 day</i>	2	
<i>trinessa 28 day</i>	2	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i>	2	
<i>vestura</i>	2	
<i>vienva 28 day</i>	2	
<i>vyfemla 28 day</i>	2	
<i>wymzya fe 28 day</i>	2	
<i>xulane</i>	2	
<i>zenchent 28 day</i>	2	
<i>zenchent fe 28 day</i>	2	
<i>zovia 1/35e 28 day</i>	2	
<i>zovia 1/50e 28 day</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
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>	2	
MYALEPT	5	NM, LA, PA; DL
NAGLAZYME	5	NM, LA, PA; DL
ORFADIN	5	NM, LA; DL
VPRIV	5	NM, PA; DL
ZAVESCA	5	NM, LA, PA; DL
ESTROGENS		
ESTRACE CREA	4	
<i>estradiol PTTW; PTWK; TABS</i>	3	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate</i> OIL 20mg/ml	3	
ESTRING	3	
<i>estropipate</i>	2	
<i>fyavolv</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN	4	
PREMPRO	4	
VAGIFEM	3	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	2	
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL	3	
<i>dexamethasone</i> ELIX; SOLN; 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>	2	
<i>prednisolone</i> SOLN	2	
<i>prednisolone sodium phosphate</i> SOLN	2	
<i>prednisolone sodium phosphate</i> TBPk	3	
<i>prednisone</i> SOLN; TABS; TBPk	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	4	
SOLU-MEDROL 2gm, 40mg, 125mg, 500mg	3	
SOLU-MEDROL 1000mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM, PA; DL
GENOTROPIN MINIQUICK	4	NM, PA; DL
HUMATROPE 6mg	4	NM, PA; DL
HUMATROPE 12mg, 24mg	5	NM, PA; DL
HUMATROPE COMBO PACK	5	NM, PA; DL
NORDITROPIN FLEXPRO	5	NM, PA; DL
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA; DL
NUTROPIN AQ NUSPIN 10	5	NM, PA; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20	5	NM, PA; DL
NUTROPIN AQ PEN	5	NM, LA, PA; DL
OMNITROPE INJ 5.8MG	5	NM, LA, PA; DL
OMNITROPE INJ 10/1.5ML	4	NM, LA, PA; DL
SAIZEN	5	NM, LA, PA; DL
SAIZEN CLICK.EASY	5	NM, LA, PA; DL
ZORBTIVE	5	NM, PA; DL
MISCELLANEOUS		
ANADROL-50	5	DL
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	
FORTEO	5	NM, PA; DL
FORTICAL	3	
H.P. ACTHAR	5	NM, LA, PA; DL
INCRELEX	5	NM, LA; DL
KORLYM	5	QL (120 tabs / 30 days), NM; DL
<i>methylergonovine maleate</i> TABS	2	
MIACALCIN 200unit/ml	4	
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	B/D, QL (1 syringe / 180 days), NM; DL
<i>raloxifene hcl</i>	2	
RAVICTI	5	NM; DL
SAMSCA	5	NM, PA; DL
SANDOSTATIN LAR DEPOT	5	NM; DL
SENSIPAR	3	NM; DL
SIGNIFOR	5	NM, LA; DL
SIGNIFOR LAR	5	B/D, NM, LA; DL
SOMATULINE DEPOT	5	NM; DL
SOMAVERT	5	NM, LA; DL
XGEVA	5	B/D, NM; DL
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	2	
ELIPHOS	3	
FOSRENOL	4	
RENAGEL	4	
RENVELA	4	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	2	
<i>norethindrone acetate</i> TABS	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized</i> CAPS	2	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate</i> SOLN 4mcg/ml	2	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate refrigerated</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
ALOXI	4	B/D
ANZEMET SOLN	4	PA; DL
ANZEMET TABS 50mg	4	B/D, QL (14 tabs / 30 days); DL
ANZEMET TABS 100mg	4	B/D, QL (7 tabs / 30 days); DL
CESAMET	4	PA
<i>compro</i>	2	
<i>dronabinol</i>	2	QL (60 caps / 30 days), PA
EMEND CAPS 80mg	3	B/D, QL (8 caps / 30 days); DL
EMEND SOLR	4	PA; DL
<i>granisetron hcl</i> SOLN .1mg/ml, 4mg/4ml	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	2	B/D, QL (450 ml / 30 days); DL
<i>ondansetron hcl</i> SOLN 40mg/20ml	2	PA; DL
<i>ondansetron hcl</i> SOLN 40mg/20ml	2	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 4 mg/2ml syringe</i>	2	B/D; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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>	2	DL
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate TABS</i>	2	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	2	DL
<i>promethegan</i>	2	DL
SANCUSO	4	
TRANSDERM-SCOP	4	
VARUBI	4	B/D, QL (4 tabs / 30 days)
ANTISPASMODICS		
<i>atropine sulfate SOLN</i>	2	
<i>dicyclomine hcl CAPS</i>	2	
<i>dicyclomine hcl SOLN 10mg/5ml</i>	2	
<i>dicyclomine hcl TABS</i>	2	
<i>glycopyrrolate SOLN; TABS</i>	2	
<i>methscopolamine bromide TABS</i>	2	
<i>propantheline bromide TABS</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SOLN</i>	2	
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl CAPS</i>	1	
<i>ranitidine hcl SOLN 50mg/2ml</i>	2	PA
<i>ranitidine hcl SOLN 150mg/6ml</i>	2	PA; DL
<i>ranitidine hcl SYRP</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	2	
<i>budesonide CPEP</i>	5	DL
CANASA	4	
<i>colocort</i>	2	
DELZICOL	4	
DIPENTUM	5	DL
<i>hydrocortisone (intrarectal)</i>	2	
LIALDA	4	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i> ENEM	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine</i> TABS; TBEC	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
GOLYTELY	4	
<i>lactulose</i>	2	
MOVIPREP	4	
OSMOPREP	3	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	DL
AMITIZA	3	DL
<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	DL
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTI	3	
RELISTOR	5	DL
SUCRAID	5	LA; DL
<i>sucrafate</i> TABS	2	
<i>ursodiol</i> CAPS; TABS	3	
XIFAXAN 550mg	4	PA
PANCREATIC ENZYMES		
CREON	3	
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	2	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole inj 20mg</i>	4	PA; DL
<i>esomeprazole inj 40mg</i>	4	PA; DL
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole</i> CPDR	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR	2	QL (60 caps / 30 days)
<i>pantoprazole sodium</i> TBEC	2	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i>	3	
MYRBETRIQ	4	
<i>oxybutynin chloride</i>	2	
<i>tolterodine tartrate</i>	2	
TOVIAZ	4	
<i>trospium chloride</i>	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>	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>argatroban</i> 250mg/2.5ml	5	DL
<i>aspirin-dipyridamole</i>	2	
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

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>heparin sodium (porcine)</i>	2	
<i>jantoven</i>	2	
PRADAXA	4	
<i>warfarin sodium</i>	2	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 10mcg/0.4ml	4	QL (2 syringes / 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 100mcg/ml	4	QL (2 vials / 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOLN 40mcg/ml	4	QL (2 vials 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOLN 60mcg/ml	4	QL (8 vials / 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOLN 200mcg/ml, 300mcg/ml	5	NM, PA; DL
ARANESP ALBUMIN FREE SOSY 25mcg/0.42ml, 40mcg/0.4ml	4	QL (1 syringe / 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml	4	QL (8 syringes / 30 days), NM, PA; DL
ARANESP ALBUMIN FREE SOSY 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA; DL
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
LEUKINE	5	NM; DL
MOZOBIL	5	B/D, NM; DL
NEULASTA	5	B/D, NM; DL
NEUPOGEN	5	NM; DL
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), NM, PA; DL
PROCRIT 10000unit/ml	4	QL (12 vials / 30 days), NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA; DL
MISCELLANEOUS		
<i>aminocaproic acid TABS</i>	3	DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<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	2	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	5	NM, PA; DL
ACTEMRA INJ 162/0.9	5	NM, PA; DL
CIMZIA	5	NM, PA; DL
CIMZIA STARTER KIT	5	NM, PA; DL
COSENTYX	5	NM, PA; DL
COSENTYX SENSOREADY PEN	5	NM, PA; DL
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
<i>hydroxychloroquine sulfate</i>	2	
KINERET	5	NM, PA; DL
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium</i> TABS	2	
ORENCIA SOSY	5	QL (4 injections / 28 days), NM, PA; DL
OTEZLA	5	NM, PA; DL
REMICADE	5	NM, PA; DL
RHEUMATREX	4	
RIDAURA	5	DL
SIMPONI	5	NM, PA; DL
SIMPONI ARIA	5	NM, PA; DL
XELJANZ	5	NM, PA; DL
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA; DL

IMMUNOGLOBULINS

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
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; DL
GAMMAGARD LIQUID 2.5gm/25ml	5	NM, PA; DL
GAMMAKED 1gm/10ml	5	NM, PA; DL
GAMMAPLEX 10gm/200ml	5	NM, PA; DL
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	5	NM, PA; DL
GRASTEK	4	PA; DL
ILARIS	5	NM, PA; DL
INTRON A SOLN 10mu/ml	5	NM; DL
INTRON A SOLN 6000000unit/ml	4	NM; DL
INTRON A SOLR 18mu	4	NM; DL
INTRON A SOLR 50mu	5	NM; DL
INTRON A W/DILUENT	5	NM; DL
PEGASYS	5	NM; DL
PEGASYS PROCLICK	5	NM; DL
POMALYST	5	QL (30 caps / 30 days), NM, LA; DL
RAGWITEK	4	PA; DL
REVLIMID	5	NM, LA; DL
THALOMID	5	NM; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	4	B/D
ATGAM	5	DL
AZASAN	4	B/D
AZATHIOPRINE SOLR	3	B/D
<i>azathioprine</i> TABS	2	B/D
CELLCEPT SUSR	3	B/D
CELLCEPT INTRAVENOUS	4	B/D; DL
<i>cyclosporine</i> CAPS	3	B/D
<i>cyclosporine</i> SOLN	2	B/D; DL
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
ENVARUSUS XR	4	B/D
<i>engraf</i>	2	B/D
<i>mycophenolate mofetil</i>	2	B/D
<i>mycophenolate sodium</i>	3	B/D

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
NEORAL	4	B/D
NULOJIX	5	B/D; DL
PROGRAF SOLN	4	B/D; DL
RAPAMUNE	4	B/D
SANDIMMUNE CAPS	3	B/D
SANDIMMUNE SOLN 50mg/ml	4	B/D; DL
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIMULECT	4	B/D
<i>sirolimus</i> TABS	3	B/D
<i>tacrolimus</i> CAPS	2	B/D
THYMOGLOBULIN	3	B/D; DL
ZORTRESS .5mg, .75mg	5	B/D; DL
ZORTRESS .25mg	4	B/D, QL (60 tabs / 30 days); DL
VACCINES		
ACTHIB	6	DL
ADACEL	6	DL
BCG VACCINE	4	B/D
BEXSERO	4	
BOOSTRIX	6	DL
CERVARIX	4	
DAPTACEL	6	DL
DIPHTHERIA/TETANUS TOXOID	6	DL
ENGERIX-B SUSP	4	B/D
GARDASIL	4	
GARDASIL 9	4	
HAVRIX	4	
IMOVAX RABIES (H.D.C.V.)	3	DL
INFANRIX	6	DL
IPOL INACTIVATED IPV	4	
IXIARO	4	
M-M-R II	4	
MENACTRA	4	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	4	
PEDVAX HIB	4	
PROQUAD	4	
QUADRACEL	4	
RABAVERT	3	DL
RECOMBIVAX HB	4	B/D
ROTARIX	4	
ROTATEQ	4	
SYNAGIS	5	NM; DL

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
TENIVAC	6	DL
TETANUS/DIPHThERIA TOXOID	6	DL
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	6	DL

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

AMMONIUM CHLORIDE SOLN	4	
K-TAB	4	
<i>klor-con</i>	2	
KLOR-CON M15	3	
<i>magnesium sulfate SOLN 50%</i>	2	
<i>potassium bicarb & chloride</i>	2	
<i>potassium bicarbonate TBEF</i>	2	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	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 8</i>	4	B/D; DL
<i>intralipid 20gm/100ml</i>	2	B/D; DL
INTRALIPID 30gm/100ml	4	B/D; DL
NEPHRAMINE	4	B/D; DL
<i>premasol</i>	4	B/D; DL
PREMASOL SOL 10%	3	B/D; DL
PROCALAMINE	4	B/D; DL
PROSOL	4	B/D; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL	3	B/D; DL
TROPHAMINE	4	B/D; DL
IV REPLACEMENT SOLUTIONS		
<i>dextrose SOLN</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 10%/NACL 0.225%	3	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose w/ sodium chloride</i>	2	
IONOSOL-B/DEXTROSE 5%	4	DL
IONOSOL-MB/DEXTROSE 5%	4	DL
ISOLYTE-P/DEXTROSE 5%	4	DL
ISOLYTE-S	4	DL
KCL 0.3%/D5W/LR IV LAC RI	3	
KCL 0.3%/D5W/NACL 0.9%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>lactated ringer's</i>	2	
NORMOSOL-R	4	DL
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	DL
PLASMA-LYTE-56/D5W	4	DL
PLASMA-LYTE-148	4	DL
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
<i>potassium chloride in dextrose</i>	2	
<i>potassium chloride in dextrose & sodium chloride</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN .45%, .9%, 3%, 4meq/ml, 5%</i>	2	
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	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone</i>	2	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	4	
CILOXAN OINT	4	
<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>ilotycin</i>	2	
<i>levofloxacin (ophth)</i>	2	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	2	
TOBEX OINT	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
<i>bromfenac sodium (ophth)</i>	2	
CYSTARAN	5	NM, LA, PA; DL
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX GEL; OINT	3	

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN	3	
VEXOL	4	
ANTIALLERGICS		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	2	
<i>cromolyn sodium (ophth)</i>	2	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
<i>olopatadine hcl</i>	2	
PATADAY	4	
ANTIGLAUCOMA		
ALPHAGAN P .1%	3	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate (ophthalmic)</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</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
IOPIDINE 1%	4	
ISTALOL	4	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	3	
PILOCARPINE HCL SOLN	2	
SIMBRINZA	4	
<i>timolol maleate (ophth) SOLG</i>	2	
<i>timolol maleate (ophth) SOLN</i>	1	
TRAVATAN Z	3	
<i>travoprost</i>	2	
MISCELLANEOUS		

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
LACRISERT	4	
<i>naphazoline hcl</i> SOLN	2	
PROLENSA	4	
<i>proparacaine hcl</i> SOLN	2	
RESTASIS	4	
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</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine hcl</i> SYRP	2	
<i>cyproheptadine hcl</i> TABS	3	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl</i> SOLN	2	
<i>levocetirizine dihydrochloride</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
<i>promethazine & phenylephrine</i>	2	DL
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	2	
BROVANA	4	B/D; DL
<i>levalbuterol hcl</i> NEBU	2	B/D
<i>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; PACK; TABS	2	
<i>zafirlukast</i>	2	
ZYFLO	4	
ZYFLO CR	4	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D; DL
ARALAST NP 400mg, 500mg, 800mg	5	NM, LA, PA; DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU	2	B/D
DALIRESP	4	DL
<i>epinephrine</i> SOAJ	2	QL (4 pens / 30 days)
EPIPEN 2-PAK	3	QL (4 pens / 30 days)
EPIPEN-JR 2-PAK	3	QL (4 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	B/D, NM, LA; 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	
STEROID INHALANTS		
ALVESCO	4	
ARNUITY ELLIPTA	3	
<i>budesonide (inhalation)</i>	3	B/D
FLOVENT DISKUS	3	
FLOVENT HFA	3	
PULMICORT 1mg/2ml	4	B/D; DL
PULMICORT FLEXHALER	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	
ADVAIR HFA	3	
BREO ELLIPTA	3	
SYMBICORT	3	
XANTHINES		
<i>aminophylline</i>	2	
ELIXOPHYLLIN	3	
<i>theophylline</i> TB12; TB24	2	
TOPICAL		
DERMATOLOGY, ACNE		
ACANYA	4	
<i>adapalene</i> CREA; GEL	3	

48 PA Prior Authorization B/D Covered under Medicare B or D QL Quantity Limits
ST Step Therapy NM Not available at mail-order LA Limited Access
DL Medication restricted to 30 day supply

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	3	
<i>ery</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA	2	PA; DL
<i>tretinoin</i> GEL .01%, .025%	2	PA; DL
<i>tretinoin</i> GEL .05%	3	PA
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	4	
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	2	
<i>ssd</i>	2	
SULFAMYLON	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL; SHAM	2	
<i>ciclopirox</i> SOLN	2	PA; DL
<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>ketconazole (topical)</i> CREA	2	
<i>naftifine hcl</i>	3	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	4	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic)</i>	4	DL
<i>procto-med</i>	2	
<i>procto-pak</i>	2	
<i>proctosol</i>	2	
<i>proctozone hc</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	DL

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i> CREA; OINT; SOLN	4	
CALCITRIOL (TOPICAL)	3	
<i>methoxsalen rapid</i>	5	DL
8-MOP	3	DL
STELARA	5	NM, PA; DL
TAZORAC	4	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i> CREA; LOTN; OINT	2	
<i>betamethasone valerate</i> FOAM	4	
<i>calcipotriene-betamethasone dipropionate</i>	4	
<i>clobetasol propionate</i> CREA; SHAM; SOLN	2	
<i>clobetasol propionate</i> FOAM; LIQD; LOTN	4	
<i>clobetasol propionate</i> GEL; OINT	4	QL (60 gm / 30 days)
<i>clobetasol propionate emollient base</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion</i>	4	
<i>clodan</i>	2	
<i>cormax</i>	2	
<i>desonide</i> CREA; LOTN; OINT	3	
<i>desoximetasone</i> CREA; GEL; OINT	2	
<i>diflorasone diacetate</i>	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA; OINT; SOLN	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120 ml / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinonide</i> CREA .1%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> CREA .05%	2	
<i>fluocinonide</i> GEL	2	
<i>fluocinonide</i> OINT	2	
<i>fluocinonide</i> SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> CREA; LOTN; OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	

2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE BUTYRATE CREA	2	
<i>hydrocortisone butyrate</i> OINT; SOLN	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
<i>prednicarbate</i>	2	
<i>triamcinolone acetonide (topical)</i> AERS	3	
<i>triamcinolone acetonide (topical)</i> CREA; LOTN; OINT	2	
<i>triderm</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT	3	PA
<i>lidocaine</i> PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> SOLN 4%	2	
<i>lidocaine hcl (local anesth.)</i> 2%	2	
<i>lidocaine hcl (local anesth.)</i> .5%, 1%, 1.5%, 2%, 4%	2	B/D
<i>lidocaine-prilocaine</i>	2	QL (30 gm / 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	3	
DENAVIR	4	DL
<i>diclofenac sodium (topical)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	2	
ELIDEL	4	
FINACEA GEL	4	
<i>fluorouracil (topical)</i> CREA 5%	2	
<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	3	
<i>podofilox</i> SOLN	2	
<i>tacrolimus (topical)</i>	3	
TARGRETIN GEL	5	NM; DL
TOLAK	4	
VALCHLOR	5	NM, LA, PA; DL
ZYCLARA	5	DL
ZYCLARA PUMP	5	DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		

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2017 MVP HEALTH CARE MEDICARE PART D COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's (irrigation)</i>	2	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	4	
<i>ringer's irrigation</i>	2	
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	2	
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clotrimazole TROC</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl (oral)</i>	2	
<i>sodium fluoride (dental)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
<i>acetic acid (otic)</i>	2	
<i>antipyrine-benzocaine</i>	2	
CIPRO HC	4	
CIPRODEX	3	
<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	

8-MOP.....	50	<i>alendronate sodium</i>	29
A		<i>alfuzosin hcl</i>	38
<i>abacavir sulfate</i>	5	ALIMTA.....	11
<i>abacavir sulfate-lamivudine-zidovudine</i>	6	ALINIA.....	4
ABELCET.....	5	<i>allopurinol</i>	1
ABILIFY MAINTENA.....	23	<i>almotriptan malate</i>	25
ABRAXANE.....	11	ALOCRI.....	46
<i>acamprosate calcium</i>	27	ALOMIDE.....	46
ACANYA.....	48	<i>alose tron hcl</i>	37
<i>acarbose</i>	28	ALOXI.....	35
<i>acebutolol hcl</i>	17	ALPHAGAN P.....	46
<i>acetaminophen w/ codeine</i>	1	<i>alprazolam</i>	20
<i>acetazol hc</i>	52	ALPRAZOLAM INTENSOL.....	20
<i>acetazolamide</i>	18	ALTABAX.....	49
<i>acetazolamide sodium</i>	18	ALVESCO.....	48
<i>acetic acid (otic)</i>	52	<i>amantadine hcl</i>	22
<i>acetylcysteine</i>	47	AMBISOME.....	5
<i>acitretin</i>	49	<i>amcinonide</i>	50
ACTEMRA.....	40	<i>amethia 91 day</i>	30
ACTEMRA INJ 162/0.9.....	40	<i>amethyst 28 day</i>	30
ACTHIB.....	42	<i>amifostine crystalline</i>	14
ACTIMMUNE.....	41	<i>amikacin sulfate</i>	3
ACUVAIL.....	45	<i>amiloride & hydrochlorothiazide</i>	18
<i>acyclovir</i>	7	<i>amiloride hcl</i>	18
<i>acyclovir sodium</i>	7	<i>aminocaproic acid</i>	39
<i>acyclovir topical</i>	51	<i>aminophylline</i>	48
ADACEL.....	42	AMINOSYN 7%/ELECTROLYTES.....	43
ADAGEN.....	32	AMINOSYN II INJ 10%.....	43
<i>adapalene</i>	48	AMINOSYN II INJ 15%.....	43
ADCIRCA.....	19	AMINOSYN II INJ 7%.....	43
<i>adefovir dipivoxil</i>	7	AMINOSYN II INJ 8.5%.....	43
ADEMPAS.....	19	AMINOSYN-HBC.....	43
ADRENALIN.....	19	AMINOSYN-PF 7%.....	43
<i>adrucil</i>	11	AMINOSYN-PF INJ 10%.....	43
ADVAIR DISKUS.....	48	AMINOSYN-RF.....	43
ADVAIR HFA.....	48	<i>amiodarone hcl</i>	16
<i>afeditab cr</i>	17	AMITIZA.....	37
AFINITOR.....	13	<i>amitriptyline hcl</i>	21
AFINITOR DISPERZ.....	13	<i>amlodipine besylate</i>	18
<i>a-hydrocort</i>	33	<i>amlodipine besylate-atorvastatin calcium</i>	17
ALBENZA.....	4	<i>amlodipine besylate-benazepril hcl</i>	15
<i>albuterol sulfate</i>	47	<i>amlodipine besylate-valsartan</i>	15
<i>alclometasone dipropionate</i>	50	<i>amlodipine-valsartan-hydrochlorothiazide</i>	15
ALDACTAZIDE.....	18	AMMONIUM CHLORIDE.....	43
ALDURAZYME.....	32		
ALECENSA.....	13		

<i>amoxapine</i>	21	<i>atovaquone-proguanil hcl</i>	5
<i>amoxicillin</i>	9	ATRIPLA	6
<i>amoxicillin & pot clavulanate</i>	9	<i>atropine sulfate</i>	36
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	37	<i>atropine sulfate (ophthalmic)</i>	46
<i>amphetamine-dextroamphetamine</i>	24	ATROVENT HFA	47
<i>amphotericin b</i>	5	AUBAGIO	26
<i>ampicillin</i>	9	<i>aubra 28 day</i>	30
<i>ampicillin & sulbactam sodium</i>	9	AVASTIN	11
<i>ampicillin sodium</i>	9	AVELOX	9
AMPYRA	26	<i>aviane 28</i>	30
ANADROL-50	34	AVONEX	26
<i>anagrelide hcl</i>	40	AVONEX PEN	26
<i>anastrozole</i>	12	<i>azacitidine</i>	11
ANDRODERM	27	AZACTAM IN ISO-OSMOTIC DE	4
ANDROGEL	27	AZASAN	41
ANDROGEL PUMP	27	AZASITE	45
ANORO ELLIPTA	47	AZATHIOPRINE	41
<i>antipyrine-benzocaine</i>	52	<i>azelastine hcl (ophth)</i>	46
ANZEMET	35	<i>azelastine spr 0.1%</i>	47
APIDRA	27	<i>azelastine spr 0.15%</i>	47
APIDRA SOLOSTAR	27	AZELEX	49
APOKYN	22	AZILECT	22
<i>apraclonidine hcl</i>	46	<i>azithromycin</i>	8
<i>apri 28 day</i>	30	AZOPT	46
APRISO	36	<i>aztreonam</i>	4
APTIOM	20	B	
APTIVUS	5	<i>baci-im</i>	4
ARALAST NP	47	BACITRACIN	4
<i>aranelle 28</i>	30	<i>bacitracin (ophthalmic)</i>	45
ARANESP ALBUMIN FREE	39	<i>bacitracin-polymyxin b (ophth)</i>	45
ARCALYST	41	<i>bacitracin-poly-neomycin-hc</i>	44
<i>argatroban</i>	38	<i>baclofen</i>	26
<i>aripiprazole</i>	23	BACTOCILL IN DEXTROSE	9
ARISTADA	23	BACTROBAN NASAL	49
ARNUITY ELLIPTA	48	<i>balsalazide disodium</i>	36
ARRANON	11	<i>balziva 28 day</i>	30
ARZERRA	11	BANZEL	20
<i>ascomp</i>	1	BCG VACCINE	42
<i>ashlyna 91 day</i>	30	<i>bekyree 28 day</i>	30
<i>aspirin-dipyridamole</i>	38	BELEODAQ	11
ASTAGRAF XL	41	<i>benazepril & hydrochlorothiazide</i>	15
<i>atenolol</i>	17	<i>benazepril hcl</i>	15
<i>atenolol & chlorthalidone</i>	17	BENDEKA	10
ATGAM	41	BENICAR	16
<i>atorvastatin calcium</i>	16	BENICAR HCT	15
<i>atovaquone</i>	4	BENLYSTA	41
		<i>benzoyl peroxide-erythromycin</i>	49

<i>benztropine mesylate</i>	22	<i>bupropion hcl</i>	21
BESIVANCE	45	<i>buspirone hcl</i>	20
<i>betamethasone dipropionate (topical)</i> .	50	BUSULFEX.....	10
<i>betamethasone dipropionate augmented</i>	50	<i>butalbital-acetaminophen</i>	1
<i>betamethasone valerate</i>	50	<i>butalbital-acetaminophen-caff w/ cod cap</i> <i>50-325-40-30 mg</i>	1
BETASERON	26	<i>butalbital-acetaminophen-caffeine</i>	1
<i>betaxolol hcl</i>	17	<i>butalbital-aspirin-caffeine</i>	2
<i>betaxolol hcl (ophth)</i>	46	<i>butorphanol tartrate</i>	2
<i>bethanechol chloride</i>	38	BYETTA.....	27
BETIMOL.....	46	BYSTOLIC	17
BETOPTIC-S	46	C	
<i>bexarotene</i>	14	<i>cabergoline</i>	34
BEXSERO	42	CABOMETYX	13
<i>bicalutamide</i>	12	<i>cafergot</i>	25
BICILLIN C-R.....	9	<i>calcipotriene</i>	50
BICILLIN L-A	9	<i>calcipotriene-betamethasone</i> <i>dipropionate</i>	50
BICNU	10	<i>calcitonin (salmon)</i>	34
BILTRICIDE	4	<i>calcitriol</i>	44
<i>bimatoprost</i>	46	CALCITRIOL (TOPICAL).....	50
<i>bisoprolol & hydrochlorothiazide</i>	17	<i>calcium acetate (phosphate binder)</i>	34
<i>bisoprolol fumarate</i>	17	<i>camila 28 day</i>	30
BIVIGAM.....	41	CANASA.....	36
<i>bleomycin sulfate</i>	10	CANCIDAS	5
BLEPHAMIDE	44	<i>candesartan cilexetil</i>	16
BLEPHAMIDE S.O.P.	44	<i>candesartan cilexetil-hydrochlorothiazide</i>	15
<i>blisovi 21 fe 1.5/30 28 day pack</i>	30	CAPASTAT SULFATE	7
<i>blisovi 21 fe 1/20 28 day pack</i>	30	CAPRELSA.....	13
<i>blisovi 24 fe 1/20 28 day</i>	30	<i>captopril</i>	15
BOOSTRIX	42	<i>captopril & hydrochlorothiazide</i>	15
BOSULIF.....	13	CARAFATE.....	37
BREO ELLIPTA	48	CARBAGLU	32
<i>briellyn 28 day</i>	30	<i>carbamazepine</i>	20
BRILINTA.....	40	<i>carbidopa</i>	23
<i>brimonidine tartrate</i>	46	<i>carbidopa-levodopa</i>	23
BRIVIACT.....	20	CARBIDOPA-LEVODOPA-ENTACAPONE	23
<i>bromfenac sodium (ophth)</i>	45	<i>carboplatin</i>	14
<i>bromocriptine mesylate</i>	22	CARDIZEM CD	18
BROVANA	47	CARIMUNE NANOFILTERED.....	41
<i>budesonide</i>	36	<i>carteolol hcl (ophth)</i>	46
<i>budesonide (inhalation)</i>	48	<i>cartia</i>	18
<i>budesonide (nasal)</i>	48	<i>carvedilol</i>	17
<i>bumetanide</i>	18	CAYSTON.....	3
<i>buprenorphine hcl</i>	27	CEDAX.....	8
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	27	<i>cefaclor</i>	8
<i>buproban</i>	27		

CEFACTOR ER.....	8	CIMZIA STARTER KIT	40
<i>cefadroxil</i>	8	CINRYZE.....	40
<i>cefazolin sodium</i>	8	CIPRO HC	52
<i>cefdinir</i>	8	CIPRODEX.....	52
<i>cefepime hcl</i>	8	<i>ciprofloxacin</i>	9
<i>cefixime</i>	8	<i>ciprofloxacin 200 mg/100ml in d5w</i>	9
<i>cefotaxime sodium</i>	8	<i>ciprofloxacin 400 mg/200ml in d5w</i>	9
<i>cefotetan disodium</i>	8	<i>ciprofloxacin hcl</i>	9
<i>cefoxitin sodium</i>	8	<i>ciprofloxacin hcl (ophth)</i>	45
<i>cefpodoxime proxetil</i>	8	<i>cisplatin</i>	14
<i>cefprozil</i>	8	<i>citalopram hydrobromide</i>	21
<i>ceftazidime</i>	8	<i>cladribine</i>	11
<i>ceftriaxone sodium</i>	8	CLAFORAN	8
<i>cefuroxime axetil</i>	8	<i>clarithromycin</i>	8
<i>cefuroxime sodium</i>	8	CLEOCIN.....	38
<i>celecoxib</i>	1	<i>clindamax</i>	49
CELLCEPT	41	<i>clindamycin hcl</i>	4
CELLCEPT INTRAVENOUS	41	<i>clindamycin palmitate hydrochloride</i>	4
CELONTIN	20	<i>clindamycin phosphate</i>	4
<i>cephalexin</i>	8	<i>clindamycin phosphate (topical)</i>	49
CEREZYME	32	<i>clindamycin phosphate in d5w</i>	4
CERVARIX.....	42	<i>clindamycin phosphate vaginal</i>	38
CESAMET	35	<i>clindamycin phosphate-benzoyl peroxide</i>	49
<i>cetirizine hcl</i>	47	<i>clobetasol propionate</i>	50
<i>cevimeline hcl</i>	52	<i>clobetasol propionate emollient base</i> ..	50
CHANTIX	27	<i>clobetasol propionate emulsion</i>	50
CHANTIX CONTINUING MONTH	27	<i>clodan</i>	50
CHANTIX STARTING MONTH PA	27	<i>clomipramine hcl</i>	22
CHEMET.....	29	<i>clonazepam</i>	20
<i>chloramphenicol sodium succinate</i>	4	<i>clonidine hcl</i>	19
<i>chlordiazepoxide hcl</i>	20	<i>clopidogrel bisulfate</i>	40
<i>chlorhexidine gluconate (mouth-throat)</i>	52	<i>clorazepate dipotassium</i>	20
<i>chloroquine phosphate</i>	5	<i>clotrimazole</i>	52
<i>chlorothiazide</i>	18	<i>clotrimazole (topical)</i>	49
CHLORPROMAZINE HCL	23	<i>clotrimazole w/ betamethasone</i>	49
<i>chlorthalidone</i>	18	<i>clozapine</i>	23
<i>cholestyramine</i>	16	COARTEM	5
<i>cholestyramine light</i>	16	<i>codeine sulfate</i>	2
<i>choline fenofibrate</i>	17	<i>colchicine</i>	1
CIALIS.....	19	<i>colchicine w/ probenecid</i>	1
<i>ciclopirox</i>	49	<i>colestipol hcl</i>	17
<i>ciclopirox olamine</i>	49	<i>colistimethate sodium</i>	4
<i>cidofovir</i>	7	<i>colocort</i>	36
<i>cilostazol</i>	40	COMBIGAN.....	46
CILOXAN	45	COMBIVENT RESPIMAT	47
CIMZIA.....	40	COMETRIQ	13

COMPLERA	7	DEMSEER	19
<i>compro</i>	35	DENAVIR	51
<i>constulose</i>	37	DEPEN TITRATABS	29
COPAXONE.....	26	DEPO-MEDROL	33
COREG CR	17	DEPO-PROVERA	12
<i>cormax</i>	50	DEPO-SUBQ PROVERA 104	30
<i>cortisone acetate</i>	33	DESCOVY.....	5
COSENTYX	40	<i>desipramine hcl</i>	22
COSENTYX SENSOREADY PEN.....	40	<i>desloratadine</i>	47
COTELLIC	13	<i>desmopressin acetate</i>	35
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<i>methylprednisolone acetate</i>	33	<i>mupirocin calcium (topical)</i>	49
<i>methylprednisolone sod succ</i>	33	MUSTARGEN	10
<i>methyltestosterone</i>	27	MYALEPT	32
<i>metipranolol</i>	46	<i>mycophenolate mofetil</i>	41
<i>metoclopramide hcl</i>	35	<i>mycophenolate sodium</i>	41
<i>metolazone</i>	19	<i>myorisan</i>	49
<i>metoprolol & hydrochlorothiazide</i>	17	MYRBETRIQ	38
<i>metoprolol succinate</i>	17	N	
<i>metoprolol tartrate</i>	17	<i>nabumetone</i>	1
<i>metronidazole</i>	4	<i>nadolol</i>	17
<i>metronidazole (topical)</i>	51	<i>nadolol & bendroflumethiazide</i>	17
<i>metronidazole in nacl</i>	4	<i>nafcillin sodium</i>	9
<i>metronidazole vaginal</i>	38	<i>naftifine hcl</i>	49
<i>mexiletine hcl</i>	16	NAGLAZYME	32
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<i>microgestin 1/20 21 day</i>	31	<i>naltrexone hcl</i>	27
<i>microgestin fe 1.5/30 28 day</i>	31	NAMENDA TITRATION PAK	21
<i>microgestin fe 1/20 28 day</i>	31	NAMENDA XR	21
<i>midodrine hcl</i>	19	NAMZARIC	21
<i>miglitol</i>	29	<i>naphazoline hcl</i>	47
<i>minocycline hcl</i>	10	<i>naproxen</i>	1
<i>minoxidil</i>	19	<i>naproxen sodium</i>	1
<i>mirtazapine</i>	22	<i>naratriptan hcl</i>	25
<i>misoprostol</i>	37	NARCAN	27
<i>mitomycin</i>	11	NATACYN	45
<i>mitoxantrone hcl</i>	14	<i>nateglinide</i>	29
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<i>moderiba</i>	7	<i>necon 0.5/35 28 day</i>	31
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<i>moexipril hcl</i>	15	NECON 10/11-28	31
<i>moexipril-hydrochlorothiazide</i>	15	<i>necon 7/7/7 28 day</i>	31
<i>molindone hcl</i>	24	<i>nefazodone hcl</i>	22
<i>mometasone furoate</i>	51	<i>neomycin sulfate</i>	3
<i>mometasone furoate (nasal)</i>	48	<i>neomycin/polymyxin b gu</i>	52
<i>mononessa 28 day</i>	31	<i>neomycin-bacitracin zn-polymyxin</i>	45
<i>montelukast sodium</i>	47	<i>neomycin-polymy-dexameth</i>	44
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<i>morphine sulfate</i>	2, 3	<i>neomycin-polymyxin-hc (ophth)</i>	44
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<i>nisoldipine</i>	18	<i>nystatin (topical)</i>	49
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<i>nitrofurantoin macrocrystal</i>	4	OCTAGAM	41
<i>nitrofurantoin monohyd macro</i>	4	<i>octreotide acetate</i>	34
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<i>norethindrone & ethinyl estradiol-fe</i>	31	<i>olanzapine-fluoxetine hcl</i>	26
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<i>nortrel 1/35 28 day</i>	31	<i>ondansetron tab 4mg odt</i>	36
<i>nortrel 7/7/7 28 day</i>	31	<i>ondansetron tab 8mg odt</i>	36
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OTEZLA	40	<i>permethrin</i>	52
<i>oxacillin sodium</i>	9	<i>perphenazine</i>	24
<i>oxaliplatin</i>	14	<i>perphenazine-amitriptyline</i>	26
<i>oxandrolone</i>	27	<i>phenadoz</i>	36
<i>oxaprozin</i>	1	<i>phenelzine sulfate</i>	22
<i>oxazepam</i>	20	<i>phenobarbital</i>	21
<i>oxcarbazepine</i>	21	<i>phenytoin</i>	21
<i>oxiconazole nitrate</i>	49	<i>phenytoin sodium</i>	21
<i>oxybutynin chloride</i>	38	<i>phenytoin sodium extended</i>	21
<i>oxycodone cap 5mg</i>	3	PHOSPHOLINE IODIDE	46
<i>oxycodone hcl</i>	3	PILOCARPINE HCL	46
<i>oxycodone w/ acetaminophen</i>	3	<i>pilocarpine hcl (oral)</i>	52
<i>oxycodone-aspirin</i>	3	<i>pimozide</i>	24
<i>oxycodone-ibuprofen</i>	3	<i>pimtrea pack</i>	31
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<i>oxymorphone hcl</i>	3	<i>pioglitazone hcl</i>	29
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<i>paromomycin sulfate</i>	3	PLEGRIDY STARTER PACK	26
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<i>repaglinide</i>	29	<i>selenium sulfide</i>	50
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<i>ssd</i>	49	<i>tarina fe 1/20 28 day</i>	32
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STELARA	50	<i>tazicef</i>	8
STIMATE	35	TAZORAC	50
STIVARGA	13	<i>taztia</i>	18
STRATTERA	24	TECENTRIQ	12
<i>streptomycin sulfate</i>	3	TECFIDERA	26
STRIBILD	7	TECFIDERA STARTER PACK	26
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SUCRAID	37	TEGRETOL-XR	21
<i>sucralfate</i>	37	TEKTURNA	18
<i>sulfacetamide sodium (acne)</i>	49	TEKTURNA HCT	18
<i>sulfacetamide sodium (ophth)</i>	45	<i>telmisartan</i>	16
<i>sulfacetamide sod-prednisolone</i>	45	<i>telmisartan-amlodipine</i>	15
SULFADIAZINE	3	<i>telmisartan-hydrochlorothiazide</i>	15
<i>sulfamethoxazole-trimethoprim</i>	4	<i>tencon</i>	2
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<i>sulfasalazine</i>	37	<i>terazosin hcl</i>	15
<i>sulindac</i>	1	<i>terbinafine hcl</i>	5
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<i>tacrolimus (topical)</i>	51	<i>tizanidine hcl</i>	26
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<i>tamoxifen citrate</i>	13	<i>tobramycin</i>	4
<i>tamsulosin hcl</i>	38	<i>tobramycin (ophth)</i>	45
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<i>tramadol-acetaminophen</i>	2	TYZINE	48
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<i>trandolapril-verapamil hcl</i>	15	ULORIC	1
<i>tranexamic acid</i>	40	<i>unithroid</i>	35
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<i>triamcinolone acetonide (topical)</i>	51	<i>vancomycin hcl</i>	5
<i>triamterene & hydrochlorothiazide</i>	19	<i>vandazole</i>	38
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<i>vinorelbine tartrate</i>	11	<i>zenchent fe 28 day</i>	32
VIRACEPT	6	ZENPEP	37
VIRAZOLE	8	ZETIA.....	17
VIREAD	6	ZIAGEN	6
VITEKTA	6	<i>zidovudine</i>	6
VIVITROL.....	27	ZINECARD	14
<i>voriconazole</i>	5	<i>ziprasidone hcl</i>	24
VOTRIENT.....	14	ZIRGAN	45
VPRIV.....	32	<i>zoledronic acid</i>	29
VRAYLAR	24	ZOLINZA.....	12
<i>vyfemla 28 day</i>	32	<i>zolmitriptan</i>	25
VYVANSE	24	<i>zolmitriptan odt tab 2.5 mg</i>	25
W		<i>zolmitriptan odt tab 5 mg</i>	25
<i>warfarin sodium</i>	39	<i>zolpidem tartrate</i>	25
<i>water for irrigation, sterile</i>	52	<i>zonisamide</i>	21
WELCHOL	17	ZORBTIVE	34
<i>wymzya fe 28 day</i>	32	ZORTRESS	42
X		ZOSTAVAX	43
XALKORI.....	14	<i>zovia 1/35e 28 day</i>	32
XARELTO	39	<i>zovia 1/50e 28 day</i>	32
XARELTO STARTER PACK	39	ZYCLARA	51
XELJANZ.....	40	ZYCLARA PUMP.....	51
XELJANZ XR	40	ZYDELIG.....	14
XGEVA.....	34	ZYFLO	47
XIFAXAN.....	5, 37	ZYFLO CR	47
XIGDUO XR.....	29	ZYKADIA.....	14
XOLAIR.....	48	ZYPREXA RELPREVV	24
XTANDI	13	ZYTIGA.....	13
<i>xulane</i>	32		

This abridged Formulary was updated on August 16, 2016. 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:

Monday–Friday, 8 am–8 pm Eastern Time

1-800-665-7924

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

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

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

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

