



MVP Health Care®

# 2019 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 28, 2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the MVP Medicare Customer Care Center.



**1-800-665-7924**

Monday–Friday, 8 am–8 pm Eastern Time

October 1–March 31 call seven days a week, 8 am–8 pm

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



Visit [mvphealthcare.com](http://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 Gold PPO, GoldSecure HMO-POS, GoldValue HMO-POS, Preferred Gold HMO-POS, or WellSelect PPO.

This document includes a partial list of the drugs (Formulary) for our plan which is current as of August 28, 2018. 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, 2020, 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 2019 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market (see the following

for more information about changes that affect members currently taking the drug). 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. Following are changes to the drug list that will also affect members currently taking a drug.

### New Generic Drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section entitled “How do I request an exception to the MVP Medicare Part D Formulary?” on page C.

## Drugs Removed from the Market

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.

## Other Changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the Formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, or 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 30 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 one month supply of the drug.

The enclosed Formulary is current as of August 28, 2018. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at [mvphealthcare.com](http://mvphealthcare.com). The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Select *Members*, then *Medicare member?*
- Choose *Drug Coverage (Part D)*.
- Select *Formulary/Drug Lists and Drug Coverage*.
- Select *Formulary Changes under Individual Plan Formularies*.

Or you may request an errata sheet (a copy of the 2019 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

## How Do I Use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 49. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

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

## What are Generic Drugs?

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

## Are There Any Restrictions on My Coverage?

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

### Prior Authorization

MVP requires you or your physician to get prior authorization for certain drugs. This means that

you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug.

### Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

### Step Therapy

In some cases, MVP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask MVP Health Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MVP Medicare Part D Formulary?" below for information about how to request an exception.

### What If My Drug is Not on the Formulary?

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

contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

1. You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP to make an exception and cover your drug. See below 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

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

## For More Information

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MVP Health Care, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**. Or, visit [medicare.gov](http://medicare.gov).

## The MVP Medicare Part D Formulary

The abridged Formulary that begins on page 1 provides coverage information about some of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

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

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) 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 tablet per day for JANUVIA. 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 one month supply through a retail pharmacy and are not available through the mail order program.

### Limited Access (LA)

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

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

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

## Your Costs in the Initial Coverage Period

### Note:

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

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

MVP Medicare Advantage Plan Type	Deductible	Tier 1 Preferred Generic Drugs	Tier 2 Generic Drugs	Tier 3 Preferred Brand Name Drugs	Tier 4 Non-Preferred Drugs	Tier 5 Specialty Drugs
<b>Preferred Gold with Part D</b>						
Rochester/ Buffalo Region*	\$0	\$0	\$10	\$40	27%	33%
All Other Regions	\$0	\$0	\$10	\$35	27%	33%
GoldValue with Part D	\$0	\$0	\$15	\$45	27%	33%
Gold PPO with Part D	\$0	\$0	\$10	\$35	27%	33%
<b>WellSelect with Part D</b>						
				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region*	\$400	\$0	\$12	\$47	27%	25%
Hudson Valley Region†	\$325	\$0	\$11	\$47	27%	25%
All Other Regions	\$400	\$0	\$11	\$47	27%	25%
<b>GoldSecure with Part D–Rochester/ Buffalo Region*</b>						
				<i>What you pay after deductible is met</i>		
Rochester/ Buffalo Region*	\$400	\$0	\$12	\$47	27%	25%

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

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



## Tier Descriptions

### **Tier 1–Preferred Generic Drugs–\$0 cost**

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

### **Tier 2–Generic Drugs**

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

### **Tier 3–Preferred Brand Name Drugs**

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

### **Tier 4–Non-Preferred Brand Drugs**

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved they will be covered in Tier 4.

### **Tier 5–Specialty Drugs**

Tier 5 includes high cost specialty generic and brand-name drugs that cost \$670 or more for a one month supply. Most drugs in Tier 5 are restricted to a one month supply at retail, and are excluded from the mail order program and tier exception process.



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS	2	
<i>colchicine</i> TABS	3	QL (60 tabs / 30 days)
<i>colchicine w/ probenecid</i>	2	
<i>probenecid</i>	2	
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS	3	
<i>diclofenac sodium</i> TB24	2	
<i>diclofenac sodium</i> TBEC 50mg, 75mg	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>meloxicam</i> TABS	2	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> TABS	2	
<i>salsalate</i> TABS	3	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN	2	
<i>acetaminophen w/ codeine</i> TABS	2	QL (360 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 2mg/ml	2	
<i>butorphanol tartrate</i> SOLN 10mg/ml	2	QL (4 bottles / 30 days)
<i>tramadol hcl</i> TABS	2	
<i>tramadol-acetaminophen</i>	2	
<b>OPIOID ANALGESICS, CII</b>		
<i>duramorph</i>	3	
<i>endocet</i>	2	QL (360 tabs / 30 days)
<i>fentanyl</i> 12mcg/hr, 25mcg/hr, 50mcg/hr	2	QL (20 patches / 30 days)
<i>fentanyl</i> 75mcg/hr, 100mcg/hr	3	QL (20 patches / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA; DL
FENTORA	5	QL (120 tabs / 30 days), PA; DL
<i>hydrocodone-acetaminophen</i> SOLN	2	
<i>hydrocodone-acetaminophen</i> TABS	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
<i>hydromorphone hcl</i> TABS	2	QL (250 tabs / 30 days)
LAZANDA	5	QL (60 bottles / 30 days), PA; DL
<i>lorcet</i>	2	QL (360 tabs / 30 days)
<i>lorcet hd</i>	2	QL (360 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml	3	

We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 10mg/5ml, 10mg/ml, 20mg/5ml, 100mg/5ml	3	
<i>morphine sulfate</i> SUPP 10mg	2	
<i>morphine sulfate</i> TABS	3	QL (300 tabs / 30 days)
<i>morphine sulfate</i> TBCR 15mg, 30mg	2	QL (90 tabs / 30 days)
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg	2	QL (60 tabs / 30 days)
<i>oxycodone hcl</i> CONC	2	QL (120 ml / 30 days)
<i>oxycodone hcl</i> SOLN	2	
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	3	QL (90 tabs / 30 days)
<i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg	2	QL (240 tabs / 30 days)
<i>oxycodone hcl</i> TABS 15mg, 20mg, 30mg	2	QL (200 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i>	2	QL (360 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg	4	QL (90 tabs / 30 days)
OXYCONTIN 40mg	4	QL (60 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (60 tabs / 30 days); DL
<i>oxymorphone hcl</i> TABS 5mg	3	QL (240 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 10mg	3	QL (200 tabs / 30 days)

## ANTI - INFECTIVES

## ANTI - BACTERIALS - MISCELLANEOUS

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

## ANTI - INFECTIVES - MISCELLANEOUS

ALBENZA	4	
ALINIA	4	DL
<i>atovaquone</i> SUSP	4	QL (300 mL / 30 days); DL
<i>aztreonam</i> 1gm	2	
<i>baciim</i>	2	
BILTRICIDE	3	
<i>clindamycin hcl</i> CAPS	2	
<i>clindamycin palmitate hydrochloride</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate in d5w	2	
colistimethate sodium SOLR	4	
dapsone TABS	3	
daptomycin 500mg	5	DL
DORIBAX	4	
doripenem 500mg	3	
imipenem-cilastatin	2	
ivermectin TABS	2	
linezolid SOLN	5	PA; DL
linezolid SUSR; TABS	5	DL
meropenem	2	
methenamine hippurate	2	
metronidazole TABS	2	
metronidazole in nacl	2	
MONUROL	4	
NEBUPENT	4	B/D; DL
nitrofur mac cap 50mg	3	
nitrofurantoin macrocrystal	3	
nitrofurantoin monohyd macro	3	
PENTAM 300	4	DL
sulfamethoxazole-trimethoprim	2	
SYNERCID	5	DL
tigecycline	4	DL
tinidazole TABS	2	
trimethoprim TABS	2	
vancomycin hcl CAPS 125mg	4	DL
vancomycin hcl CAPS 250mg	5	DL
vancomycin hcl SOLR 10gm, 500mg, 1000mg, 5000mg	2	DL
XIFAXAN 200mg	4	QL (9 tabs / 30 days), PA; DL
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D; DL
AMBISOME	5	B/D; DL
amphotericin b SOLR	3	B/D; DL
fluconazole SUSR; TABS	2	
fluconazole in dextrose	2	
fluconazole in nacl	2	DL
flucytosine CAPS	2	
griseofulvin microsize	3	
griseofulvin ultramicrosize	3	
itraconazole CAPS	3	PA
ketoconazole TABS	4	

We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan.  
Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
MYCAMINE	5	DL
NOXAFIL SUSP; TBEC	5	PA; DL
<i>nystatin</i> TABS	2	
<i>terbinafine hcl</i> TABS	2	QL (84 tabs / 365 days)
<i>voriconazole</i> SOLR	4	DL
<i>voriconazole</i> SUSR	5	DL
<i>voriconazole</i> TABS 50mg	4	DL
<i>voriconazole</i> TABS 200mg	5	DL
<b>ANTIMALARIALS</b>		
<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
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i>	2	NM
APTIVUS	5	NM; DL
<i>atazanavir sulfate</i>	4	NM
CRIXIVAN	3	NM
DESCOVY	5	NM; DL
<i>didanosine</i>	2	NM
EDURANT	5	NM; DL
<i>efavirenz</i>	2	NM
EMTRIVA	3	NM
EVOTAZ	5	NM; DL
<i>fosamprenavir calcium</i>	5	NM; DL
FUZEON	3	NM
GENVOYA	5	NM; DL
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NM; DL
INVIRASE	3	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM; DL
ISENTRESS PACK	4	NM
ISENTRESS TABS	5	NM; DL
ISENTRESS HD	5	NM; DL
JULUCA	5	NM; DL
<i>lamivudine</i>	2	NM
LEXIVA SUSP	4	NM
<i>nevirapine</i> TABS	2	NM
<i>nevirapine</i> TB24 100mg	2	NM

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



Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine</i> TB24 400mg	4	NM
NORVIR CAPS; SOLN; TABS	3	NM
NORVIR PACK	5	NM; DL
ODEFSEY	5	NM; DL
PREZCOBIX	5	NM; DL
PREZISTA SUSP	4	NM
PREZISTA TABS 75mg, 150mg	4	NM
PREZISTA TABS 600mg, 800mg	5	NM; DL
RESCRIPTOR	3	NM
RETROVIR IV INFUSION	4	NM
REYATAZ PACK	4	NM
<i>ritonavir</i>	3	NM
SELZENTRY SOLN	4	NM
SELZENTRY TABS 25mg	4	QL (120 tabs / 30 days), NM; DL
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM; DL
<i>stavudine</i>	2	NM
<i>tenofovir disoproxil fumarate</i>	3	NM
TIVICAY 10mg	4	QL (30 tabs / 30 days), NM
TIVICAY 25mg, 50mg	5	NM; DL
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC 4gm	4	NM
VIRACEPT	3	NM
VIRAMUNE SUSP	4	NM
VIREAD POWD	3	NM
VIREAD TABS 150mg, 200mg, 250mg	3	NM
ZERIT SOLR	4	NM
<i>zidovudine</i>	2	NM
<b>ANTI RETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	5	NM; DL
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	NM
ATRIPLA	5	NM; DL
BIKTARVY	5	NM; DL
COMPLERA	5	NM; DL
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	3	NM
<i>lamivudine-zidovudine</i>	3	NM
<i>lopinavir-ritonavir</i>	3	NM
STRIBILD	5	NM; DL
SYMFI	5	NM; DL
SYMFI LO	5	NM; DL
TRIUMEQ	5	NM; DL
TRUVADA TAB 100-150	5	NM; DL
TRUVADA TAB 133-200	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 167-250	5	NM; DL
TRUVADA TAB 200-300	5	NM; DL
<b>ANTI TUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> SOLN; SYRP; TABS	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	3	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA; DL
TRECATOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; SUSP; TABS	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	2	NM
<i>cidofovir</i>	2	
DAKLINZA	5	NM, PA; DL
<i>entecavir</i>	4	NM
EPCLUSA	5	NM, PA; DL
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NM, PA; DL
<i>lamivudine (hbv)</i>	2	NM
MAVYRET	5	NM, PA; DL
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (360 mL / 180 days)
RELENZA DISKHALER	4	QL (3 inhalers / 180 days)
<i>ribasphere</i> CAPS	4	NM, PA; DL
<i>ribasphere</i> TABS 200mg, 400mg	4	NM, PA; DL
<i>ribasphere</i> TABS 600mg	5	NM, PA; DL
<i>ribavirin cap 200 mg</i>	4	NM, PA; DL
<i>ribavirin tab 200 mg</i>	4	NM, PA; DL
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA; DL
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i> TABS	5	DL
VOSEVI	5	NM, PA; DL
ZEPATIER	5	NM, PA; DL
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	2	

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

Drug Name	Drug Tier	Requirements/Limits
cefadroxil	2	
cefazolin sodium SOLR 1gm, 10gm, 500mg	2	
cefdinir	2	
cefepime hcl	2	
cefixime	2	
cefotaxime sodium 1gm, 2gm, 500mg	2	
cefotetan disodium	2	
cefoxitin sodium	2	
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime SOLR	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil	2	
cefuroxime sodium	2	
cephalexin CAPS 250mg, 500mg	2	
cephalexin SUSR	2	
cephalexin TABS	2	
SUPRAX CAPS	4	
SUPRAX SUSR 500mg/5ml	4	
tazicef SOLR	2	
TEFLARO	4	
<b>ERYTHROMYCINS/MACROLIDES</b>		
azithromycin SOLR; SUSR; TABS	2	
clarithromycin SUSR; TABS; TB24	2	
DIFICID	5	PA; DL
e.e.s. 400	3	
ery-tab	3	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	2	
erythromycin base	2	
erythromycin ethylsuccinate TABS	3	
<b>FLUOROQUINOLONES</b>		
ciprofloxacin SOLN	2	PA
ciprofloxacin SUSR	2	
ciprofloxacin 200 mg/100ml in d5w	2	PA
ciprofloxacin hcl TABS	2	
ciprofloxacin in d5w	2	PA
levofloxacin SOLN	2	PA; DL
levofloxacin TABS	2	
levofloxacin in d5w	2	PA; DL
levofloxacin in d5w iv soln 500 mg/100ml	2	PA
levofloxacin in d5w iv soln 750 mg/150ml	2	PA; DL
levofloxacin oral soln 25 mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl TABS	2	
ofloxacin	2	
<b>PENICILLINS</b>		
amoxicillin	2	
amoxicillin & pot clavulanate	2	
ampicillin	2	
ampicillin & sulbactam sodium	2	
ampicillin sodium 1gm, 10gm, 125mg	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin sodium	2	
oxacillin sodium	2	
penicillin g potassium 20000000unit	2	
PENICILLIN G POTASSIUM IN	4	
PENICILLIN G PROCAINE	3	
penicillin g sodium	2	
penicillin v potassium	2	
pfizerpen 20mu	2	
piperacillin sodium-tazobactam sodium	2	
<b>TETRACYCLINES</b>		
doxy 100	3	
doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg	3	
doxycycline (monohydrate) SUSR	2	
doxycycline (monohydrate) TABS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 75mg, 150mg	4	
doxycycline hyclate CAPS	2	
doxycycline hyclate TABS 20mg, 100mg	2	
minocycline hcl CAPS; TABS	2	
tetracycline hcl CAPS	3	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
JUXTAPID	5	NM, LA, PA; DL
KYNAMRO	5	NM, PA; DL
<b>ANTI NEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM; DL
BICNU	4	
busulfan	5	DL
cyclophosphamide CAPS	3	B/D
dacarbazine	2	

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

Drug Name	Drug Tier	Requirements/Limits
EMCYT	3	
GLEOSTINE	4	DL
HEXALEN	5	DL
<i>ifosfamide</i> SOLR 1gm	2	
LEUKERAN	3	
<i>melphalan hcl</i>	2	
MUSTARGEN	4	
<i>thiotepa</i> SOLR	5	NM; DL
TREANDA	5	NM; DL
YONDELIS	5	NM, LA; DL
ZANOSAR	4	
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl</i>	2	
<i>doxorubicin hcl</i> SOLN	2	
<i>doxorubicin hcl liposomal</i>	4	
<i>epirubicin hcl</i> 200mg/100ml	3	
<i>idarubicin hcl</i> 5mg/5ml, 20mg/20ml	2	DL
<i>idarubicin hcl</i> 10mg/10ml	2	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i> 15unit	2	
<i>bleomycin sulfate</i> 30unit	2	B/D
<i>mitomycin</i> SOLR 5mg	4	
<i>mitomycin</i> SOLR 20mg, 40mg	5	DL
<b>ANTIMETABOLITES</b>		
<i>adrucil</i> 500mg/10ml	2	B/D
ALIMTA	5	PA; DL
ARRANON	5	DL
<i>azacitidine</i>	5	NM; DL
<i>cladribine</i>	4	B/D
<i>clofarabine</i>	5	DL
<i>cytarabine</i>	2	B/D
<i>cytarabine inj pf 20 mg/ml</i>	2	DL
<i>decitabine</i>	5	NM; DL
ERWINAZE	5	NM; DL
<i>fludarabine phosphate</i> SOLR	2	
<i>fluorouracil</i> SOLN 1gm/20ml	2	DL
<i>fluorouracil</i> SOLN 5gm/100ml	2	B/D
<i>gemcitabine hcl</i>	2	
LONSURF	5	NM, PA; DL
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium</i> SOLN 50mg/2ml, 250mg/10ml	3	
<i>methotrexate sodium</i> SOLR	2	
NIPENT	5	DL

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN	4	NM
TABLOID	4	
VYXEOS	5	NM, LA, PA; DL
ZALTRAP	5	NM, PA; DL
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	DL
DOCETAXEL CONC 80mg/4ml	3	
DOCETAXEL SOLN 160mg/16ml	3	
paclitaxel 30mg/5ml, 150mg/25ml	2	DL
paclitaxel 100mg/16.7ml	2	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
vinblastine sulfate	3	B/D
vincasar pfs	2	B/D
vincristine sulfate	2	B/D
vinorelbine tartrate	3	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ARZERRA 1000mg/50ml	5	NM; DL
AVASTIN	5	NM, LA; DL
BAVENCIO	5	NM, PA; DL
BELEODAQ	5	NM; DL
CYRAMZA	5	NM, LA; DL
DARZALEX	5	NM, LA; DL
EMPLICITI	5	NM, LA; DL
ERBITUX	5	NM; DL
ERIVEDGE	5	NM, LA; DL
FARYDAK	5	NM, LA, PA; DL
HERCEPTIN	5	NM; DL
IBRANCE	5	NM, LA, PA; DL
IDHIFA	5	NM, LA, PA; DL
IMFINZI	5	NM, LA, PA; DL
ISTODAX (OVERFILL)	5	NM; DL
KADCYLA	5	NM; DL
KEYTRUDA	5	NM; DL
KISQALI	5	NM, PA; DL
KISQALI FEMARA 200 DOSE	5	NM, PA; DL
KISQALI FEMARA 400 DOSE	5	NM, PA; DL
KISQALI FEMARA 600 DOSE	5	NM, PA; DL
KYPROLIS 30mg, 60mg	5	NM, LA; DL
LARTRUVO	5	NM, LA; DL
LYNPARZA	5	NM, LA, PA; DL
MYLOTARG	5	NM, LA, PA; DL
NINLARO	5	NM, PA; DL
ODOMZO	5	NM, LA, PA; DL
OPDIVO 40mg/4ml, 100mg/10ml	5	NM, PA; DL

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



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

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Drug Name	Drug Tier	Requirements/Limits
YONSA	5	NM, PA; DL
ZYTIGA	5	NM, LA; DL
<b>IMMUNOMODULATORS</b>		
POMALYST	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID	5	NM, LA; DL
THALOMID	5	NM; DL
<b>KINASE INHIBITORS</b>		
AFINITOR	5	NM, PA; DL
AFINITOR DISPERZ	5	NM, PA; DL
ALECENSA	5	NM, LA, PA; DL
ALIQOPA	5	NM, LA, PA; DL
ALUNBRIG	5	NM, LA, PA; DL
BOSULIF	5	NM, PA; DL
CABOMETYX	5	NM, LA, PA; DL
CALQUENCE	5	NM, LA, PA; DL
CAPRELSA 100mg	3	QL (60 tabs / 30 days), NM, LA, PA; DL
CAPRELSA 300mg	3	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ	5	NM, LA, PA; DL
COTELLIC	5	NM, LA, PA; DL
GILOTRIF	5	NM, LA; DL
ICLUSIG	5	NM, LA, PA; DL
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA	5	NM, LA, PA; DL
INLYTA	5	NM, LA, PA; DL
IRESSA	5	NM, LA, PA; DL
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA; DL
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA; DL
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA; DL
MEKINIST	5	NM, LA, PA; DL
NERLYNX	5	NM, LA, PA; DL
NEXAVAR	5	NM, LA, PA; DL
RYDAPT	5	NM, PA; DL
SPRYCEL	5	NM, PA; DL
STIVARGA	5	NM, LA, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
SUTENT	5	NM, PA; DL
TAFINLAR	5	NM, LA; DL
TAGRISSE	5	NM, LA, PA; DL
TARCEVA	5	NM, LA; DL
TASIGNA	5	NM; DL
TYKERB	5	NM, LA; DL
VOTRIENT	5	NM, LA; DL
XALKORI	5	NM, LA, PA; DL
ZELBORAF	5	NM, LA, PA; DL
ZYDELIG	5	NM, LA; DL
ZYKADIA	5	NM, LA, PA; DL
<b>MISCELLANEOUS</b>		
bexarotene	5	NM; DL
HALAVEN	5	NM; DL
hydroxyurea CAPS	2	
IXEMPRA KIT 15mg	5	NM; DL
JEVTANA	5	NM; DL
MATULANE	5	LA; DL
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	2	NM; DL
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	2	NM
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	2	NM; DL
SYLATRON	5	NM; DL
SYNRIBO	5	NM; DL
tretinoin (chemotherapy)	5	DL
TRISENOX	4	
<b>PLATINUM-BASED AGENTS</b>		
carboplatin 50mg/5ml, 450mg/45ml, 600mg/60ml	2	DL
carboplatin 150mg/15ml	2	
cisplatin 50mg/50ml	2	
cisplatin 200mg/200ml	2	DL
oxaliplatin SOLN	4	
oxaliplatin SOLR 100mg	4	
<b>PROTECTIVE AGENTS</b>		
dexrazoxane 250mg	4	
ELITEK	5	DL
leucovorin calcium SOLR 50mg, 100mg, 200mg, 350mg	2	
leucovorin calcium TABS 5mg, 10mg	2	
leucovorin calcium TABS 15mg	3	
leucovorin calcium TABS 25mg	4	
levoleucovorin calcium	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
mesna	2	
MESNEX TABS	3	
<b>TOPOISOMERASE INHIBITORS</b>		
ETOPOPHOS	4	
etoposide SOLN 100mg/5ml	2	
irinotecan hcl	4	
toposar 100mg/5ml	2	
topotecan hcl SOLR	5	DL
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
amlodipine besylate-benazepril hcl	2	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	2	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
trandolapril-verapamil hcl	2	
<b>ACE INHIBITORS</b>		
benazepril hcl TABS	1	
captopril TABS	2	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	1	
perindopril erbumine	2	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone	3	
spironolactone TABS	1	
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate TABS	2	
prazosin hcl	2	
terazosin hcl	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
amlodipine besylate-olmesartan medoxomil2	2	
amlodipine besylate-valsartan	2	
amlodipine-valsartan-hydrochlorothiazide	2	
candesartan cilexetil-hydrochlorothiazide	2	
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl	4	
colestipol hcl PACK; TABS	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate TABS 48mg, 54mg, 160mg	2	
fenofibrate TABS 145mg	3	
fenofibrate micronized 43mg, 67mg, 134mg, 200mg	2	
gemfibrozil TABS	2	
niacin (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	3	
PRALUENT	5	QL (2 injections / 28 days), NM, PA; DL
prevalite	2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
nadolol & bendroflumethiazide	2	
propranolol & hydrochlorothiazide	1	
<b>BETA-BLOCKERS</b>		
acebutolol hcl CAPS	2	
atenolol TABS	1	
betaxolol hcl	2	
bisoprolol fumarate	1	
carvedilol	1	
carvedilol phosphate	3	
labetalol hcl SOLN; TABS	2	
metoprolol succinate	1	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS	2	
pindolol	2	
propranolol hcl CP24	2	
propranolol hcl TABS	1	
timolol maleate TABS	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
afeditab cr	2	
amlodipine besylate TABS	1	
cartia xt	2	
dilt-xr	2	
diltiazem hcl CP12	2	

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



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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i> TABS	2	
<i>chlordiazepoxide hcl</i>	2	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> CONC	2	DL
<i>lorazepam</i> TABS	2	
<i>oxazepam</i>	2	
<b>ANTICONVULSANTS</b>		
APTIOM	5	DL
BANZEL SUSP	5	DL
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	DL
BRIVIACT	5	DL
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	3	
<i>clonazepam</i> TABS; TBDP	2	
<i>clorazepate dipotassium</i>	2	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 5mg/5ml	2	DL
<i>diazepam</i> TABS	2	
<i>diazepam intensol</i>	3	DL
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>divalproex sodium</i> CSDR; TBEC	2	
<i>divalproex sodium</i> TB24	3	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i>	2	
<i>fospheyntoin sodium</i> 100mgpe/2ml	2	
FYCOMPA SUSP	5	DL
FYCOMPA TABS 2mg	4	QL (30 tabs / 30 days); DL
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	DL
<i>gabapentin</i> CAPS; SOLN; TABS	2	
<i>lamotrigine</i> CHEW; TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> SOLN 100mg/ml	2	
<i>levetiracetam</i> SOLN 500mg/5ml	3	
<i>levetiracetam</i> TABS	2	
<i>levetiracetam</i> TB24	2	
<i>levetiracetam in sodium chloride</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 ml / 30 days); DL
ONFI SUSP	4	DL
ONFI TABS	5	DL
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	2	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium</i> SOLN	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i> TABS	2	
SABRIL TABS	5	NM, LA; DL
SPRITAM	4	
<i>tiagabine hcl</i>	3	
<i>topiramate</i> CPSP; TABS	2	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
<i>vigabatrin</i>	5	NM, LA; DL
VIMPAT SOLN 10mg/ml	5	DL
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	
VIMPAT TABS 100mg, 150mg, 200mg	5	DL
<i>zonisamide</i> CAPS	2	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i>	2	
<i>galantamine hydrobromide</i> CP24	3	
<i>galantamine hydrobromide</i> SOLN; TABS	2	
<i>memantine hcl</i> CP24	3	
<i>memantine hcl</i> SOLN; TABS	2	
NAMENDA XR TITRATION PACK	4	
NAMZARIC	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal</i>	3	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS	3	PA
<i>amoxapine</i>	2	
<i>bupropion hcl</i> TABS; TB12	2	
<i>bupropion hcl</i> TB24	3	
<i>citalopram hydrobromide</i>	2	
<i>clomipramine hcl</i> CAPS 25mg, 50mg	3	
<i>desipramine hcl</i> TABS	2	
<i>desvenlafaxine succinate</i>	3	
<i>doxepin hcl</i> CAPS; CONC	3	PA
<i>duloxetine hcl</i> CPEP	3	

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

Drug Name	Drug Tier	Requirements/Limits
EMSAM	5	DL
escitalopram oxalate	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA
fluoxetine hcl CAPS; SOLN	2	
imipramine hcl TABS	3	PA
maprotiline hcl	2	
MARPLAN	4	
mirtazapine TABS; TBDP	2	
nefazodone hcl	2	
nortriptyline hcl CAPS; SOLN	2	
paroxetine hcl TABS	2	
paroxetine hcl TB24	3	
PAXIL SUSP	4	
phenelzine sulfate TABS	2	
protriptyline hcl	2	
sertraline hcl CONC; TABS	2	
tranylcypromine sulfate	2	
trazodone hcl TABS 50mg, 100mg, 150mg	2	
trazodone hcl TABS 300mg	3	
trimipramine maleate CAPS	3	PA
TRINTELLIX	4	PA
venlafaxine hcl CP24; TABS	2	
venlafaxine hcl TB24	3	
VIIBRYD	4	
VIIBRYD STARTER PACK	4	
<b>ANTIPARKINSONIAN AGENTS</b>		
amantadine hcl CAPS; SYRP; TABS	2	
APOKYN	5	NM, LA; DL
benztropine mesylate SOLN	3	
benztropine mesylate TABS	2	
bromocriptine mesylate CAPS; TABS	2	
carbidopa-levodopa	2	
carbidopa-levodopa-entacapone	3	
entacapone	3	
NEUPRO	4	
pramipexole dihydrochloride TABS	2	
rasagiline mesylate TABS	3	
ropinirole hydrochloride TABS	2	
selegiline hcl CAPS; TABS	3	
tolcapone	5	DL
trihexyphenidyl hcl	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY	5	QL (1 injection / 28 days); DL
ABILIFY MAINTENA SRER 300mg	5	QL (1 injection / 28 days); DL
ABILIFY MAINTENA SRER 400mg	5	QL (1 vial / 28 days); DL
aripiprazole SOLN; TBDP	5	DL
aripiprazole TABS	4	
ARISTADA	5	DL
CHLORPROMAZINE HCL SOLN 50mg/2ml	3	
chlorpromazine hcl TABS	3	
clozapine TABS	2	
clozapine TBDP 12.5mg, 25mg, 100mg	3	
clozapine TBDP 150mg, 200mg	5	DL
ergoloid mesylates TABS	2	
FANAPT	5	DL
fluphenazine decanoate SOLN	2	
fluphenazine hcl	2	
GEODON SOLR	4	DL
haloperidol TABS	2	
haloperidol decanoate SOLN	2	
haloperidol lactate	2	
INVEGA SUSTENNA 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days); DL
INVEGA TRINZA	5	QL (1 syringe / 90 days); DL
LATUDA	4	
loxapine succinate	2	
NUPLAZID TABS 17mg	5	NM, LA, PA; DL
olanzapine SOLR; TABS	2	
olanzapine TBDP	3	
paliperidone	4	
perphenazine TABS	2	
pimozide	2	
quetiapine fumarate TABS	2	
quetiapine fumarate TB24	3	
REXULTI 2mg, 3mg, 4mg	5	QL (30 tabs / 30 days); DL
REXULTI .25mg, .5mg, 1mg	5	DL
RISPERDAL CONSTA 12.5mg	4	
RISPERDAL CONSTA 25mg, 37.5mg, 50mg	4	DL
risperidone SOLN; TABS	2	
risperidone TBDP	3	

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Drug Name	Drug Tier	Requirements/Limits
SAPHRIS	5	DL
thioridazine hcl TABS	3	
thiothixene	2	
trifluoperazine hcl	2	
VERSACLOZ	5	DL
VRAYLAR CAPS	5	PA; DL
ziprasidone hcl	2	
ZYPREXA RELPREVV	5	DL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
amphetamine-dextroamphetamine TABS	2	
atomoxetine hcl	3	
dexmethylphenidate hcl TABS	2	
dextroamphetamine sulfate TABS 5mg, 10mg	2	
guanfacine hcl (adhd)	2	
methylphenidate hcl SOLN; TABS	2	
<b>HYPNOTICS</b>		
HETLIOZ	5	NM, LA, PA; DL
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR	3	QL (30 tabs / 30 days)
zaleplon	3	QL (90 caps / year); DL
zolpidem tartrate TABS	2	QL (90 tabs / year); DL
<b>MIGRAINE</b>		
almotriptan malate 6.25mg	3	QL (12 tabs / 30 days)
almotriptan malate 12.5mg	3	QL (8 tabs / 30 days)
dihydroergotamine mesylate 1mg/ml	5	QL (24 ampules/30 days); DL
dihydroergotamine mesylate 4mg/ml	5	QL (8 ml / 28 days); DL
eletriptan hydrobromide 20mg	2	QL (12 tabs / 30 days)
eletriptan hydrobromide 40mg	2	QL (8 tabs / 30 days)
ergotamine w/ caffeine TABS	3	QL (43 tabs / 30 days)
naratriptan hcl 1mg	2	QL (18 tabs / 30 days)
naratriptan hcl 2.5mg	2	QL (9 tabs / 30 days)
rizatriptan benzoate	2	QL (12 tabs / 30 days)
sumatriptan SOLN	4	QL (12 units / 30 days)
sumatriptan succinate SOLN	4	QL (8 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg	2	QL (18 tabs / 30 days)
sumatriptan succinate TABS 100mg	2	QL (9 tabs / 30 days)
zolmitriptan TABS 2.5mg	2	QL (12 tabs / 30 days)
zolmitriptan TABS 5mg	2	QL (8 tabs / 30 days)
zolmitriptan odt tab 2.5 mg	2	QL (12 tabs / 30 days)
zolmitriptan odt tab 5 mg	2	QL (8 tabs / 30 days)
<b>MISCELLANEOUS</b>		
GUANIDINE HCL	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS; TABS; TBCR	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA	3	PA; DL
<i>pyridostigmine bromide</i> TABS	2	
<i>pyridostigmine bromide</i> TBCR	3	
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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
GILENYA	5	QL (30 caps / 30 days), NM; DL
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM; DL
<i>glatiramer acetate</i> 40mg/ml	5	NM; DL
<i>glatopa</i> 20mg/ml	5	QL (30 ml / 30 days), NM; DL
<i>glatopa</i> 40mg/ml	5	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
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA
<i>metaxalone</i>	4	DL
<i>tizanidine hcl</i> TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>modafinil</i> 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	3	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 ml / 30 days), NM, LA, PA; DL
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SOLN; SUBL	2	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	3	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	
CHANTIX CONTINUING MONTH	4	
CHANTIX STARTING MONTH PA	4	
<i>disulfiram</i> TABS	2	
<i>naloxone hcl</i> SOCT	2	
<i>naloxone hcl</i> SOLN .4mg/ml	2	
<i>naloxone hcl</i> SOSY	2	DL
<i>naltrexone hcl</i> TABS	2	
NARCAN	4	QL (4 sprays / 30 days); DL
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE	3	QL (90 films / 30 days)
VIVITROL	5	NM; DL

## ENDOCRINE AND METABOLIC

### ANDROGENS

METHITEST	4	
<i>methyltestosterone</i> CAPS	4	
<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days); DL
<i>oxandrolone</i> TABS 10mg	4	DL
<i>testosterone</i> GEL; SOLN	3	
<i>testosterone cypionate</i> SOLN	2	
<i>testosterone enanthate</i> SOLN	2	

### ANTIDIABETICS, INJECTABLE

APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
BYDUREON	3	QL (4 vials / 28 days)
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS & DRESSINGS - PADS 2 X 2	4	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	4	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NEEDLES, INSULIN DISP., SAFETY	3	
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILL	4	ST
NOVOLOG PENFILL	4	ST
SYMLINPEN 60	4	
SYMLINPEN 120	4	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i>	2	
FARXIGA	3	QL (30 tabs / 30 days)
<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)
INVOKAMET	3	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (60 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days)
migliitol	2	
nateglinide	2	
pioglitazone hcl	2	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl	2	QL (90 tabs / 30 days)
repaglinide	2	
repaglinide-metformin hcl	2	QL (150 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
alendronate sodium SOLN	2	
alendronate sodium TABS 5mg, 10mg, 40mg	2	
alendronate sodium TABS 35mg, 70mg	1	
etidronate disodium	2	
ibandronate sodium SOLN	4	
ibandronate sodium TABS	2	
pamidronate disodium SOLN 30mg/10ml, 2 90mg/10ml		
risedronate sodium	2	
zoledronic acid CONC	4	NM
zoledronic acid SOLN 5mg/100ml	4	NM
<b>CHELATING AGENTS</b>		
CHEMET	4	DL
DEPEN TITRATABS	4	DL

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Drug Name	Drug Tier	Requirements/Limits
EXJADE 125mg	4	NM, LA; DL
EXJADE 250mg, 500mg	5	NM, LA; DL
FERRIPROX TABS	5	NM, LA; DL
kionex	2	
sodium polystyrene sulfonate	2	
sps	2	
SYLVANT	5	NM, LA, PA; DL
trientine hcl	5	PA; DL
<b>CONTRACEPTIVES</b>		
altavera	2	
alyacen 1/35	2	
amabelz	2	
amethia	2	
amethia lo	3	
apri	2	
aranelle	2	
ashlyna	2	
aubra	2	
aviane	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila	2	
camrese lo	3	
caziant	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
deblitane	2	
delyla	2	
DEPO-SUBQ PROVERA 104	4	
desogestrel & ethinyl estradiol	2	
desogestrel-ethinyl estradiol (biphasic)	2	
drospirenone-ethinyl estradiol	2	
emoquette	2	
enpresse-28	2	
enskyce	2	
errin	2	
estradiol & norethindrone acetate	2	
ethynodiol diacet & eth estrad	2	
falmina	2	
femynor	2	

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

Drug Name	Drug Tier	Requirements/Limits
introvale	2	
isibloom	2	
jolivette	3	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kimidess	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
layolis fe	2	
leena	3	
lessina	2	
levonest	2	
levonorgestrel & eth estradiol	2	
levonorgestrel-eth estradiol (triphasic)	2	
levonorgestrel-ethinyl estradiol (91-day)	2	
levonorgestrel-ethinyl estradiol (91-day)	3	
levonorgestrel-ethinyl estradiol (continuous)	2	
levora 0.15/30-28	2	
loryna	2	
low-ogestrel	2	
lutera	2	
lyza	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive)	2	
melodetta 24 fe	2	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe	3	
microgestin fe 1.5/30	3	
mononessa	3	
necon 0.5/35-28	3	

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Drug Name	Drug Tier	Requirements/Limits
necon 7/7/7	3	
nikki	2	
nora-be	3	
norethin acet & estrad-fe	2	
norethindrone & ethinyl estradiol-fe	2	
norethindrone (contraceptive)	2	
norethindrone acet & eth estra	2	
norgestimate-ethinyl estradiol	2	
norgestimate-ethinyl estradiol (triphasic)	2	
norlyroc	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
ogestrel	2	
orsythia	2	
pimtrea	2	
pirmella 1/35	2	
portia-28	2	
previfem	2	
quasense	2	
reclipsen	2	
setlakin	2	
sharobel	2	
sprintec 28	2	
sronyx	2	
tarina fe 1/20	2	
tri-legest fe	2	
tri-previfem	2	
tri-sprintec	2	
trinessa	3	
trivora-28	2	
tydemy	2	
velivet	2	
vestura	2	
vienva	2	
vyfemla	2	
wymzya fe	2	
xulane	2	
zarah	2	
zenchent	2	
zovia 1/35e	2	
<b>ENDOMETRIOSIS</b>		
danazol CAPS	2	
SYNAREL	3	

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



Drug Name	Drug Tier	Requirements/Limits
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NM, LA, PA; DL
ALDURAZYME	5	NM, LA, PA; DL
CARBAGLU	5	NM, LA; DL
CEREZYME	5	NM, LA, PA; DL
CYSTADANE	4	NM, LA; DL
CYSTAGON	3	NM, LA
FABRAZYME	5	NM, LA, PA; DL
KUVAN PACK 500mg	5	NM, LA, PA; DL
KUVAN TBSO	5	NM, LA, PA; DL
<i>levocarnitine (metabolic modifiers)</i>	3	
<i>miglustat</i>	5	NM, PA; DL
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
<b>ESTROGENS</b>		
<i>estradiol PTTW; PTWK; TABS</i>	3	
<i>estradiol vaginal</i>	2	
<i>estradiol valerate OIL 20mg/ml</i>	3	
ESTRING	4	
<i>estropipate</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN	4	
<i>yuvaferm</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate TABS</i>	2	
DEPO-MEDROL	3	
<i>dexamethasone ELIX; SOLN; TABS</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylprednisolone TABS; TBPk</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sod succ</i>	2	
<i>prednisolone SOLN</i>	2	
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i>	2	
<i>prednisone SOLN; TABS</i>	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	3	
SOLU-MEDROL	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
<b>MISCELLANEOUS</b>		
ANADROL-50	5	DL
cabergoline	4	
calcitonin (salmon)	2	
FORTEO	5	QL (2.4 ml / 28 days), NM, PA; DL
H.P. ACTHAR	5	NM, LA, PA; DL
HUMATROPE	5	NM, PA; DL
HUMATROPE COMBO PACK	5	NM, PA; DL
INCRELEX	5	NM, LA; DL
JYNARQUE	5	NM, LA, PA; DL
KORLYM	5	QL (120 tabs / 30 days), NM, LA, PA; DL
NATPARA	5	NM, PA; DL
NORDITROPIN FLEXPPO	5	NM, PA; DL
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM; DL
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM; DL
PROLIA	4	QL (2 injections / year), NM
raloxifene hcl	3	
RAVICTI	5	NM, LA; DL
SAMSCA	5	NM, PA; DL
SANDOSTATIN LAR DEPOT	5	NM; DL
SENSIPAR	3	B/D, NM; DL
SIGNIFOR	5	NM, LA; DL
SIGNIFOR LAR	5	NM, LA; DL
SOMATULINE DEPOT	5	NM; DL
SOMAVERT	5	NM, LA; DL
XGEVA	5	NM; DL
ZORBTIVE	5	NM, PA; DL
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate (phosphate binder)	2	
lanthanum carbonate	3	
RENAGEL	4	
sevelamer carbonate	3	
<b>PROGESTINS</b>		
medroxyprogesterone acetate	2	
norethindrone acetate TABS	2	
progesterone micronized CAPS	2	

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

Drug Name	Drug Tier	Requirements/Limits
<b>THYROID AGENTS</b>		
levo-t	1	
levothyroxine sodium TABS	1	
levoxyl	3	
liothyronine sodium SOLN; TABS	2	
methimazole TABS	2	
propylthiouracil TABS	2	
SYNTHROID	3	
unithroid	3	
<b>VASOPRESSINS</b>		
desmopressin acetate TABS	2	
desmopressin acetate refrigerated	3	
desmopressin acetate spray refrigerated	2	
STIMATE	5	NM; DL
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
aprepitant 40mg	3	B/D, QL (1 cap / 30 days); DL
aprepitant 80mg	3	B/D, QL (8 caps / 30 days); DL
aprepitant 125mg	3	B/D, QL (2 caps / 30 days); DL
aprepitant pak 80 & 125	3	B/D, QL (6 caps / 30 days); DL
CESAMET	4	PA
compro	2	
dronabinol	3	QL (60 caps / 30 days), PA
granisetron hcl SOLN 4mg/4ml	2	PA; DL
granisetron hcl SOLN .1mg/ml, 1mg/ml	2	PA
granisetron hcl TABS	2	B/D, QL (30 tabs / 30 days); DL
meclizine hcl TABS	2	
metoclopramide hcl SOLN; TABS	2	
ondansetron hcl SOLN 4mg/2ml	2	PA
ondansetron hcl SOLN 4mg/5ml	3	B/D; DL
ondansetron hcl SOLN 40mg/20ml	2	PA; DL
ondansetron hcl TABS 4mg, 8mg	2	B/D, QL (45 tabs / 30 days); DL
ondansetron hcl TABS 24mg	2	B/D, QL (14 tabs / 30 days); DL
ondansetron tab 4mg odt	2	B/D, QL (45 tabs / 30 days); DL
ondansetron tab 8mg odt	2	B/D, QL (45 tabs / 30 days); DL
phenadoz	3	DL

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Drug Name	Drug Tier	Requirements/Limits
prochlorperazine	2	
prochlorperazine edisylate	2	
prochlorperazine maleate TABS	2	
promethazine hcl SOLN	2	
promethazine hcl SUPP; SYRP; TABS	2	DL
promethegan	2	DL
SANCUSO	4	DL
scopolamine	3	
VARUBI TABS	4	B/D, QL (4 tabs / 30 days); DL
<b>ANTI SPASMODICS</b>		
dicyclomine hcl CAPS	2	
dicyclomine hcl SOLN 10mg/5ml	2	
dicyclomine hcl TABS	2	
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 2 1mg/5ml	2	
glycopyrrolate TABS	2	
methscopolamine bromide TABS	2	
propantheline bromide TABS	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
famotidine SOLN 20mg/2ml	2	
famotidine SUSR	2	
famotidine TABS 20mg, 40mg	2	
famotidine in nacl	2	
ranitidine hcl SOLN; SYRP; TABS	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	
balsalazide disodium	2	
budesonide CPEP	5	DL
colocort	3	
DIPENTUM	5	DL
hydrocortisone (intrarectal)	3	
mesalamine ENEM	2	
mesalamine TBEC	4	
sulfasalazine TABS; TBEC	2	
<b>LAXATIVES</b>		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
lactulose	2	

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

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
polyethylene glycol 3350 PACK; POWD	2	
SUPREP BOWEL PREP	4	
trilyte	2	
<b>MISCELLANEOUS</b>		
alose tron hcl	5	DL
AMITIZA	3	QL (60 caps / 30 days)
amoxicillin-clarithromycin w/ lansoprazole	4	
CARAFATE SUSP	3	
cromolyn sodium (mastocytosis)	2	
diphenoxylate w/ atropine	2	
GATTEX	5	NM, LA; DL
LINZESS	3	QL (30 caps / 30 days)
loperamide hcl CAPS	2	
misoprostol TABS	2	
MOVANTIK	3	
RELISTOR SOLN	5	DL
SUCRAID	5	LA; DL
sucral fate TABS	2	
ursodiol CAPS; TABS	3	
XIFAXAN 550mg	5	PA; DL
<b>PANCREATIC ENZYMES</b>		
CREON	3	
pancrelipase (lipase-protease-amylase)	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
lansoprazole CPDR	2	QL (60 caps / 30 days)
omeprazole CPDR	1	QL (60 caps / 30 days)
pantoprazole sodium TBEC	1	QL (60 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
alfuzosin hcl	2	
dutasteride CAPS	2	
dutasteride-tamsulosin hcl	2	
finasteride TABS 5mg	2	
tamsulosin hcl	2	
<b>MISCELLANEOUS</b>		
bethanechol chloride TABS	2	
flavoxate hcl	2	
potassium citrate (alkalinizer)	3	
<b>URINARY ANTI SPASMODICS</b>		
darifenacin hydrobromide	3	
MYRBETRIQ	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> SYRP; TABS; TB24	2	
<i>tolterodine tartrate</i> CP24	3	
<i>tolterodine tartrate</i> TABS	2	
TOVIAZ	4	
<i>trospium chloride</i> CP24	3	
<i>trospium chloride</i> TABS	2	
<b>VAGINAL ANTI -INFECTIVES</b>		
CLEOCIN SUPP	4	
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	3	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>argatroban</i> 250mg/2.5ml	5	DL
<i>aspirin-dipyridamole</i>	3	
COUMADIN	4	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	DL
<i>enoxaparin sodium</i> 300mg/3ml	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	DL
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	DL
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	DL
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	DL
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sodium (porcine)</i>	3	
<i>jantoven</i>	2	
PRADAXA	4	
<i>warfarin sodium</i>	2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), NM, PA; DL
EPOGEN 10000unit/ml	4	QL (12 vials / 30 days), NM, PA; DL
EPOGEN 20000unit/ml	4	NM, PA; DL
GRANIX	5	NM; DL
MOZOBIL	5	NM; DL

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT 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
ZARXIO	5	NM; DL
<b>MISCELLANEOUS</b>		
AMICAR TABS	4	
aminocaproic acid TABS	3	DL
anagrelide hcl	4	
cilostazol	2	
CINRYZE	5	NM, LA, PA; DL
DROXIA	3	
FIRAZYR	5	NM, PA; DL
pentoxifylline TBCR	2	
PROMACTA	5	NM, LA, PA; DL
RUCONEST	5	NM, PA; DL
tranexamic acid SOLN	2	
tranexamic acid TABS	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
BRILINTA	4	
clopidogrel bisulfate TABS	2	
prasugrel hcl	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>		
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-CD/UC/HS START 40mg/0.8ml	5	NM, PA; DL
HUMIRA PEN-PS/UV STARTER	5	NM, PA; DL
hydroxychloroquine sulfate	3	
leflunomide TABS	3	
methotrexate sodium TABS	2	
REMICADE	5	NM, PA; DL
RIDAURA	5	DL
XATMEP	5	DL
<b>IMMUNOGLOBULINS</b>		
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

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID 2.5gm/25ml	5	NM, PA; DL
GAMMAGARD S/D IGA LESS TH	5	NM, PA; DL
GAMMAKED 1gm/10ml	5	NM, PA; DL
GAMMAPLEX 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA; DL
GAMUNEX-C 1gm/10ml	5	NM, PA; DL
OCTAGAM 1gm/20ml, 2gm/20ml	5	NM, PA; DL
PRIVIGEN 20gm/200ml	5	NM, PA; DL
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NM, LA, PA; DL
ARCALYST	5	NM, PA; DL
BENLYSTA SOAJ	5	QL (4 auto-injectors / 28 days), NM, PA; DL
BENLYSTA SOLR	5	NM, PA; DL
BENLYSTA SOSY	5	QL (4 syringes / 28 days), NM, PA; DL
GRASTEK	4	PA; DL
ILARIS SOLR	5	NM, LA, PA; DL
INTRON A SOLN 10mu/ml	5	NM; DL
INTRON A SOLN 6000000unit/ml	4	NM; DL
INTRON A SOLR 10mu, 50mu	5	NM; DL
INTRON A SOLR 18mu	4	NM; DL
PEGASYS	5	NM; DL
PEGASYS PROCLICK	5	NM; DL
RAGWITEK	4	PA; DL
<b>IMMUNOSUPPRESSANTS</b>		
ATGAM	5	DL
AZATHIOPRINE SOLR	3	B/D
azathioprine TABS	2	B/D
cyclosporine CAPS	3	B/D, NM
cyclosporine SOLN	2	B/D, NM
cyclosporine modified (for microemulsion)	2	B/D, NM
gengraf	2	B/D, NM
mycophenolate mofetil	2	B/D, NM
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	3	B/D, NM
mycophenolate sodium	3	B/D, NM
NULOJIX	5	B/D, NM; DL
PROGRAF SOLN	4	B/D, NM
RAPAMUNE SOLN	4	B/D, NM
SIMULECT	4	B/D
sirolimus TABS	3	B/D, NM
tacrolimus CAPS	2	B/D, NM
THYMOGLOBULIN	3	B/D
ZORTRESS .5mg, .75mg	5	B/D, NM; DL

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



Drug Name	Drug Tier	Requirements/Limits
ZORTRESS .25mg	4	B/D, QL (60 tabs / 30 days), NM; DL
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	
ENGERIX-B SUSP	3	B/D
GARDASIL 9	4	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	4	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	DL
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ	4	
SHINGRIX	3	QL (2 injections in lifetime)
SYNAGIS 100mg/ml	5	NM; DL
TENIVAC	3	
TETANUS/DIPHThERIA TOXOID	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
YF-VAX	4	
ZOSTAVAX	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>effervescent pot chloride</i>	2	
<i>klor-con</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate SOLN 50%</i>	3	
<i>phospha 250 neutral</i>	2	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	3	
<i>potassium chloride TBCR 8meq, 10meq</i>	2	
<i>potassium chloride TBCR 20meq</i>	3	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	3	
<i>sodium fluoride 2.2 mg</i>	2	
SODIUM LACTATE 5meq/ml	3	
<b>IV NUTRITION</b>		
AMINOSYN 7%/ELECTROLYTES	4	B/D; DL
AMINOSYN II INJ 8.5%	4	B/D; DL
AMINOSYN II INJ 10%	4	B/D; DL
AMINOSYN-HBC	4	B/D; DL
AMINOSYN-PF 7%	4	B/D; DL
AMINOSYN-PF INJ 10%	4	B/D; DL
AMINOSYN-RF	4	B/D; DL
<i>hepatamine</i>	4	B/D; DL
<i>intralipid 20gm/100ml</i>	4	B/D; DL
INTRALIPID 30gm/100ml	4	B/D; DL
NEPHRAMINE	4	B/D; DL
<i>premasol</i>	3	B/D; DL
PREMASOL SOL 10%	3	B/D; DL
PROCALAMINE	4	B/D; DL
PROSOL	4	B/D; DL
TRAVASOL	3	B/D; DL
TROPHAMINE	4	B/D; DL
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>dextrose SOLN 5%</i>	2	
<i>dextrose SOLN 10%</i>	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
DEXTROSE 10%/NAACL 0.2%	3	
<i>dextrose in lactated ringers</i>	3	
<i>dextrose w/ sodium chloride</i>	3	
IONOSOL-MB/DEXTROSE 5%	4	DL

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P .1%	3	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate (ophthalmic)</i>	3	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL .5%	4	
BETOPTIC-S	4	
<i>bimatoprost SOLN</i>	2	
<i>brimonidine tartrate SOLN .2%</i>	2	
<i>brimonidine tartrate SOLN .15%</i>	3	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
IOPIDINE 1%	4	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl .5%</i>	2	
<i>levobunolol hcl .25%</i>	3	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	4	
<i>timolol maleate (ophth)</i>	2	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
EYLEA	5	NM; DL
LUCENTIS SOLN	5	NM, LA; DL
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium-albuterol</i>	2	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
<b>ANTI HISTAMINES</b>		
<i>azelastine spr 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
azelastine spr 0.15%	3	
cyproheptadine hcl TABS	3	
desloratadine TABS	2	
diphenhydramine hcl SOLN	2	
levocetirizine dihydrochloride	2	
olopatadine hcl (nasal)	2	
<b>BETA AGONISTS</b>		
albuterol sulfate NEBU	2	B/D
albuterol sulfate SYRP; TABS; TB12	2	
BROVANA	4	B/D; DL
levalbuterol hcl NEBU	2	B/D
levalbuterol tartrate	3	
metaproterenol sulfate SYRP; TABS	2	
PERFOROMIST	4	B/D; DL
SEREVENT DISKUS	3	
terbutaline sulfate SOLN; TABS	2	
VENTOLIN HFA	3	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
montelukast sodium CHEW; TABS	2	
zafirlukast	2	
<b>MISCELLANEOUS</b>		
acetylcysteine SOLN 10%, 20%	2	B/D; DL
ARALAST NP 400mg, 800mg, 1000mg	5	NM, LA, PA; DL
cromolyn sodium NEBU	2	B/D
DALIRESP	4	DL
epinephrine (anaphylaxis) .3mg/0.3ml	3	QL (4 pens / 30 days)
epinephrine (anaphylaxis) .15mg/0.15ml	3	QL (2 pens / 30 days)
ESBRIET	5	NM, PA; DL
GLASSIA	5	NM, LA, PA; DL
KALYDECO PACK	5	NM, PA; DL
KALYDECO TABS	5	QL (60 tabs / 30 days), NM, PA; DL
OFEV	5	NM, PA; DL
ORKAMBI TABS	5	NM, PA; DL
PROLASTIN-C SOLR	5	NM, LA, PA; DL
PULMOZYME	5	B/D, NM; DL
theophylline TB12	3	
theophylline TB24	2	
TRELEGY ELLIPTA	3	
TYZINE	3	
XOLAIR	5	NM, LA, PA; DL
ZEMAIRA	5	NM, LA, PA; DL
<b>NASAL STEROIDS</b>		
flunisolide (nasal)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal)</i>	2	
<i>mometasone furoate (nasal)</i>	3	
<i>triamcinolone acetonide (nasal)</i>	3	
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	
<i>budesonide (inhalation)</i>	3	B/D
FLOVENT DISKUS	3	
FLOVENT HFA	3	
PULMICORT FLEXHALER	3	
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	
ADVAIR HFA	3	
BREO ELLIPTA	3	
SYMBICORT	3	
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>benzoyl peroxide-erythromycin</i>	3	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	2	
<i>ery</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	3	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA; GEL	3	PA; DL
<b>DERMATOLOGY, ANTIBIOTICS</b>		
BACTROBAN NASAL	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin</i> OINT	2	
<i>mupirocin calcium (topical)</i>	2	
<i>silver sulfadiazine</i> CREA	3	
<i>ssd</i>	3	
SULFAMYLON CREA	3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> GEL	2	
<i>ciclopirox</i> SHAM	3	
<i>ciclopirox</i> SOLN	2	DL
<i>ciclopirox olamine</i> CREA; SUSP	2	
<i>clotrimazole (topical)</i> CREA	2	
<i>ketconazole (topical)</i> CREA	2	
<i>nyamyc</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin	5	DL
calcipotriene	4	
calcitriol (topical)	3	
methoxsalen rapid	5	DL
tazarotene CREA	4	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole (topical) SHAM	2	
selenium sulfide LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort	2	
alclometasone dipropionate	2	
amcinonide CREA; LOTN	3	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented CREA; GEL	2	
betamethasone dipropionate augmented LOTN; OINT	3	
betamethasone valerate CREA; LOTN; OINT	2	
calcipotriene-betamethasone dipropionate	5	DL
fluocinolone acetonide CREA; OINT	2	
fluocinolone acetonide SOLN	3	QL (120 ml / 30 days)
fluocinolone acetonide sc	3	QL (120 ml / 30 days)
fluocinonide CREA .05%	2	
fluocinonide GEL	2	
fluocinonide OINT	2	
fluocinonide SOLN	3	QL (120 ml / 30 days)
fluocinonide emulsified base	2	
fluticasone propionate CREA; OINT	2	
fluticasone propionate LOTN	3	QL (120 ml / 30 days)
halobetasol propionate	3	QL (120 gm / 30 days)
hydrocortisone (topical) CREA 2.5%	2	
hydrocortisone (topical) LOTN	2	
hydrocortisone (topical) OINT 2.5%	2	
hydrocortisone butyrate CREA; OINT; SOLN	3	
hydrocortisone valerate	3	
mometasone furoate CREA; OINT; SOLN	2	
triamcinolone acetonide (topical) CREA; LOTN; OINT	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
lidocaine OINT	3	PA

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



Drug Name	Drug Tier	Requirements/Limits
lidocaine PTCH	3	QL (90 patches / 30 days), PA
lidocaine hcl GEL	3	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine hcl (local anesth.)	2	
lidocaine-prilocaine	2	QL (30 gm / 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
acyclovir topical	3	
diclofenac sodium (topical)	2	QL (500 gm / 30 days)
diclofenac sodium soln 1.5%	3	QL (300 mL / 30 days)
fluorouracil (topical) CREA 5%	3	
fluorouracil (topical) CREA .5%	5	DL
fluorouracil (topical) SOLN	2	
imiquimod CREA	3	
lactic acid (ammonium lactate)	2	
metronidazole (topical) CREA	2	
metronidazole (topical) GEL .75%	2	
metronidazole (topical) LOTN	2	
PANRETIN	5	DL
podofilox SOLN	2	
procto-med hc	2	
procto-pak	2	
proctosol hc	2	
proctozone-hc	2	
tacrolimus (topical)	3	
TARGRETIN GEL	5	NM; DL
VALCHLOR	5	NM, LA, PA; DL
ZYCLARA PUMP	5	DL
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
lindane	2	
malathion	2	
permethrin	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
lactated ringer's (irrigation)	3	
REGRANEX	5	QL (30 gm / 30 days); DL
ringer's irrigation	3	
SANTYL	3	
sodium chloride (gu irrigant)	3	
water for irrigation, sterile	3	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
cevimeline hcl	3	
chlorhexidine gluconate (mouth-throat)	2	
clotrimazole LOZG	2	
lidocaine hcl (mouth-throat)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neutral sodium fluoride</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
<i>antipyrine-benzocaine</i>	2	
CIPRO HC	4	
CIPRODEX	4	
<i>ciprofloxacin hcl (otic)</i>	2	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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<b>A</b>	
abacavir sulfate.....	4
abacavir sulfate-lamivudine .....	5
abacavir sulfate-lamivudine-zidovudine	5
ABELCET.....	3
ABILIFY MAINTENA .....	22
ABRAXANE.....	10
acamprosate calcium.....	24
acarbose.....	26
acebutolol hcl.....	16
acetaminophen w/ codeine.....	1
acetazolamide .....	17
acetic acid (otic).....	48
acetylcysteine .....	44
acitretin.....	46
ACTHIB .....	39
ACTIMMUNE .....	38
acyclovir.....	6
acyclovir sodium.....	6
acyclovir topical.....	47
ADACEL.....	39
ADAGEN .....	31
adefovir dipivoxil .....	6
ADEMPAS .....	18
ADRENALIN.....	18
adrucil.....	9
ADVAIR DISKUS .....	45
ADVAIR HFA.....	45
afeditab cr .....	16
AFINITOR .....	12
AFINITOR DISPERZ .....	12
ala-cort .....	46
ALBENZA .....	2
albuterol sulfate .....	44
alclometasone dipropionate.....	46
ALDURAZYME.....	31
ALECENSA .....	12
alendronate sodium .....	27
alfuzosin hcl.....	35
ALIMTA .....	9
ALINIA .....	2
ALIQOPA .....	12
allopurinol.....	1
almotriptan malate .....	23
alose tron hcl .....	35
ALPHAGAN P .....	43
alprazolam .....	18
ALPRAZOLAM INTENSOL .....	18
altavera .....	28
ALUNBRIG.....	12
alyacen 1/35 .....	28
amabelz.....	28
amantadine hcl .....	21
AMBISOME .....	3
amcinonide .....	46
amethia .....	28
amethia lo.....	28
AMICAR .....	37
amikacin sulfate.....	2
amiloride & hydrochlorothiazide .....	17
amiloride hcl.....	17
aminocaproic acid .....	37
AMINOSYN 7%/ELECTROLYTES.....	40
AMINOSYN II INJ 10%.....	40
AMINOSYN II INJ 8.5%.....	40
AMINOSYN-HBC .....	40
AMINOSYN-PF 7%.....	40
AMINOSYN-PF INJ 10% .....	40
AMINOSYN-RF .....	40
amiodarone hcl .....	15
AMITIZA .....	35
amitriptyline hcl.....	20
amlodipine besylate.....	16
amlodipine besylate-benazepril hcl .....	14
amlodipine besylate-olmesartan medoxomil .....	14
amlodipine besylate-valsartan .....	14
amlodipine-valsartan-hydrochlorothiazide .....	14
amoxapine .....	20
amoxicillin.....	8
amoxicillin & pot clavulanate .....	8
amoxicillin-clarithromycin w/ lansoprazole .....	35
amphetamine-dextroamphetamine.....	23
amphotericin b .....	3
ampicillin .....	8
ampicillin & sulbactam sodium.....	8
ampicillin sodium .....	8
AMPYRA .....	24
ANADROL-50.....	32
anagrelide hcl.....	37

<i>anastrozole</i> .....	11	<i>azithromycin</i> .....	7
ANORO ELLIPTA .....	43	AZOPT .....	43
<i>antipyrine-benzocaine</i> .....	48	<i>aztreonam</i> .....	2
APIDRA .....	25	B	
APIDRA SOLOSTAR .....	25	<i>baciim</i> .....	2
APOKYN.....	21	<i>bacitracin (ophthalmic)</i> .....	41
<i>apraclonidine hcl</i> .....	43	<i>bacitracin-polymyxin b (ophth)</i> .....	41
<i>aprepitant</i> .....	33	<i>bacitracin-poly-neomycin-hc</i> .....	41
<i>aprepitant pak 80 &amp; 125</i> .....	33	<i>baclofen</i> .....	24
<i>apri</i> .....	28	BACTROBAN NASAL.....	45
APRISO .....	34	<i>balsalazide disodium</i> .....	34
APTIOM .....	19	<i>balziva</i> .....	28
APTIVUS.....	4	BANZEL .....	19
ARALAST NP.....	44	BAVENCIO.....	10
<i>aranelle</i> .....	28	BCG VACCINE.....	39
ARCALYST .....	38	BELEODAQ .....	10
<i>argatroban</i> .....	36	<i>benazepril &amp; hydrochlorothiazide</i> .....	14
<i>aripiprazole</i> .....	22	<i>benazepril hcl</i> .....	14
ARISTADA .....	22	BENDEKA.....	8
ARNUITY ELLIPTA .....	45	BENLYSTA .....	38
ARRANON .....	9	<i>benzoyl peroxide-erythromycin</i> .....	45
ARZERRA.....	10	<i>benztropine mesylate</i> .....	21
<i>ashlyna</i> .....	28	<i>betamethasone dipropionate (topical)</i> .....	46
<i>aspirin-dipyridamole</i> .....	36	<i>betamethasone dipropionate augmented</i> .....	46
<i>atazanavir sulfate</i> .....	4	<i>betamethasone valerate</i> .....	46
<i>atenolol</i> .....	16	BETASERON .....	24
<i>atenolol &amp; chlorthalidone</i> .....	16	<i>betaxolol hcl</i> .....	16
ATGAM .....	38	<i>betaxolol hcl (ophth)</i> .....	43
<i>atomoxetine hcl</i> .....	23	<i>bethanechol chloride</i> .....	35
<i>atorvastatin calcium</i> .....	15	BETIMOL.....	43
<i>atovaquone</i> .....	2	BETOPTIC-S .....	43
<i>atovaquone-proguanil hcl</i> .....	4	<i>bexarotene</i> .....	13
ATRIPLA .....	5	BEXSERO .....	39
<i>atropine sulfate (ophthalmic)</i> .....	43	<i>bicalutamide</i> .....	11
ATROVENT HFA .....	43	BICILLIN C-R.....	8
AUBAGIO .....	24	BICILLIN L-A .....	8
<i>abra</i> .....	28	BICNU .....	8
AVASTIN .....	10	BIKTARVY .....	5
<i>aviane</i> .....	28	BILTRICIDE.....	2
AVONEX .....	24	<i>bimatoprost</i> .....	43
AVONEX PEN.....	24	<i>bisoprolol &amp; hydrochlorothiazide</i> .....	16
<i>azacitidine</i> .....	9	<i>bisoprolol fumarate</i> .....	16
AZASITE.....	41	BIVIGAM.....	37
<i>azathioprine</i> .....	38	<i>bleomycin sulfate</i> .....	9
AZATHIOPRINE.....	38	BLEPHAMIDE .....	41
<i>azelastine hcl (ophth)</i> .....	42	BLEPHAMIDE S.O.P. ....	41
<i>azelastine spr 0.1%</i> .....	43	<i>blisovi 24 fe</i> .....	28
<i>azelastine spr 0.15%</i> .....	44		

<i>blisovi fe 1.5/30</i> .....	28	CARBAGLU .....	31
<i>blisovi fe 1/20</i> .....	28	carbamazepine .....	19
BOOSTRIX .....	39	carbidopa-levodopa .....	21
BOSULIF .....	12	carbidopa-levodopa-entacapone.....	21
BREO ELLIPTA .....	45	carboplatin .....	13
<i>briellyn</i> .....	28	CARIMUNE NANOFILTERED .....	37
BRILINTA .....	37	carteolol hcl (ophth) .....	43
<i>brimonidine tartrate</i> .....	43	<i>cartia xt</i> .....	16
BRIVIACT .....	19	<i>carvedilol</i> .....	16
<i>bromfenac sodium (ophth)</i> .....	42	<i>carvedilol phosphate</i> .....	16
<i>bromocriptine mesylate</i> .....	21	CAYSTON .....	2
BROVANA .....	44	<i>caziant</i> .....	28
<i>budesonide</i> .....	34	<i>cefaclor</i> .....	6
<i>budesonide (inhalation)</i> .....	45	<i>cefadroxil</i> .....	7
<i>bumetanide</i> .....	17	<i>cefazolin sodium</i> .....	7
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<i>busulfan</i> .....	8	<i>cefoxitin sodium</i> .....	7
<i>butorphanol tartrate</i> .....	1	<i>cefpodoxime proxetil</i> .....	7
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This abridged Formulary was updated on August 28, 2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the MVP Medicare Customer Care Center.



**1-800-665-7924**

Monday–Friday, 8 am–8 pm Eastern Time

October 1–March 31 call seven days a week, 8 am–8 pm

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



Visit [mvphealthcare.com](http://mvphealthcare.com) for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

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

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal.

