



MVP Health Care®

# 2019 Abridged Medicare Part D Formulary

(Partial List of Covered Drugs)

For Medicare Advantage plan coverage through a former employer.

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

This abridged Formulary was updated on August 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 Preferred Gold HMO-POS, GoldAnywhere PPO, USA Care PPO, or RxCare PDP.

This document includes a partial list of the drugs (Formulary) for our plan which is current as of August 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 Employer-Based 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 48. 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.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our Formulary. Or, you may be taking a drug that is on our Formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a Formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our Formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. 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 48.

**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.

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

### Enhanced Drug (ED)

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

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

## Tier Descriptions

### **Tier 1–Preferred Generic Drugs**

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.

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



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
allopurinol TABS	2	
colchicine TABS	3	QL (60 tabs / 30 days)
colchicine w/ probenecid	2	
probenecid	2	
ULORIC	4	QL (30 tabs / 30 days)
<b>NSAIDS</b>		
celecoxib CAPS	2	
diclofenac potassium	2	
diclofenac sodium TB24; TBEC	2	
diclofenac w/ misoprostol	2	
diflunisal	2	
etodolac CAPS; TABS	2	
fenoprofen calcium TABS	2	
flurbiprofen TABS	2	
ibuprofen TABS 400mg, 600mg, 800mg	2	
ketoprofen CAPS 50mg, 75mg	2	
ketoprofen CP24	3	
meclofenamate sodium CAPS	2	
mefenamic acid CAPS	2	
meloxicam TABS	2	
nabumetone TABS	2	
naproxen TABS	2	
naproxen dr	3	
naproxen sodium TABS 275mg, 550mg	2	
oxaprozin	2	
piroxicam CAPS	2	
salsalate TABS	3	
sulindac TABS	2	
<b>OPIOID ANALGESICS</b>		
acetaminophen w/ codeine SOLN	2	
acetaminophen w/ codeine TABS	2	QL (360 tabs / 30 days)
ascomp/codeine	2	QL (24 caps / 30 days)
butalbital-acetaminophen	2	QL (24 tabs / 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2	QL (24 caps / 30 days)
butalbital-acetaminophen-caffeine CAPS	2	QL (24 caps / 30 days)
butalbital-acetaminophen-caffeine TABS	2	QL (24 tabs / 30 days)
butalbital-aspirin-caffeine	2	QL (24 caps / 30 days)
butorphanol tartrate SOLN 2mg/ml	2	
butorphanol tartrate SOLN 10mg/ml	2	QL (4 bottles / 30 days)

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
tencon	2	QL (24 tabs / 30 days)
tramadol hcl CP24	3	QL (30 caps / 30 days)
tramadol hcl TABS	2	
tramadol hcl TB24	3	QL (30 tabs / 30 days)
tramadol-acetaminophen	2	
<b>OPIOID ANALGESICS, CII</b>		
duramorph	3	
endocet	2	QL (360 tabs / 30 days)
fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr	2	QL (20 patches / 30 days)
fentanyl 75mcg/hr, 100mcg/hr	3	QL (20 patches / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA; DL
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA; DL
FENTORA	5	QL (120 tabs / 30 days), PA; DL
hydrocodone-acetaminophen SOLN	2	
hydrocodone-acetaminophen TABS	2	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 5-300 mg	3	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	3	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 10-300 mg	3	QL (360 tabs / 30 days)
hydrocodone-ibuprofen	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	2	
hydromorphone hcl TABS	2	QL (250 tabs / 30 days)
LAZANDA	5	QL (60 bottles / 30 days), PA; DL
lorcet	2	QL (360 tabs / 30 days)
lorcet hd	2	QL (360 tabs / 30 days)
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg	4	QL (90 caps / 30 days)
morphine sulfate CP24 60mg, 80mg, 100mg	4	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml	3	
morphine sulfate SOLN 10mg/5ml, 10mg/ml, 20mg/5ml, 100mg/5ml	3	
morphine sulfate SUPP 10mg	2	
morphine sulfate TABS	3	QL (300 tabs / 30 days)
morphine sulfate TBCR 15mg, 30mg	2	QL (90 tabs / 30 days)

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

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

## ANTI - INFECTIVES

## ANTI - BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	2	
CAYSTON	5	NM, LA, PA; DL
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN 40mg/ml	2	
<i>neomycin sulfate</i> TABS	2	
<i>paramomycin 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

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

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
AMBISOME	5	B/D; DL
<i>amphotericin b</i> SOLR	3	B/D; DL
<i>fluconazole</i> SUSR; TABS	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	DL
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>itraconazole</i> CAPS	3	PA
<i>ketoconazole</i> TABS	4	
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

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Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
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
<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

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>ANTIRETROVIRAL 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
TRUVADA TAB 167-250	5	NM; DL
TRUVADA TAB 200-300	5	NM; DL
<b>ANTITUBERCULAR 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
TRECTOR	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

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET	5	NM, PA; DL
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR	3	QL (360 mL / 180 days)
RELENZA DISKHALER	4	QL (3 inhalers / 180 days)
ribasphere CAPS	4	NM, PA; DL
ribasphere TABS 200mg, 400mg	4	NM, PA; DL
ribasphere TABS 600mg	5	NM, PA; DL
ribavirin cap 200 mg	4	NM, PA; DL
ribavirin tab 200 mg	4	NM, PA; DL
rimantadine hydrochloride	2	
SOVALDI	5	NM, PA; DL
valacyclovir hcl TABS	2	
valganciclovir hcl TABS	5	DL
VOSEVI	5	NM, PA; DL
ZEPATIER	5	NM, PA; DL
<b>CEPHALOSPORINS</b>		
cefaclor CAPS	2	
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	

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>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	
PCE	4	
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	3	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg	3	
<i>doxycycline (monohydrate)</i> SUSR	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 75mg, 150mg	4	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC 50mg	3	
<i>doxycycline hyclate</i> TBEC 75mg, 100mg, 150mg, 200mg	4	
<i>minocycline hcl</i> CAPS	2	
<i>minocycline hcl</i> TABS	2	
<i>minocycline hcl</i> TB24 45mg, 90mg, 135mg	4	
<i>tetracycline hcl</i> CAPS	3	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
JUXTAPID	5	NM, LA, PA; DL
KYNAMRO	5	NM, PA; DL
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM; DL
BICNU	4	
<i>busulfan</i>	5	DL
<i>cyclophosphamide</i> CAPS	3	B/D
<i>dacarbazine</i>	2	
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	

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>ANTHRACYCLINES</b>		
daunorubicin hcl	2	
doxorubicin hcl SOLN	2	
doxorubicin hcl liposomal	4	
epirubicin hcl 200mg/100ml	3	
idarubicin hcl 5mg/5ml, 20mg/20ml	2	DL
idarubicin hcl 10mg/10ml	2	
<b>ANTIBIOTICS</b>		
bleomycin sulfate 15unit	2	
bleomycin sulfate 30unit	2	B/D
mitomycin SOLR 5mg	4	
mitomycin SOLR 20mg, 40mg	5	DL
<b>ANTIMETABOLITES</b>		
adrucil 500mg/10ml	2	B/D
ALIMTA	5	PA; DL
ARRANON	5	DL
azacitidine	5	NM; DL
cladribine	4	B/D
clofarabine	5	DL
cytarabine	2	B/D
cytarabine inj pf 20 mg/ml	2	DL
decitabine	5	NM; DL
ERWINAZE	5	NM; DL
fludarabine phosphate SOLR	2	
fluorouracil SOLN 1gm/20ml	2	DL
fluorouracil SOLN 5gm/100ml	2	B/D
gemcitabine hcl	2	
LONSURF	5	NM, PA; DL
mercaptopurine TABS	2	
methotrexate sodium SOLN 50mg/2ml, 250mg/10ml	3	
methotrexate sodium SOLR	2	
NIPENT	5	DL
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

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel</i> 100mg/16.7ml	2	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	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
KISOALI	5	NM, PA; DL
KISOALI FEMARA 200 DOSE	5	NM, PA; DL
KISOALI FEMARA 400 DOSE	5	NM, PA; DL
KISOALI 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
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

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
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	4	NM; DL
ELIGARD 22.5mg, 30mg, 45mg	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
YONSA	5	NM, PA; DL
ZYTIGA	5	NM, LA; DL

### IMMUNOMODULATORS

We provide additional coverage of prescription drugs on Tier 1 in the coverage gap, depending on your plan.  
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Drug Name	Drug Tier	Requirements/Limits
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
SUTENT	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
TAFINLAR	5	NM, LA; DL
TAGRISO	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>		
<i>bexarotene</i>	5	NM; DL
HALAVEN	5	NM; DL
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT 15mg	5	NM; DL
JEVTANA	5	NM; DL
MATULANE	5	LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	NM; DL
SYLATRON	5	NM; DL
SYNRIBO	5	NM; DL
<i>tretinoin (chemotherapy)</i>	5	DL
TRISENOX	4	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin 50mg/5ml, 450mg/45ml, 600mg/60ml</i>	2	DL
<i>carboplatin 150mg/15ml</i>	2	
<i>cisplatin 50mg/50ml</i>	2	
<i>cisplatin 200mg/200ml</i>	2	DL
<i>oxaliplatin SOLN</i>	4	
<i>oxaliplatin SOLR 100mg</i>	4	
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane 250mg</i>	4	
ELITEK	5	DL
<i>leucovorin calcium SOLR 50mg, 100mg, 200mg, 350mg</i>	2	
<i>leucovorin calcium TABS 5mg, 10mg</i>	2	
<i>leucovorin calcium TABS 15mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium TABS 25mg	4	
levoleucovorin calcium	5	NM; DL
mesna	2	
MESNEX TABS	3	
<b>TOPOI SOMERASE 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		

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>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	
EDARBYCLOR	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazide</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	2	
EDARBI	4	
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	2	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml	2	
<i>amiodarone hcl</i> TABS	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	3	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl</i> SOLN 100mg/ml	2	
<i>propafenone hcl</i> CP12	3	
<i>propafenone hcl</i> TABS	2	
<i>quinidine gluconate</i> TBCR	3	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		

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Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium TABS	1	
fluvastatin sodium CAPS	2	
fluvastatin sodium TB24	3	
LIVALO	4	
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	
choline fenofibrate	2	
colesevelam hcl	4	
colestipol hcl PACK; TABS	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate TABS 40mg, 120mg, 145mg	3	
fenofibrate TABS 48mg, 54mg, 160mg	2	
fenofibrate micronized 43mg, 67mg, 134mg, 200mg	2	
fenofibrate micronized 130mg	3	
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	
WELCHOL PACK	4	
<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	
BYSTOLIC	4	

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

Drug Name	Drug Tier	Requirements/Limits
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 BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
amlodipine besylate-atorvastatin calcium	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
afeditab cr	2	
amlodipine besylate TABS	1	
cartia xt	2	
dilt-xr	2	
diltiazem hcl CP12	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	2	
<i>digoxin</i> SOLN .05mg/ml	3	
<i>digoxin</i> SOLN .25mg/ml	2	
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	
LANOXIN TABS 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	4	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
TEKURNA	4	
TEKURNA HCT	4	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12; TABS	2	
ALDACTAZIDE	4	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i> TABS	2	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN 10mg/ml	2	
<i>furosemide</i> TABS	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone &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

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
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	
NITRO-DUR	4	
<i>nitroglycerin</i> PT24	2	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
NITRONAL	3	
NITROSTAT	3	
<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>ANORECTIC AGENTS</b>		
BELVIQ	4	ED, PA
<i>benzphetamine hcl</i>	2	ED
CONTRAVE	4	ED, PA
<i>diethylpropion hcl</i>	2	ED
<i>phendimetrazine tartrate</i>	2	ED
<i>phentermine hcl</i>	2	ED
QSYMIA	4	ED, PA
SAXENDA	4	ED, PA
SUPRENZA	4	ED, PA
XENICAL	4	ED, PA
<b>ANTI-ANXIETY</b>		
<i>alprazolam</i> TABS	2	
ALPRAZOLAM INTENSOL	3	DL
<i>bupirone hcl</i> TABS	2	
<i>chlordiazepoxide hcl</i>	2	
<i>fluvoxamine maleate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
lorazepam CONC	2	DL
lorazepam TABS	2	
oxazepam	2	
<b>ANTI CONVULSANTS</b>		
APTIOM	5	DL
BANZEL SUSP	5	DL
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	DL
BRIVIACT	5	DL
carbamazepine CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	3	
clonazepam TABS; TBDP	2	
clorazepate dipotassium	2	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
diazepam SOLN 5mg/5ml	2	DL
diazepam TABS	2	
diazepam intensol	3	DL
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
divalproex sodium CSDR; TBEC	2	
divalproex sodium TB24	3	
epitol	2	
ethosuximide CAPS; SOLN	2	
felbamate	2	
fosphenytoin sodium 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
gabapentin CAPS; SOLN; TABS	2	
lamotrigine CHEW; TABS	2	
lamotrigine TB24	4	
levetiracetam SOLN 100mg/ml	2	
levetiracetam SOLN 500mg/5ml	3	
levetiracetam TABS	2	
levetiracetam TB24	2	
levetiracetam in sodium chloride	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
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 ml / 30 days); DL
ONFI SUSP	4	DL
ONFI TABS	5	DL
<i>oxcarbazepine</i>	2	
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	2	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium</i> SOLN	2	
<i>phenytoin sodium extended</i>	2	
<i>primidone</i> TABS	2	
SABRIL 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	

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
clomipramine hcl CAPS	3	
desipramine hcl TABS	2	
desvenlafaxine succinate	3	
doxepin hcl CAPS; CONC	3	PA
duloxetine hcl CPEP	3	
EMSAM	5	DL
escitalopram oxalate	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA
fluoxetine hcl CAPS	2	
fluoxetine hcl SOLN	2	
fluoxetine hcl TABS 10mg	2	
fluoxetine hcl TABS 20mg	3	
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 TABS	5	DL

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



Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	3	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> TABS	2	
<i>rasagiline mesylate</i> TABS	3	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i> CAPS; TABS	3	
<i>tolcapone</i>	5	DL
<i>trihexyphenidyl hcl</i>	2	
<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
<i>aripiprazole</i> SOLN; TBDP	5	DL
<i>aripiprazole</i> TABS	4	
ARISTADA	5	DL
CHLORPROMAZINE HCL SOLN 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS	3	
<i>clozapine</i> TABS	2	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg	3	
<i>clozapine</i> TBDP 150mg, 200mg	5	DL
<i>ergoloid mesylates</i> TABS	2	
FANAPT 1mg, 2mg, 4mg, 6mg, 10mg, 12mg	5	DL
FANAPT 8mg	4	
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	DL
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate</i>	2	
INVEGA SUSTENNA 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days); DL
INVEGA TRINZA	5	QL (1 syringe / 90 days); DL
LATUDA	4	
<i>loxapine succinate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
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

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine CP24	3	QL (30 caps / 30 days)
amphetamine-dextroamphetamine TABS	2	
atomoxetine hcl	3	
dexmethylphenidate hcl	2	
dextroamphetamine sulfate CP24	4	
dextroamphetamine sulfate TABS 5mg, 10mg	2	
guanfacine hcl (adhd)	2	
metadate er	2	
methylphenidate hcl CP24 10mg, 20mg, 30mg, 40mg	4	
methylphenidate hcl CPCR	4	
methylphenidate hcl SOLN	2	
methylphenidate hcl TABS	2	
methylphenidate hcl TB24	4	
methylphenidate hcl TBCR 10mg	2	
methylphenidate hcl TBCR 18mg, 20mg, 27mg, 36mg, 54mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS	4	
<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	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)
frovatriptan succinate	3	QL (12 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 SOAJ 4mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	4	QL (8 injections / 30 days)
sumatriptan succinate SOCT	4	QL (12 injections / 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)
sumatriptan-naproxen sodium	3	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	
HORIZANT	4	
lithium carbonate CAPS; TABS; TBCR	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA	3	PA; DL

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Drug Name	Drug Tier	Requirements/Limits
<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>		

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>acamprosate calcium</i>	3	
<i>buprenorphine hcl SOLN; SUBL</i>	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 TABS</i>	2	
<i>naloxone hcl SOCT</i>	2	
<i>naloxone hcl SOLN .4mg/ml</i>	2	
<i>naloxone hcl SOSY</i>	2	DL
<i>naltrexone hcl TABS</i>	2	
NARCAN	4	QL (4 sprays / 30 days); DL
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE	3	QL (90 films / 30 days)
VIVITROL	5	NM; DL

#### ENDOCRINE AND METABOLIC ANDROGENS

ANDRODERM	4	
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm, 50mg/5gm	4	
ANDROGEL PUMP	4	
METHITEST	4	
<i>methyltestosterone CAPS</i>	4	
<i>oxandrolone TABS 2.5mg</i>	2	QL (120 tabs / 30 days); DL
<i>oxandrolone TABS 10mg</i>	4	DL
<i>testosterone GEL; SOLN</i>	3	
<i>testosterone cypionate SOLN</i>	2	
<i>testosterone enanthate SOLN</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	4	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NEEDLES, INSULIN DISP., SAFETY	3	
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILL	4	ST
NOVOLOG PENFILL	4	ST
SYMLINPEN 60	4	
SYMLINPEN 120	4	
TOUJEO 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</i> 1mg	1	QL (240 tabs / 30 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
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, 90mg/10ml	2	
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
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	

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>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>DEPO-SUBQ PROVERA 104</i>	4	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estradiol &amp; norethindrone acetate</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jolivette</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
lutra	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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
levocarnitine (metabolic modifiers)	3	
miglustat	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>		
estradiol PTTW; PTWK; TABS	3	
estradiol vaginal	2	
estradiol valerate OIL 20mg/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
ESTRING	4	
<i>estropipate</i>	2	
<i>fyavolv</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
PREMARIN	4	
PREMPRO	4	
<i>yuvafem</i>	2	
<b>GLUCOCORTICOIDS</b>		
<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	
<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 5mg/5ml, 25mg/5ml	2	
<i>prednisone</i> SOLN; TABS	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
<b>MISCELLANEOUS</b>		
ANADROL-50	5	DL
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	2	
FORTEO	5	QL (2.4 ml / 28 days), NM, PA; DL
H.P. ACTHAR	5	NM, LA, PA; DL
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>raloxifene hcl</i>	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>		
<i>calcium acetate (phosphate binder)</i>	2	
<i>lanthanum carbonate</i>	3	
RENAGEL	4	
<i>sevelamer carbonate</i>	3	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i>	2	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
<b>THYROID AGENTS</b>		
<i>levo-t</i>	1	
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	3	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	3	
<i>unithroid</i>	3	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate refrigerated</i>	3	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	5	NM; DL

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Drug Name	Drug Tier	Requirements/Limits
<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
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

**ANTI SPASMODICS**

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
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	
nizatidine	2	
ranitidine hcl CAPS; SOLN; SYRP; TABS	2	
<b>I NFLAMMATORY 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	
GOLYTELY	4	
lactulose	2	
MOVIPREP	4	
OSMOPREP	3	
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>		

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Drug Name	Drug Tier	Requirements/Limits
<i>alose tron hcl</i>	5	DL
AMITIZA	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
CARAFATE SUSP	3	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA; DL
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	
MOVANTIK	3	
RELISTOR SOLN	5	DL
SUCRAID	5	LA; DL
<i>sucralfate TABS</i>	2	
<i>ursodiol CAPS; TABS</i>	3	
XIFAXAN 550mg	5	PA; DL
<b>PANCREATIC ENZYMES</b>		
CREON	3	
<i>pancrelipase (lipase-protease-amylase)</i>	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	3	QL (30 caps / 30 days)
<i>lansoprazole CPDR</i>	2	QL (60 caps / 30 days)
<i>omeprazole CPDR</i>	1	QL (60 caps / 30 days)
<i>pantoprazole sodium TBEC</i>	1	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	2	
<i>dutasteride CAPS</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride TABS 5mg</i>	2	
<i>tamsulosin hcl</i>	2	
<b>IMPOTENCE AGENTS</b>		
CAVERJECT	4	ED, QL (6 vials / 30 days)
CAVERJECT IMPULSE	4	ED, QL (6 kits / 30 days)
CIALIS 10mg, 20mg	4	ED, QL (4 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
EDEX	4	ED, QL (6 kits / 30 days)
LEVITRA	4	ED, QL (4 tabs / 30 days)
MUSE	4	ED, QL (6 sup / 30 days)
STAXYN	4	ED, QL (4 tabs / 30 days)
STENDRA	4	ED, QL (4 tabs / 30 days)
VIAGRA	4	ED, QL (4 tabs / 30 days)
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> TABS	2	
ELMIRON	4	
<i>flavoxate hcl</i>	2	
<i>potassium citrate (alkalinizer)</i>	3	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i>	3	
MYRBETRIO	4	
<i>oxybutynin chloride</i> SYRP; TABS; TB24	2	
<i>tolterodine tartrate</i> CP24	3	
<i>tolterodine tartrate</i> TABS	2	
TOVIAZ	4	
<i>tropium chloride</i> CP24	3	
<i>tropium chloride</i> TABS	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
XARELTO	3	
XARELTO STARTER PACK	3	
<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
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	
<i>aminocaproic acid</i> TABS	3	DL
<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA; DL
DROXIA	3	
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	
<i>tranexamic acid</i> TABS	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>PLATELET AGGREGATION INHIBITORS</b>		
BRILINTA	4	
<i>clopidogrel bisulfate</i> TABS	2	
<i>prasugrel hcl</i>	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
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium</i> 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
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

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Drug Name	Drug Tier	Requirements/Limits
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>		
ASTAGRAF XL	4	B/D, NM
ATGAM	5	DL
AZASAN	4	B/D
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
ENVARUSUS XR	4	B/D, NM
engraf	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
NEORAL	4	B/D, NM
NULOJIX	5	B/D, NM; DL
PROGRAF SOLN	4	B/D, NM
RAPAMUNE	4	B/D, NM
SANDIMMUNE CAPS	3	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	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
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	

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
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	

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

<i>effervescent pot chloride</i>	2	
K-TAB	4	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	

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Drug Name	Drug Tier	Requirements/Limits
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	

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
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>levofloxacin (ophth)</i>	2	
<i>moxifloxacin hcl (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	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ACUVAIL	4	
<i>bromfenac sodium (ophth)</i>	2	
CYSTARAN	5	NM, LA, PA; DL
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX OINT	3	
LOTEMAX SUSP	4	
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA	4	
<b>ANTIALLERGICS</b>		

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Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	4	
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	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	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ACUVAIL	4	
<i>bromfenac sodium (ophth)</i>	2	
CYSTARAN	5	NM, LA, PA; DL
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX OINT	3	
LOTEMAX SUSP	4	
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA	4	
<b>ANTIALLERGICS</b>		

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
ALOCRIIL	4	
ALOMIDE	4	
azelastine hcl (ophth)	2	
cromolyn sodium (ophth)	2	
EMADINE	4	
epinastine hcl (ophth)	2	
olopatadine hcl .1%	2	
olopatadine hcl .2%	3	
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P .1%	3	
apraclonidine hcl	2	
atropine sulfate (ophthalmic)	3	
AZOPT	4	
betaxolol hcl (ophth)	2	
BETIMOL .5%	4	
BETOPTIC-S	4	
bimatoprost SOLN	2	
brimonidine tartrate SOLN .2%	2	
brimonidine tartrate SOLN .15%	3	
carteolol hcl (ophth)	2	
COMBIGAN	4	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
IOPIDINE 1%	4	
latanoprost SOLN	2	
levobunolol hcl .5%	2	
levobunolol hcl .25%	3	
LUMIGAN	3	
metipranolol	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl SOLN	3	
SIMBRINZA	4	
timolol maleate (ophth)	2	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
EYLEA	5	NM; DL
LUCENTIS SOLN	5	NM, LA; DL
proparacaine hcl SOLN	2	
RESTASIS	3	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	3	
<i>ipratropium-albuterol</i>	2	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
<b>ANTIHIISTAMINES</b>		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	3	
<i>cyproheptadine hcl</i> TABS	3	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl</i> SOLN	2	
<i>levocetirizine dihydrochloride</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	2	
BROVANA	4	B/D; DL
<i>levalbuterol hcl</i> NEBU	2	B/D
<i>levalbuterol tartrate</i>	3	
<i>metaproterenol sulfate</i> SYRP; TABS	2	
PERFOROMIST	4	B/D; DL
SEREVENT DISKUS	3	
<i>terbutaline sulfate</i> SOLN; TABS	2	
VENTOLIN HFA	3	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>zafirlukast</i>	2	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D; DL
ARALAST NP 400mg, 800mg, 1000mg	5	NM, LA, PA; DL
<i>cromolyn sodium</i> NEBU	2	B/D
DALIRESP	4	DL
<i>epinephrine (anaphylaxis)</i> .3mg/0.3ml	3	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml	3	QL (2 pens / 30 days)
ESBRIET	5	NM, PA; DL
GLASSIA	5	NM, LA, PA; DL
KALYDECO PACK	5	NM, PA; DL
KALYDECO TABS	5	QL (60 tabs / 30 days), NM, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
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
<i>theophylline</i> TB12	3	
<i>theophylline</i> TB24	2	
TRELEGY ELLIPTA	3	
TYZINE	3	
XOLAIR	5	NM, LA, PA; DL
ZEMAIRA	5	NM, LA, PA; DL
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	2	
<i>fluticasone propionate (nasal)</i>	2	
<i>mometasone furoate (nasal)</i>	3	
<i>triamcinolone acetonide (nasal)</i>	3	
<b>STEROID INHALANTS</b>		
ARNUIITY 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>		
ACANYA	4	
AZELEX	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
mupirocin OINT	2	
mupirocin calcium (topical)	2	
silver sulfadiazine CREA	3	
ssd	3	
SULFAMYLON CREA	3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ciclopirox GEL	2	
ciclopirox SHAM	3	
ciclopirox SOLN	2	DL
ciclopirox olamine CREA; SUSP	2	
clotrimazole (topical) CREA	2	
ketoconazole (topical) CREA	2	
naftifine hcl	3	
nyamyc	2	
nystatin (topical)	2	
nystatin-triamcinolone	3	
nystop	2	
oxiconazole nitrate	4	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin	5	DL
calcipotriene	4	
calcitriol (topical)	3	
methoxsalen rapid	5	DL
TAZORAC GEL	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	
AMCINONIDE OINT	3	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented CREA; GEL	2	
betamethasone dipropionate augmented LOTN; OINT	3	
betamethasone valerate CREA; LOTN; OINT	2	
betamethasone valerate FOAM	4	
calcipotriene-betamethasone dipropionate	5	DL
diflorasone diacetate	4	QL (60 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	
triderm	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
lidocaine OINT	3	PA
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	
DENAVIR	4	DL
diclofenac sodium (topical)	2	QL (500 gm / 30 days)
diclofenac sodium soln 1.5%	3	QL (300 mL / 30 days)
doxepin hcl (antipruritic)	4	QL (45 gm / 30 days); DL
fluorouracil (topical) CREA 5%	3	
fluorouracil (topical) CREA .5%	5	DL
fluorouracil (topical) SOLN	2	
imiquimod CREA	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate)</i>	2	
<i>metronidazole (topical) CREA</i>	2	
<i>metronidazole (topical) GEL .75%</i>	2	
<i>metronidazole (topical) LOTN</i>	2	
PANRETIN	5	DL
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>tacrolimus (topical)</i>	3	
TARGRETIN GEL	5	NM; DL
TOLAK	4	
VALCHLOR	5	NM, LA, PA; DL
ZYCLARA PUMP	5	DL
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>lactated ringer's (irrigation)</i>	3	
REGRANEX	5	QL (30 gm / 30 days); DL
<i>ringer's irrigation</i>	3	
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	3	
<i>water for irrigation, sterile</i>	3	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clotrimazole LOZG</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>neutral sodium fluoride</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>perigard</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	

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
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	

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.

<b>A</b>	
<i>abacavir sulfate</i> .....	5
<i>abacavir sulfate-lamivudine</i> .....	7
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	7
ABELCET.....	4
ABILIFY MAINTENA .....	25
ABRAXANE.....	11
<i>acamprosate calcium</i> .....	29
ACANYA.....	51
<i>acarbose</i> .....	30
<i>acebutolol hcl</i> .....	18
<i>acetaminophen w/ codeine</i> .....	1
<i>acetazolamide</i> .....	20
<i>acetic acid (otic)</i> .....	54
<i>acetylcysteine</i> .....	50
<i>acitretin</i> .....	52
ACTHIB .....	44
ACTIMMUNE.....	43
ACUVAIL.....	48
<i>acyclovir</i> .....	7
<i>acyclovir sodium</i> .....	7
<i>acyclovir topical</i> .....	53
ADACEL.....	44
ADAGEN .....	35
<i>adefovir dipivoxil</i> .....	7
ADEMPAS .....	21
ADRENALIN.....	20
<i>adrucil</i> .....	11
ADVAIR DISKUS .....	51
ADVAIR HFA.....	51
<i>afeditab cr</i> .....	19
AFINITOR .....	14
AFINITOR DISPERZ .....	14
<i>ala-cort</i> .....	52
ALBENZA .....	3
<i>albuterol sulfate</i> .....	50
<i>alclometasone dipropionate</i> .....	52
ALDACTAZIDE .....	20
ALDURAZYME.....	35
ALECENSA .....	14
<i>alendronate sodium</i> .....	31, 32
<i>alfuzosin hcl</i> .....	40
ALIMTA .....	11
ALINIA .....	3
ALIQOPA .....	14
<i>allopurinol</i> .....	1
<i>almotriptan malate</i> .....	27
ALOCRIAL .....	49
ALOMIDE .....	49
<i>alosetron hcl</i> .....	40
ALPHAGAN P .....	49
<i>alprazolam</i> .....	21
ALPRAZOLAM INTENSOL .....	21
<i>altavera</i> .....	32
ALUNBRIG.....	14
<i>alyacen 1/35</i> .....	32
<i>amabelz</i> .....	32
<i>amantadine hcl</i> .....	24
AMBISOME .....	5
<i>amcinonide</i> .....	52
AMCINONIDE.....	52
<i>amethia</i> .....	32
<i>amethia lo</i> .....	32
AMICAR .....	42
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide</i> .....	20
<i>amiloride hcl</i> .....	20
<i>aminocaproic acid</i> .....	42
AMINOSYN 7%/ELECTROLYTES.....	46
AMINOSYN II INJ 10%.....	46
AMINOSYN II INJ 8.5%.....	46
AMINOSYN-HBC.....	46
AMINOSYN-PF 7%.....	46
AMINOSYN-PF INJ 10% .....	46
AMINOSYN-RF .....	46
<i>amiodarone hcl</i> .....	17
AMITIZA .....	40
<i>amitriptyline hcl</i> .....	23
<i>amlodipine besylate</i> .....	19
<i>amlodipine besylate-atorvastatin calcium</i> .....	19
<i>amlodipine besylate-benazepril hcl</i> .....	16
<i>amlodipine besylate-olmesartan medoxomil</i> .....	16
<i>amlodipine besylate-valsartan</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide</i> .....	17
<i>amoxapine</i> .....	23
<i>amoxicillin</i> .....	9
<i>amoxicillin &amp; pot clavulanate</i> .....	9
<i>amoxicillin-clarithromycin w/ lansoprazole</i> .....	40



amphetamine-dextroamphetamine .....	26	AUBAGIO .....	28
amphotericin b .....	5	aubra .....	32
ampicillin .....	9	AVASTIN .....	12
ampicillin & sulbactam sodium.....	9	aviane .....	32
ampicillin sodium .....	9	AVONEX.....	28
AMPYRA.....	28	AVONEX PEN .....	28
ANADROL-50.....	36	azacitidine.....	11
anagrelide hcl.....	42	AZASAN .....	44
anastrozole .....	13	AZASITE .....	47
ANDRODERM.....	29	azathioprine .....	44
ANDROGEL .....	29	AZATHIOPRINE .....	44
ANDROGEL PUMP .....	29	azelastine hcl (ophth) .....	49
ANORO ELLIPTA .....	49	azelastine spr 0.1%.....	50
antipyrine-benzocaine .....	54	azelastine spr 0.15%.....	50
APIDRA .....	29	AZELEX.....	51
APIDRA SOLOSTAR .....	29	azithromycin .....	9
APOKYN.....	24	AZOPT .....	49
apraclonidine hcl.....	49	aztreonam .....	4
aprepitant.....	38	B	
aprepitant pak 80 & 125.....	38	baciim .....	4
apri.....	32	bacitracin (ophthalmic) .....	47
APRISO .....	39	bacitracin-polymyxin b (ophth) .....	47
APTIOM .....	22	bacitracin-poly-neomycin-hc.....	47
APTIVUS.....	5	baclofen.....	28
ARALAST NP.....	50	BACTROBAN NASAL.....	51
aranelle.....	32	balsalazide disodium .....	39
ARCALYST .....	43	balziva.....	32
argatroban.....	41	BANZEL .....	22
aripiprazole.....	25	BAVENCIO.....	12
ARISTADA .....	25	BCG VACCINE.....	44
ARNUITY ELLIPTA .....	51	BELEODAQ .....	12
ARRANON .....	11	BELVIO.....	21
ARZERRA.....	12	benazepril & hydrochlorothiazide.....	16
ascomp/codeine .....	1	benazepril hcl .....	16
ashlyna .....	32	BENDEKA.....	10
aspirin-dipyridamole .....	41	BENLYSTA.....	43
ASTAGRAF XL.....	44	benzoyl peroxide-erythromycin .....	51
atazanavir sulfate .....	5	benzphetamine hcl .....	21
atenolol .....	18	benztropine mesylate .....	24
atenolol & chlorthalidone .....	18	BESIVANCE .....	48
ATGAM .....	44	betamethasone dipropionate (topical). 52	
atomoxetine hcl.....	26	betamethasone dipropionate augmented	
atorvastatin calcium.....	18	.....	52
atovaquone.....	4	betamethasone valerate .....	52
atovaquone-proguanil hcl .....	5	BETASERON .....	28
ATRIPLA .....	7	betaxolol hcl.....	18
atropine sulfate (ophthalmic) .....	49	betaxolol hcl (ophth) .....	49
ATROVENT HFA .....	50	bethanechol chloride .....	41

BETIMOL .....	49	BYDUREON PEN .....	29
BETOPTIC-S .....	49	BYETTA .....	29
bexarotene .....	15	BYSTOLIC .....	18
BEXSERO .....	44	BYVALSON .....	17
bicalutamide .....	13	C	
BICILLIN C-R .....	9	cabergoline .....	36
BICILLIN L-A .....	9	CABOMETYX .....	14
BICNU .....	10	calcipotriene .....	52
BIKTARVY .....	7	calcipotriene-betamethasone	
BILTRICIDE .....	4	dipropionate .....	52
bimatoprost .....	49	calcitonin (salmon) .....	36
bisoprolol & hydrochlorothiazide .....	18	calcitriol .....	47
bisoprolol fumarate .....	18	calcitriol (topical) .....	52
BIVIGAM .....	43	calcium acetate (phosphate binder) .....	37
bleomycin sulfate .....	11	CALQUENCE .....	14
BLEPHAMIDE .....	47	camila .....	32
BLEPHAMIDE S.O.P. ....	47	camrese lo .....	32
blisovi 24 fe .....	32	candesartan cilexetil .....	17
blisovi fe 1.5/30 .....	32	candesartan cilexetil-hydrochlorothiazide	
blisovi fe 1/20 .....	32	.....	17
BOOSTRIX .....	44	CAPASTAT SULFATE .....	7
BOSULIF .....	14	CAPRELSA .....	14
BREO ELLIPTA .....	51	captopril .....	16
briellyn .....	32	captopril & hydrochlorothiazide .....	16
BRILINTA .....	43	CARAFATE .....	40
brimonidine tartrate .....	49	CARBAGLU .....	35
BRIVIACT .....	22	carbamazepine .....	22
bromfenac sodium (ophth) .....	48	carbidopa .....	24
bromocriptine mesylate .....	24	carbidopa-levodopa .....	25
BROVANA .....	50	carbidopa-levodopa-entacapone .....	25
budesonide .....	39	carboplatin .....	15
budesonide (inhalation) .....	51	CARIMUNE NANOFILTERED .....	43
bumetanide .....	20	carteolol hcl (ophth) .....	49
buprenorphine hcl .....	29	cartia xt .....	19
buprenorphine hcl-naloxone hcl dihydrate		carvedilol .....	19
.....	29	carvedilol phosphate .....	19
bupropion hcl .....	23	CAVERJECT .....	40
bupropion hcl (smoking deterrent) .....	29	CAVERJECT IMPULSE .....	40
bupirone hcl .....	21	CAYSTON .....	3
busulfan .....	10	caziant .....	32
butalbital-acetaminophen .....	1	cefaclor .....	8
butalbital-acetaminophen-caff w/ cod cap		cefadroxil .....	8
50-325-40-30 mg .....	1	cefazolin sodium .....	8
butalbital-acetaminophen-caffeine .....	1	cefdinir .....	8
butalbital-aspirin-caffeine .....	1	cefepime hcl .....	8
butorphanol tartrate .....	1	cefepime .....	8
BYDUREON .....	29	cefotaxime sodium .....	8
BYDUREON BCISE .....	29	cefotetan disodium .....	8

cefoxitin sodium .....	8	clarithromycin.....	9
cefpodoxime proxetil.....	8	CLEOCIN.....	41
cefprozil .....	8	clindamycin hcl.....	4
ceftazidime .....	8	clindamycin palmitate hydrochloride.....	4
ceftriaxone sodium .....	8	clindamycin phosphate .....	4
cefuroxime axetil.....	8	clindamycin phosphate (topical).....	51
cefuroxime sodium .....	8	clindamycin phosphate in d5w .....	4
celecoxib .....	1	clindamycin phosphate vaginal .....	41
CELONTIN.....	22	clofarabine .....	11
cephalexin .....	8	clomipramine hcl.....	24
CEREZYME.....	35	clonazepam.....	22
CESAMET.....	38	clonidine hcl.....	20
cevimeline hcl .....	54	clopidogrel bisulfate .....	43
CHANTIX .....	29	clorazepate dipotassium.....	22
CHANTIX CONTINUING MONTH .....	29	clotrimazole .....	54
CHANTIX STARTING MONTH PA.....	29	clotrimazole (topical).....	52
CHEMET .....	32	clozapine .....	25
chlordiazepoxide hcl.....	21	COARTEM.....	5
chlorhexidine gluconate (mouth-throat) .....	54	colchicine.....	1
chloroquine phosphate .....	5	colchicine w/ probenecid .....	1
chlorothiazide.....	20	colesevelam hcl .....	18
chlorpromazine hcl.....	25	colestipol hcl .....	18
CHLORPROMAZINE HCL.....	25	colistimethate sodium.....	4
chlorthalidone .....	20	colocort .....	39
cholestyramine.....	18	COMBIGAN.....	49
cholestyramine light.....	18	COMBIVENT RESPIMAT .....	50
cholestyramine light powder 4 gm/dose .....	18	COMETRIO .....	14
choline fenofibrate .....	18	COMPLERA .....	7
CIALIS .....	21, 40	compro.....	38
ciclopirox.....	52	constulose.....	39
ciclopirox olamine .....	52	CONTRAVE .....	21
cidofovir .....	7	CORLANOR.....	20
cilostazol .....	42	cortisone acetate .....	36
CILOXAN .....	48	COTELLIC.....	14
CINRYZE.....	42	COUMADIN.....	41
CIPRO HC .....	54	CREON .....	40
CIPRODEX .....	55	CRIXIVAN .....	5
ciprofloxacin.....	9	cromolyn sodium .....	50
ciprofloxacin 200 mg/100ml in d5w.....	9	cromolyn sodium (mastocytosis).....	40
ciprofloxacin hcl.....	9	cromolyn sodium (ophth).....	49
ciprofloxacin hcl (ophth) .....	48	cryselle-28 .....	32
ciprofloxacin hcl (otic) .....	55	cyclafem 1/35.....	33
ciprofloxacin in d5w .....	9	cyclafem 7/7/7 .....	33
cisplatin.....	15	cyclobenzaprine hcl.....	28
citalopram hydrobromide.....	23	cyclophosphamide.....	10
cladribine.....	11	cyclosporine .....	44
		cyclosporine modified (for microemulsion).....	44

cyproheptadine hcl.....	50	DEXTROSE 10%/NACL 0.2% .....	46
CYRAMZA .....	12	dextrose 2.5% w/ sodium chloride	
CYSTADANE .....	35	0.45% .....	46
CYSTAGON .....	35	dextrose in lactated ringers .....	46
CYSTARAN .....	48	dextrose w/ sodium chloride.....	46
cytarabine .....	11	DIASTAT ACUDIAL .....	22
cytarabine inj pf 20 mg/ml.....	11	DIASTAT PEDIATRIC.....	22
D		diazepam .....	22
dacarbazine .....	10	diazepam intensol .....	22
DAKLINZA .....	7	diclofenac potassium .....	1
DALIRESP .....	50	diclofenac sodium .....	1
danazol .....	35	diclofenac sodium (ophth) .....	48
dapsone .....	4	diclofenac sodium (topical).....	53
DAPTACEL .....	45	diclofenac sodium soln 1.5% .....	53
daptomycin.....	4	diclofenac w/ misoprostol .....	1
DARAPRIM .....	5	dicloxacillin sodium .....	9
darifenacin hydrobromide .....	41	dicyclomine hcl .....	39
DARZALEX .....	12	didanosine .....	5
daunorubicin hcl .....	11	diethylpropion hcl .....	21
deblitane .....	33	DIFICID .....	9
decitabine.....	11	diflorasone diacetate .....	52
delyla.....	33	diflunisal .....	1
DEMSER .....	20	digitek.....	19
DENAVIR .....	53	digox .....	20
DEPEN TITRATABS.....	32	digoxin .....	20
DEPO-MEDROL .....	36	dihydroergotamine mesylate .....	27
DEPO-PROVERA.....	13	DILANTIN.....	22
DEPO-SUBQ PROVERA 104 .....	33	DILANTIN INFATABS .....	22
DESCOVY.....	5	DILANTIN-125 .....	22
desipramine hcl.....	24	diltiazem hcl.....	19
desloratadine .....	50	diltiazem hcl coated beads .....	19
desmopressin acetate.....	37	diltiazem hcl extended release beads..	19
desmopressin acetate refrigerated .....	37	dilt-xr.....	19
desmopressin acetate spray refrigerated .....	37	DIPENTUM .....	39
desogestrel & ethinyl estradiol.....	33	diphenhydramine hcl .....	50
desogestrel-ethinyl estradiol (biphasic)	33	diphenoxylate w/ atropine.....	40
desvenlafaxine succinate .....	24	DIPHThERIA/TETANUS TOXOID .....	45
dexamethasone .....	36	disopyramide phosphate .....	17
DEXAMETHASONE INTENSOL .....	36	disulfiram.....	29
dexamethasone sodium phosphate .....	36	divalproex sodium.....	22
dexamethasone sodium phosphate		DOCETAXEL.....	11
(ophth) .....	48	dofetilide.....	17
DEXILANT .....	40	donepezil hydrochloride .....	23
dexmethylphenidate hcl.....	26	DORIBAX .....	4
dexrazoxane .....	15	doripenem .....	4
dextroamphetamine sulfate.....	26	dorzolamide hcl .....	49
dextrose .....	46	dorzolamide hcl-timolol maleate .....	49
		doxazosin mesylate.....	16

doxepin hcl .....	24	ENTRESTO .....	17
doxepin hcl (antipruritic) .....	53	enulose.....	39
doxercalciferol.....	47	ENVARBUS XR .....	44
doxorubicin hcl .....	11	EPCLUSA.....	7
doxorubicin hcl liposomal.....	11	epinastine hcl (ophth).....	49
doxy 100.....	10	epinephrine (anaphylaxis) .....	50
doxycycline (monohydrate).....	10	epirubicin hcl.....	11
doxycycline hyclate.....	10	epitol.....	22
dronabinol .....	38	eplerenone.....	16
drosiprenone-ethinyl estradiol .....	33	EPOGEN .....	42
DROXIA.....	42	eprosartan mesylate.....	17
duloxetine hcl.....	24	ERBITUX.....	12
duramorph.....	2	ergoloid mesylates .....	25
DUREZOL.....	48	ergotamine w/ caffeine .....	27
dutasteride .....	40	ERIVEDGE.....	12
dutasteride-tamsulosin hcl.....	40	ERLEADA .....	13
E		errin.....	33
e.e.s. 400.....	9	ERWINAZE .....	11
EDARBI .....	17	ery.....	51
EDARBYCLOR.....	17	ery-tab.....	9
EDEX .....	41	ERYTHROCIN LACTOBIONATE .....	9
EDURANT .....	5	erythrocine stearate.....	9
efavirenz .....	5	erythromycin (acne aid).....	51
effervescent pot chloride .....	45	erythromycin (ophth) .....	48
eletriptan hydrobromide .....	27	erythromycin base .....	9
ELIGARD .....	13	erythromycin ethylsuccinate.....	9
ELIQUIS .....	41	ESBRIET .....	50
ELIQUIS STARTER PACK.....	41	escitalopram oxalate .....	24
ELITEK .....	15	esomeprazole magnesium.....	40
ELMIRON.....	41	estradiol .....	35
EMADINE.....	49	estradiol & norethindrone acetate .....	33
EMCYT.....	10	estradiol vaginal .....	35
emoquette.....	33	estradiol valerate.....	35
EMPLICITI.....	12	ESTRING.....	36
EMSAM.....	24	estropipate.....	36
EMTRIVA .....	5	ethambutol hcl.....	7
enalapril maleate.....	16	ethosuximide.....	22
enalapril maleate & hydrochlorothiazide .....	16	ethynodiol diacet & eth estrad .....	33
ENBREL.....	43	etidronate disodium.....	32
ENBREL SURECLICK.....	43	etodolac.....	1
endocet .....	2	ETOPOPHOS.....	16
ENGERIX-B.....	45	etoposide.....	16
enoxaparin sodium .....	41, 42	EURAX.....	54
enpresse-28.....	33	EVOTAZ .....	5
enskyce.....	33	exemestane .....	13
entacapone.....	25	EXJADE.....	32
entecavir .....	7	EYLEA.....	49
		ezetimibe.....	18

ezetimibe-simvastatin .....	18	fluorouracil (topical) .....	53
F		fluoxetine hcl.....	24
FABRAZYME .....	35	fluphenazine decanoate .....	25
falmina.....	33	fluphenazine hcl.....	25
famciclovir .....	7	flurbiprofen .....	1
famotidine .....	39	flurbiprofen sodium .....	48
famotidine in nacl .....	39	flutamide .....	13
FANAPT .....	25	fluticasone propionate .....	53
FANAPT TITRATION PACK .....	25	fluticasone propionate (nasal).....	51
FARESTON .....	13	fluvastatin sodium.....	18
FARXIGA .....	30	fluvoxamine maleate .....	21
FARYDAK .....	12	FML.....	48
FASLODEX .....	13	FML FORTE.....	48
felbamate .....	22	fondaparinux sodium .....	42
felodipine.....	19	FORTEO .....	36
femynor .....	33	fosamprenavir calcium.....	5
fenofibrate .....	18	fosinopril sodium.....	16
fenofibrate micronized.....	18	fosinopril sodium & hydrochlorothiazide	
fenoprofen calcium .....	1	.....	16
fentanyl.....	2	fosphenytoin sodium .....	22
fentanyl citrate.....	2	FRAGMIN .....	42
FENTORA.....	2	frovatriptan succinate.....	27
FERRIPROX .....	32	furosemide.....	20
FETZIMA.....	24	FUZEON .....	5
FETZIMA TITRATION PACK.....	24	fyavolv .....	36
finasteride .....	40	FYCOMPA .....	22
FIRAZYR .....	42	G	
FIRMAGON.....	13	gabapentin.....	22
FLAREX .....	48	galantamine hydrobromide.....	23
flavoxate hcl .....	41	GAMASTAN S/D .....	43
FLEBOGAMMA DIF.....	43	GAMMAGARD LIQUID .....	43
flecainide acetate.....	17	GAMMAGARD S/D IGA LESS TH .....	43
FLOVENT DISKUS .....	51	GAMMAKED .....	43
FLOVENT HFA.....	51	GAMMAPLEX .....	43
fluconazole .....	5	GAMUNEX-C .....	43
fluconazole in dextrose.....	5	ganciclovir sodium .....	7
fluconazole in nacl .....	5	GARDASIL 9 .....	45
flucytosine .....	5	gatifloxacin (ophth) .....	48
fludarabine phosphate.....	11	GATTEX .....	40
fludrocortisone acetate.....	36	GAUZE PADS & DRESSINGS - PADS 2 X	
flunisolide (nasal) .....	51	2.....	29
fluocinolone acetonide.....	53	gavilyte-c.....	39
fluocinolone acetonide (otic) .....	55	gavilyte-g .....	39
fluocinolone acetonide sc.....	53	gavilyte-n/flower pack.....	39
fluocinonide .....	53	gemcitabine hcl .....	11
fluocinonide emulsified base.....	53	gemfibrozil.....	18
fluorometholone (ophth).....	48	generlac.....	39
fluorouracil .....	11	gengraf.....	44

gentak .....	48	HUMALOG MIX 50/50 .....	30
gentamicin in saline .....	3	HUMALOG MIX 50/50 KWIKPEN .....	30
gentamicin sulfate .....	3	HUMALOG MIX 75/25 .....	30
gentamicin sulfate (ophth).....	48	HUMALOG MIX 75/25 KWIKPEN .....	30
gentamicin sulfate (topical).....	51	HUMATROPE.....	36
GENVOYA .....	5	HUMATROPE COMBO PACK.....	36
GEODON.....	25	HUMIRA .....	43
GILENYA.....	28	HUMIRA PEDIATRIC CROHNS D .....	43
GILOTRIF.....	14	HUMIRA PEN .....	43
GLASSIA.....	50	HUMIRA PEN-CD/UC/HS START .....	43
glatiramer acetate .....	28	HUMIRA PEN-PS/UV STARTER.....	43
glatopa.....	28	HUMULIN 70/30.....	30
GLEOSTINE.....	10	HUMULIN 70/30 KWIKPEN.....	30
glimepiride.....	30, 31	HUMULIN N .....	30
glip/metform tab 2.5-250m.....	31	HUMULIN N KWIKPEN.....	30
glip/metform tab 2.5-500m.....	31	HUMULIN R .....	30
glip/metform tab 5-500mg.....	31	HUMULIN R U-500 (CONCENTR.....	30
glipizide.....	31	HUMULIN R U-500 KWIKPEN .....	30
GLUCAGEN HYPOKIT .....	36	hydralazine hcl .....	20
GLUCAGON EMERGENCY KIT.....	36	hydrochlorothiazide .....	20
glycopyrrolate .....	39	hydrocodone-acetaminophen.....	2
GOLYTELY.....	39	hydrocodone-acetaminophen tab 10-300 mg.....	2
granisetron hcl .....	38	hydrocodone-acetaminophen tab 5-300 mg.....	2
GRANIX .....	42	hydrocodone-acetaminophen tab 7.5-300 mg.....	2
GRASTEK.....	43	hydrocodone-ibuprofen.....	2
griseofulvin microsize.....	5	hydrocortisone.....	36
griseofulvin ultramicrosize .....	5	hydrocortisone (intrarectal).....	39
guanfacine hcl (adhd).....	26	hydrocortisone (topical) .....	53
GUANIDINE HCL .....	27	hydrocortisone butyrate.....	53
H		hydrocortisone valerate .....	53
H.P. ACTHAR.....	36	hydromorphone hcl .....	2
HALAVEN.....	15	hydroxychloroquine sulfate.....	43
halobetasol propionate .....	53	hydroxyurea.....	15
haloperidol.....	25	I	
haloperidol decanoate .....	25	ibandronate sodium.....	32
haloperidol lactate .....	25	IBRANCE.....	12
HARVONI .....	7	ibuprofen .....	1
HAVRIX .....	45	ICLUSIG .....	14
heparin sod (porcine) in d5w.....	42	idarubicin hcl.....	11
heparin sodium (porcine).....	42	IDHIFA .....	12
hepatamine.....	46	ifosfamide.....	10
HERCEPTIN.....	12	ILARIS.....	44
HETLIOZ.....	27	imatinib mesylate.....	14
HEXALEN .....	10	IMBRUVICA .....	14
HORIZANT .....	27	IMFINZI .....	12
HUMALOG .....	29		
HUMALOG JUNIOR KWIKPEN .....	29		
HUMALOG KWIKPEN.....	30		

<i>imipenem-cilastatin</i> .....	4	<i>ivermectin</i> .....	4
<i>imipramine hcl</i> .....	24	IXEMPRA KIT .....	15
<i>imiquimod</i> .....	53	IXIARO .....	45
IMOVAX RABIES (H.D.C.V.) .....	45	J	
INCRELEX .....	36	JAKAFI.....	14
INCRUSE ELLIPTA.....	50	<i>jantoven</i> .....	42
<i>indapamide</i> .....	20	JANUMET .....	31
INFANRIX .....	45	JANUMET XR TAB 100-1000 .....	31
INLYTA.....	14	JANUMET XR TAB 50-1000 .....	31
INSULIN PEN NEEDLE.....	30	JANUMET XR TAB 50-500MG .....	31
INSULIN SYRINGE (DISP) U-100 0.3 ML		JANUVIA .....	31
.....	30	JENTADUETO TAB 2.5-1000 .....	31
INSULIN SYRINGE (DISP) U-100 1 ML	30	JENTADUETO TAB 2.5-500 .....	31
INSULIN SYRINGE (DISP) U-100 1/2 ML		JENTADUETO TAB 2.5-850 .....	31
.....	30	JENTADUETO XR.....	31
INTELENCE .....	5, 6	JEVTANA.....	15
<i>intralipid</i> .....	46	<i>jolivette</i> .....	33
INTRALIPID.....	46	<i>juleber</i> .....	33
INTRON A .....	44	JULUCA.....	6
<i>introvale</i> .....	33	<i>junel 1.5/30</i> .....	33
INVEGA SUSTENNA.....	25	<i>junel 1/20</i> .....	33
INVEGA TRINZA .....	25	<i>junel fe 1.5/30</i> .....	33
INVIRASE .....	6	<i>junel fe 1/20</i> .....	33
INVOKAMET .....	31	<i>junel fe 24</i> .....	33
INVOKAMET XR .....	31	JUXTAPID.....	10
INVOKANA.....	31	JYNARQUE.....	36
IONOSOL-MB/DEXTROSE 5% .....	46	K	
IOPIDINE.....	49	KADCYLA .....	12
IPOL INACTIVATED IPV .....	45	<i>kaitlib fe</i> .....	33
<i>ipratropium bromide</i> .....	50	KALETRA TAB 100-25MG.....	7
<i>ipratropium bromide (nasal)</i> .....	50	KALETRA TAB 200-50MG.....	7
<i>ipratropium-albuterol</i> .....	50	KALYDECO .....	50
<i>irbesartan</i> .....	17	<i>kariva</i> .....	33
<i>irbesartan-hydrochlorothiazide</i> .....	17	KCL 0.3%/D5W/NACL 0.9% .....	47
IRESSA .....	14	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>irinotecan hcl</i> .....	16	.....	47
ISENTRESS .....	6	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	47
ISENTRESS HD.....	6	<i>kelnor 1/35</i> .....	33
<i>isibloom</i> .....	33	<i>kelnor 1/50</i> .....	33
ISOLYTE-P/DEXTROSE 5%.....	46	<i>ketoconazole</i> .....	5
ISOLYTE-S.....	46	<i>ketoconazole (topical)</i> .....	52
<i>isoniazid</i> .....	7	<i>ketoprofen</i> .....	1
ISOPROPYL ALCOHOL 0.7 ML/ML .....	30	<i>ketorolac tromethamine (ophth)</i> .....	48
<i>isosorbide dinitrate</i> .....	21	KEYTRUDA .....	12
<i>isosorbide mononitrate</i> .....	21	<i>kimidess</i> .....	33
<i>isradipine</i> .....	19	KINRIX .....	45
ISTODAX (OVERFILL) .....	12	<i>kionex</i> .....	32
<i>itraconazole</i> .....	5	KISOALI.....	12



KISQALI FEMARA 200 DOSE.....	12	LENVIMA 24 MG DAILY DOSE .....	14
KISQALI FEMARA 400 DOSE.....	12	LENVIMA 8 MG DAILY DOSE .....	14
KISQALI FEMARA 600 DOSE.....	12	<i>lessina</i> .....	33
<i>klor-con</i> .....	45	<i>letrozole</i> .....	13
<i>klor-con 10</i> .....	45	<i>leucovorin calcium</i> .....	15, 16
<i>klor-con 8</i> .....	45	LEUKERAN .....	10
<i>klor-con m10</i> .....	45	<i>leuprolide inj 1mg/0.2</i> .....	13
KLOR-CON M15 .....	45	<i>levalbuterol hcl</i> .....	50
<i>klor-con m20</i> .....	46	<i>levalbuterol tartrate</i> .....	50
<i>klor-con sprinkle</i> .....	46	LEVEMIR.....	30
<i>klor-con/ef</i> .....	46	LEVEMIR FLEXTOUCH .....	30
KORLYM .....	36	<i>levetiracetam</i> .....	22
K-TAB .....	45	<i>levetiracetam in sodium chloride</i> .....	22
<i>kurvelo</i> .....	33	LEVITRA .....	41
KUVAN .....	35	<i>levobunolol hcl</i> .....	49
KYNAMRO .....	10	<i>levocarnitine (metabolic modifiers)</i> .....	35
KYPROLIS .....	12	<i>levocetirizine dihydrochloride</i> .....	50
L		<i>levofloxacin</i> .....	9
<i>labetalol hcl</i> .....	19	<i>levofloxacin (ophth)</i> .....	48
<i>lactated ringer's</i> .....	47	<i>levofloxacin in d5w</i> .....	9
<i>lactated ringer's (irrigation)</i> .....	54	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i> .....	9
<i>lactic acid (ammonium lactate)</i> .....	54	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i> .....	9
<i>lactulose</i> .....	39	<i>levofloxacin oral soln 25 mg/ml</i> .....	9
<i>lamivudine</i> .....	6	<i>levoleucovorin calcium</i> .....	16
<i>lamivudine (hbv)</i> .....	7	<i>levonest</i> .....	33
<i>lamivudine-zidovudine</i> .....	7	<i>levonorgestrel &amp; eth estradiol</i> .....	33
<i>lamotrigine</i> .....	22	<i>levonorgestrel-eth estradiol (triphasic)</i> 33	
LANOXIN .....	20	<i>levonorgestrel-ethinyl estradiol (91-day)</i> .....	34
<i>lansoprazole</i> .....	40	<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous)</i> .....	34
<i>lanthanum carbonate</i> .....	37	<i>levora 0.15/30-28</i> .....	34
LANTUS.....	30	<i>levo-t</i> .....	37
LANTUS SOLOSTAR.....	30	<i>levothyroxine sodium</i> .....	37
<i>larin 1.5/30</i> .....	33	<i>levoxyl</i> .....	37
<i>larin 1/20</i> .....	33	LEXIVA .....	6
<i>larin fe 1.5/30</i> .....	33	<i>lidocaine</i> .....	53
<i>larin fe 1/20</i> .....	33	<i>lidocaine hcl</i> .....	53
<i>larissia</i> .....	33	<i>lidocaine hcl (local anesth.)</i> .....	53
LARTRUVO .....	12	<i>lidocaine hcl (mouth-throat)</i> .....	54
<i>latanoprost</i> .....	49	<i>lidocaine-prilocaine</i> .....	53
LATUDA.....	25	<i>lindane</i> .....	54
<i>layolis fe</i> .....	33	<i>linezolid</i> .....	4
LAZANDA.....	2	LINZESS .....	40
<i>leena</i> .....	33	<i>liothyronine sodium</i> .....	37
<i>leflunomide</i> .....	43	<i>lisinopril</i> .....	16
LENVIMA 10 MG DAILY DOSE.....	14		
LENVIMA 14 MG DAILY DOSE.....	14		
LENVIMA 18 MG DAILY DOSE.....	14		
LENVIMA 20 MG DAILY DOSE.....	14		

<i>lisinopril &amp; hydrochlorothiazide</i> .....	16	MEKINIST .....	14
<i>lithium carbonate</i> .....	27	<i>melodetta 24 fe</i> .....	34
LITHIUM SOL 8MEQ/5ML .....	27	<i>meloxicam</i> .....	1
LIVALO.....	18	<i>melphalan hcl</i> .....	10
LONSURF .....	11	<i>memantine hcl</i> .....	23
<i>loperamide hcl</i> .....	40	MENACTRA.....	45
<i>lopinavir-ritonavir</i> .....	7	MENVEO .....	45
<i>lorazepam</i> .....	22	<i>mercaptopurine</i> .....	11
<i>lorcet</i> .....	2	<i>meropenem</i> .....	4
<i>lorcet hd</i> .....	2	<i>mesalamine</i> .....	39
<i>loryna</i> .....	34	<i>mesna</i> .....	16
<i>losartan potassium</i> .....	17	MESNEX.....	16
<i>losartan potassium &amp; hydrochlorothiazide</i> .....	17	<i>metadate er</i> .....	26
LOTEMAX.....	48	<i>metaproterenol sulfate</i> .....	50
<i>lovastatin</i> .....	18	<i>metaxalone</i> .....	28
<i>low-ogestrel</i> .....	34	<i>metformin hcl</i> .....	31
<i>loxapine succinate</i> .....	25	<i>methazolamide</i> .....	20
LUCENTIS .....	49	<i>methenamine hippurate</i> .....	4
LUMIGAN.....	49	<i>methimazole</i> .....	37
LUPRON DEPOT (1-MONTH) .....	13	METHITEST .....	29
LUPRON DEPOT (3-MONTH) .....	13	<i>methotrexate sodium</i> .....	11, 43
LUPRON DEPOT (4-MONTH) .....	13	<i>methoxsalen rapid</i> .....	52
LUPRON DEPOT (6-MONTH) .....	13	<i>methscopolamine bromide</i> .....	39
LUPRON DEPOT-PED (1-MONTH).....	13	<i>methyclothiazide</i> .....	20
<i>lutera</i> .....	34	<i>methyl dopa</i> .....	20
LYNPARZA .....	12	<i>methyl dopa &amp; hydrochlorothiazide</i> .....	20
LYRICA.....	23	<i>methylphenidate hcl</i> .....	26
LYSODREN.....	13	<i>methylprednisolone</i> .....	36
<i>lyza</i> .....	34	<i>methylprednisolone acetate</i> .....	36
M		<i>methylprednisolone sod succ</i> .....	36
<i>magnesium sulfate</i> .....	46	<i>methyltestosterone</i> .....	29
<i>malathion</i> .....	54	<i>metipranolol</i> .....	49
<i>maprotiline hcl</i> .....	24	<i>metoclopramide hcl</i> .....	38
<i>marlissa</i> .....	34	<i>metolazone</i> .....	20
MARPLAN.....	24	<i>metoprolol &amp; hydrochlorothiazide</i> .....	18
MATULANE.....	15	<i>metoprolol succinate</i> .....	19
MAVYRET.....	8	<i>metoprolol tartrate</i> .....	19
MAXIDEX .....	48	<i>metronidazole</i> .....	4
<i>meclizine hcl</i> .....	38	<i>metronidazole (topical)</i> .....	54
<i>meclofenamate sodium</i> .....	1	<i>metronidazole in nacl</i> .....	4
<i>medroxyprogesterone acetate</i> .....	37	<i>metronidazole vaginal</i> .....	41
<i>medroxyprogesterone acetate</i> (contraceptive).....	34	<i>mexiletine hcl</i> .....	17
<i>mefenamic acid</i> .....	1	<i>microgestin 1.5/30</i> .....	34
<i>mefloquine hcl</i> .....	5	<i>microgestin 1/20</i> .....	34
<i>megestrol acetate</i> .....	13	<i>microgestin fe</i> .....	34
<i>megestrol acetate (appetite)</i> .....	13	<i>microgestin fe 1.5/30</i> .....	34
		<i>midodrine hcl</i> .....	20
		<i>miglitol</i> .....	31

<i>miglustat</i> .....	35	<i>naftifine hcl</i> .....	52
<i>minocycline hcl</i> .....	10	NAGLAZYME .....	35
<i>minoxidil</i> .....	20	<i>naloxone hcl</i> .....	29
<i>mirtazapine</i> .....	24	<i>naltrexone hcl</i> .....	29
<i>misoprostol</i> .....	40	NAMENDA XR TITRATION PACK .....	23
<i>mitomycin</i> .....	11	NAMZARIC .....	23
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> .....	15	<i>naproxen</i> .....	1
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> .....	15	<i>naproxen dr</i> .....	1
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> .....	15	<i>naproxen sodium</i> .....	1
M-M-R II .....	45	<i>naratriptan hcl</i> .....	27
<i>modafinil</i> .....	28	NARCAN .....	29
<i>moexipril hcl</i> .....	16	NATACYN .....	48
<i>moexipril-hydrochlorothiazide</i> .....	16	<i>nateglinide</i> .....	31
<i>mometasone furoate</i> .....	53	NATPARA .....	37
<i>mometasone furoate (nasal)</i> .....	51	NEBUPENT .....	4
<i>mononessa</i> .....	34	<i>necon 0.5/35-28</i> .....	34
<i>montelukast sodium</i> .....	50	<i>necon 7/7/7</i> .....	34
MONUROL .....	4	NEEDLES, INSULIN DISP., SAFETY .....	30
<i>morphine sulfate</i> .....	2, 3	<i>nefazodone hcl</i> .....	24
MORPHINE SULFATE .....	2	<i>neomycin sulfate</i> .....	3
<i>morphine sulfate beads</i> .....	3	<i>neomycin-bacitracin zn-polymyxin</i> .....	48
MOVANTIK .....	40	<i>neomycin-polymy-dexameth</i> .....	47
MOVIPREP .....	39	<i>neomycin-polymyxin-gramicidin</i> .....	48
<i>moxifloxacin hcl</i> .....	9	<i>neomycin-polymyxin-hc (ophth)</i> .....	47
<i>moxifloxacin hcl (ophth)</i> .....	48	<i>neomycin-polymyxin-hc (otic)</i> .....	55
MOZOBIL .....	42	NEORAL .....	44
MULTAQ .....	17	NEPHRAMINE .....	46
<i>mupirocin</i> .....	52	NERLYNX .....	14
<i>mupirocin calcium (topical)</i> .....	52	NEUPRO .....	25
MUSE .....	41	<i>neutral sodium fluoride</i> .....	54
MUSTARGEN .....	10	NEVANAC .....	48
MYALEPT .....	35	<i>nevirapine</i> .....	6
MYCAMINE .....	5	NEXAVAR .....	14
<i>mycophenolate mofetil</i> .....	44	<i>niacin (antihyperlipidemic)</i> .....	18
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> .....	44	<i>niacor</i> .....	18
<i>mycophenolate sodium</i> .....	44	<i>nicardipine hcl</i> .....	19
MYLOTARG .....	12	NICOTROL INHALER .....	29
<i>myorisan</i> .....	51	NICOTROL NS .....	29
MYRBETRIQ .....	41	<i>nifediac cc</i> .....	19
N		<i>nifedipine</i> .....	19
<i>nabumetone</i> .....	1	<i>nikki</i> .....	34
<i>nadolol</i> .....	19	<i>nilutamide</i> .....	13
<i>nadolol &amp; bendroflumethiazide</i> .....	18	<i>nimodipine</i> .....	19
<i>nafcillin sodium</i> .....	9	NINLARO .....	12
		NIPENT .....	11
		<i>nisoldipine</i> .....	19
		NITRO-BID .....	21
		NITRO-DUR .....	21

<i>nitrofur mac cap 50mg</i> .....	4	O	
<i>nitrofurantoin macrocrystal</i> .....	4	OCTAGAM .....	43
<i>nitrofurantoin monohyd macro</i> .....	4	octreotide acetate .....	37
<i>nitroglycerin</i> .....	21	ODEFSEY .....	6
NITROGLYCERIN.....	21	ODOMZO .....	12
NITRONAL .....	21	OFEV .....	51
NITROSTAT .....	21	ofloxacin.....	9
<i>nizatidine</i> .....	39	ofloxacin (ophth) .....	48
<i>nora-be</i> .....	34	ofloxacin (otic) .....	55
NORDITROPIN FLEXPRO .....	37	ogestrel .....	34
<i>norethin acet &amp; estrad-fe</i> .....	34	olanzapine .....	26
<i>norethindrone (contraceptive)</i> .....	34	olmesartan medoxomil .....	17
<i>norethindrone &amp; ethinyl estradiol-fe</i> ....	34	olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	17
<i>norethindrone acet &amp; eth estra</i> .....	34	olmesartan medoxomil- hydrochlorothiazide.....	17
<i>norethindrone acetate</i> .....	37	olopatadine hcl .....	49
<i>norethindrone acetate-ethinyl estradiol</i> 36		olopatadine hcl (nasal) .....	50
<i>norgestimate-ethinyl estradiol</i> .....	34	omega-3-acid ethyl esters.....	18
<i>norgestimate-ethinyl estradiol (triphasic)</i> .....	34	omeprazole .....	40
<i>norlyroc</i> .....	34	ondansetron hcl.....	38
NORMOSOL-R .....	47	ondansetron tab 4mg odt.....	38
NORMOSOL-R IN D5W.....	47	ondansetron tab 8mg odt.....	38
NORPACE CR.....	17	ONFI .....	23
NORTHERA .....	20, 21	OPDIVO .....	12
<i>nortrel 0.5/35 (28)</i> .....	34	OPSUMIT .....	21
<i>nortrel 1/35</i> .....	34	ORFADIN .....	35
<i>nortrel 7/7/7</i> .....	34	ORKAMBI .....	51
<i>nortriptyline hcl</i> .....	24	orsythia .....	34
NORVIR.....	6	oseltamivir phosphate .....	8
NOVOLIN 70/30.....	30	OSMOPREP.....	39
NOVOLIN N.....	30	oxacillin sodium .....	9
NOVOLIN R .....	30	oxaliplatin .....	15
NOVOLOG .....	30	oxandrolone .....	29
NOVOLOG FLEXPEN.....	30	oxaprozin.....	1
NOVOLOG MIX 70/30 .....	30	oxazepam .....	22
NOVOLOG MIX 70/30 PREFILL.....	30	oxcarbazepine .....	23
NOVOLOG PENFILL .....	30	oxiconazole nitrate.....	52
NOXAFIL.....	5	oxybutynin chloride.....	41
NUDEXTA.....	27	oxycodone hcl .....	3
NULOJIX.....	44	oxycodone w/ acetaminophen.....	3
NUPLAZID.....	26	oxycodone-aspirin.....	3
<i>nyamyc</i> .....	52	oxycodone-ibuprofen.....	3
<i>nystatin</i> .....	5	OXYCONTIN .....	3
<i>nystatin (mouth-throat)</i> .....	54	oxymorphone hcl .....	3
<i>nystatin (topical)</i> .....	52	P	
<i>nystatin-triamcinolone</i> .....	52	pacerone.....	17
<i>nystop</i> .....	52	paclitaxel .....	11, 12

<i>paliperidone</i> .....	26	<i>pioglitazone hcl</i> .....	31
<i>pamidronate disodium</i> .....	32	<i>pioglitazone hcl-metformin hcl</i> .....	31
<i>pancrelipase (lipase-protease-amylase)</i> .....	40	<i>piperacillin sodium-tazobactam sodium</i>	10
PANRETIN.....	54	<i>pirmella 1/35</i> .....	34
<i>pantoprazole sodium</i> .....	40	<i>piroxicam</i> .....	1
<i>paricalcitol</i> .....	47	PLASMA-LYTE A.....	47
<i>paromomycin sulfate</i> .....	3	PLASMA-LYTE-148.....	47
<i>paroxetine hcl</i> .....	24	PLEGRIDY.....	28
PASER.....	7	PLEGRIDY STARTER PACK.....	28
PAXIL.....	24	<i>podofilox</i> .....	54
PCE.....	9	<i>polyethylene glycol 3350</i> .....	39
PEDIARIX.....	45	<i>polymyxin b-trimethoprim</i> .....	48
PEDVAX HIB.....	45	POMALYST.....	14
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> .....	39	<i>portia-28</i> .....	34
PEGANONE.....	23	<i>pot chl/nacl inj 40meq/l</i> .....	47
PEGASYS.....	44	<i>potassium chloride</i> .....	46, 47
PEGASYS PROCLICK.....	44	<i>potassium chloride in dextrose</i> .....	47
<i>penicillin g potassium</i> .....	9	<i>potassium chloride in dextrose &amp; sodium chloride</i> .....	47
PENICILLIN G POTASSIUM IN.....	9	<i>potassium chloride microencapsulated crystals er</i> .....	46
PENICILLIN G PROCAINE.....	9	POTASSIUM CHLORIDE/DEXTRO.....	47
<i>penicillin g sodium</i> .....	9	<i>potassium citrate (alkalinizer)</i> .....	41
<i>penicillin v potassium</i> .....	9	PRADAXA.....	42
PENTAM 300.....	4	PRALUENT.....	18
<i>pentoxifylline</i> .....	42	<i>pramipexole dihydrochloride</i> .....	25
PERFOROMIST.....	50	<i>prasugrel hcl</i> .....	43
<i>perindopril erbumine</i> .....	16	<i>pravastatin sodium</i> .....	18
<i>periogard</i> .....	54	<i>prazosin hcl</i> .....	16
PERJETA.....	12	PRED MILD.....	48
<i>permethrin</i> .....	54	PRED-G.....	47
<i>perphenazine</i> .....	26	PRED-G S.O.P.....	47
<i>pfizerpen</i> .....	9	<i>prednisolone</i> .....	36
<i>phenadoz</i> .....	38	<i>prednisolone acetate (ophth)</i> .....	48
<i>phendimetrazine tartrate</i> .....	21	PREDNISOLONE SODIUM PHOSP.....	48
<i>phenelzine sulfate</i> .....	24	<i>prednisolone sodium phosphate</i> .....	36
<i>phenobarbital</i> .....	23	<i>prednisone</i> .....	36
<i>phentermine hcl</i> .....	21	PREDNISONE INTENSOL.....	36
<i>phenytoin</i> .....	23	PREMARIN.....	36
<i>phenytoin sodium</i> .....	23	<i>premasol</i> .....	46
<i>phenytoin sodium extended</i> .....	23	PREMASOL SOL 10%.....	46
<i>phospha 250 neutral</i> .....	46	PREMPRO.....	36
PHOSPHOLINE IODIDE.....	49	<i>prevalite</i> .....	18
<i>pilocarpine hcl</i> .....	49	<i>previfem</i> .....	34
<i>pilocarpine hcl (oral)</i> .....	54	PREZCOBIX.....	6
<i>pimozide</i> .....	26	PREZISTA.....	6
<i>pimtrea</i> .....	34	PRIFTIN.....	7
<i>pindolol</i> .....	19	PRIMAQUINE PHOSPHATE.....	5

<i>primidone</i> .....	23	R	
PRIVIGEN .....	43	RABAVERT .....	45
<i>probenecid</i> .....	1	<i>rabeprazole sodium</i> .....	40
<i>procainamide hcl</i> .....	17	RAGWITEK .....	44
PROCALAMINE .....	46	<i>raloxifene hcl</i> .....	37
<i>prochlorperazine</i> .....	38	<i>ramipril</i> .....	16
<i>prochlorperazine edisylate</i> .....	38	RANEXA .....	21
<i>prochlorperazine maleate</i> .....	38	<i>ranitidine hcl</i> .....	39
PROCRIT .....	42	RAPAMUNE.....	44
<i>procto-med hc</i> .....	54	<i>rasagiline mesylate</i> .....	25
<i>procto-pak</i> .....	54	RAVICTI.....	37
<i>proctosol hc</i> .....	54	RAYALDEE .....	47
<i>proctozone-hc</i> .....	54	REBIF .....	28
<i>progesterone micronized</i> .....	37	REBIF REBIDOSE .....	28
PROGLYCEM.....	36	REBIF REBIDOSE TITRATION.....	28
PROGRAF .....	44	REBIF TITRATION PACK .....	28
PROLASTIN-C.....	51	<i>reclipsen</i> .....	34
PROLENSA .....	48	RECOMBIVAX HB .....	45
PROLEUKIN.....	12	REGRANEX .....	54
PROLIA.....	37	RELENZA DISKHALER .....	8
PROMACTA .....	42	RELISTOR .....	40
<i>promethazine hcl</i> .....	38	REMICADE .....	43
<i>promethegan</i> .....	38	RENAGEL .....	37
<i>propafenone hcl</i> .....	17	<i>repaglinide</i> .....	31
<i>propranetheline bromide</i> .....	39	<i>repaglinide-metformin hcl</i> .....	31
<i>proparacaine hcl</i> .....	49	RESCRIPTOR .....	6
<i>propranolol &amp; hydrochlorothiazide</i> .....	18	RESTASIS .....	49
<i>propranolol hcl</i> .....	19	RETROVIR IV INFUSION.....	6
<i>propylthiouracil</i> .....	37	REVLIMID .....	14
PROQUAD .....	45	REXULTI .....	26
PROSOL.....	46	REYATAZ.....	6
<i>protriptyline hcl</i> .....	24	<i>ribasphere</i> .....	8
PULMICORT FLEXHALER.....	51	<i>ribavirin cap 200 mg</i> .....	8
PULMOZYME.....	51	<i>ribavirin tab 200 mg</i> .....	8
PURIXAN .....	11	RIDAURA .....	43
<i>pyrazinamide</i> .....	7	<i>rifabutin</i> .....	7
<i>pyridostigmine bromide</i> .....	28	<i>rifampin</i> .....	7
Q		RIFATER .....	7
QSYMIA.....	21	<i>riluzole</i> .....	28
QUADRACEL.....	45	<i>rimantadine hydrochloride</i> .....	8
<i>quasense</i> .....	34	<i>ringer's</i> .....	47
<i>quetiapine fumarate</i> .....	26	<i>ringer's irrigation</i> .....	54
<i>quinapril hcl</i> .....	16	<i>risedronate sodium</i> .....	32
<i>quinapril-hydrochlorothiazide</i> .....	16	RISPERDAL CONSTA.....	26
<i>quinidine gluconate</i> .....	17	<i>risperidone</i> .....	26
<i>quinidine sulfate</i> .....	17	<i>ritonavir</i> .....	6
<i>quinine sulfate</i> .....	5	RITUXAN.....	12
		<i>rivastigmine tartrate</i> .....	23

<i>rivastigmine transdermal</i> .....	23	SOLU-CORTEF .....	36
<i>rizatriptan benzoate</i> .....	27	SOLU-MEDROL.....	36
<i>ropinirole hydrochloride</i> .....	25	SOMATULINE DEPOT .....	37
<i>rosuvastatin calcium</i> .....	18	SOMAVERT .....	37
ROTARIX .....	45	<i>sorine</i> .....	17
ROTATEQ.....	45	<i>sotalol hcl</i> .....	17
ROZEREM .....	27	<i>sotalol hcl (afib/afl)</i> .....	17
RUBRACA .....	12	SOVALDI.....	8
RUCONEST .....	42	<i>spironolactone</i> .....	16
RYDAPT .....	14	<i>spironolactone &amp; hydrochlorothiazide</i> ..	20
S		<i>sprintec 28</i> .....	35
SABRIL.....	23	SPRITAM.....	23
<i>salsalate</i> .....	1	SPRYCEL.....	14
SAMSCA .....	37	<i>sps</i> .....	32
SANCUSO .....	38	<i>sronyx</i> .....	35
SANDIMMUNE .....	44	<i>ssd</i> .....	52
SANDOSTATIN LAR DEPOT.....	37	<i>stavudine</i> .....	6
SANTYL .....	54	STAXYN .....	41
SAPHRIS .....	26	STENDRA.....	41
SAXENDA .....	21	STIMATE .....	37
<i>scopolamine</i> .....	38	STIVARGA.....	14
<i>selegiline hcl</i> .....	25	<i>streptomycin sulfate</i> .....	3
<i>selenium sulfide</i> .....	52	STRIBILD.....	7
SELZENTRY.....	6	SUBOXONE .....	29
SENSIPAR .....	37	SUCRAID .....	40
SEREVENT DISKUS .....	50	<i>sucralfate</i> .....	40
<i>sertraline hcl</i> .....	24	<i>sulfacetamide sodium (acne)</i> .....	51
<i>setlakin</i> .....	34	<i>sulfacetamide sodium (ophth)</i> .....	48
<i>sevelamer carbonate</i> .....	37	<i>sulfacetamide sod-prednisolone</i> .....	47
<i>sharobel</i> .....	34	SULFADIAZINE .....	3
SHINGRIX.....	45	<i>sulfamethoxazole-trimethoprim</i> .....	4
SIGNIFOR .....	37	SULFAMYLON.....	52
SIGNIFOR LAR .....	37	<i>sulfasalazine</i> .....	39
<i>sildenafil citrate (pulmonary hypertension)</i> .....	21	<i>sulindac</i> .....	1
SILENOR .....	27	<i>sumatriptan</i> .....	27
<i>silver sulfadiazine</i> .....	52	<i>sumatriptan succinate</i> .....	27
SIMBRINZA.....	49	<i>sumatriptan-naproxen sodium</i> .....	27
SIMULECT.....	44	SUPRAX .....	8
<i>simvastatin</i> .....	18	SUPRENZA .....	21
<i>sirolimus</i> .....	44	SUPREP BOWEL PREP .....	39
SIRTURO .....	7	SUTENT .....	14
<i>sodium chloride</i> .....	46, 47	SYLATRON .....	15
<i>sodium chloride (gu irrigant)</i> .....	54	SYLVANT.....	32
<i>sodium fluoride 2.2 mg</i> .....	46	SYMBICORT.....	51
SODIUM LACTATE.....	46	SYMFI.....	7
<i>sodium polystyrene sulfonate</i> .....	32	SYMFI LO.....	7
SOLTAMOX .....	13	SYMLINPEN 120 .....	30
		SYMLINPEN 60.....	30

SYNAGIS .....	45	<i>tiagabine hcl</i> .....	23
SYNAREL .....	35	<i>tigecycline</i> .....	4
SYNERCID .....	4	<i>timolol maleate</i> .....	19
SYNRIBO .....	15	<i>timolol maleate (ophth)</i> .....	49
SYNTHROID .....	37	<i>tinidazole</i> .....	4
T		TIVICAY .....	6
TABLOID .....	11	<i>tizanidine hcl</i> .....	28
<i>tacrolimus</i> .....	44	TOBI PODHALER .....	3
<i>tacrolimus (topical)</i> .....	54	TOBRADEX .....	47
TAFINLAR .....	15	<i>tobramycin</i> .....	3
TAGRISSO .....	15	<i>tobramycin (ophth)</i> .....	48
<i>tamoxifen citrate</i> .....	13	<i>tobramycin sulfate</i> .....	3
<i>tamsulosin hcl</i> .....	40	<i>tobramycin-dexamethasone</i> .....	47
TARCEVA .....	15	TOBREX .....	48
TARGRETIN.....	54	TOLAK .....	54
<i>tarina fe 1/20</i> .....	35	<i>tolcapone</i> .....	25
TASIGNA .....	15	<i>tolterodine tartrate</i> .....	41
<i>tazicef</i> .....	8	<i>topiramate</i> .....	23
TAZORAC.....	52	<i>toposar</i> .....	16
<i>taztia xt</i> .....	19	<i>topotecan hcl</i> .....	16
TECENTRIQ.....	12	TORISEL .....	12
TECFIDERA .....	28	<i>toremide</i> .....	20
TECFIDERA STARTER PACK .....	28	TOUJEO MAX SOLOSTAR.....	30
TEFLARO .....	8	TOUJEO SOLOSTAR .....	30
TEKTRUNA .....	20	TOVIAZ.....	41
TEKTRUNA HCT .....	20	TRADJENTA.....	31
<i>telmisartan</i> .....	17	<i>tramadol hcl</i> .....	2
<i>telmisartan-amlodipine</i> .....	17	<i>tramadol-acetaminophen</i> .....	2
<i>telmisartan-hydrochlorothiazide</i> .....	17	<i>trandolapril</i> .....	16
<i>tencon</i> .....	2	<i>trandolapril-verapamil hcl</i> .....	16
TENIVAC.....	45	<i>tranexamic acid</i> .....	42
<i>tenofovir disoproxil fumarate</i> .....	6	<i>tranylcypramine sulfate</i> .....	24
<i>terazosin hcl</i> .....	16	TRAVASOL .....	46
<i>terbinafine hcl</i> .....	5	TRAVATAN Z .....	49
<i>terbutaline sulfate</i> .....	50	<i>trazodone hcl</i> .....	24
<i>terconazole vaginal</i> .....	41	TREANDA .....	10
<i>testosterone</i> .....	29	TRECATOR .....	7
<i>testosterone cypionate</i> .....	29	TRELEGY ELLIPTA.....	51
<i>testosterone enanthate</i> .....	29	TRELSTAR MIXJECT .....	13
TETANUS/DIPHThERIA TOXOID.....	45	TRESIBA FLEXTOUCH .....	30
<i>tetrabenazine</i> .....	28	<i>tretinoin</i> .....	51
<i>tetracycline hcl</i> .....	10	<i>tretinoin (chemotherapy)</i> .....	15
THALOMID.....	14	<i>triamcinolone acetonide (mouth)</i> .....	54
<i>theophylline</i> .....	51	<i>triamcinolone acetonide (nasal)</i> .....	51
<i>thioridazine hcl</i> .....	26	<i>triamcinolone acetonide (topical)</i> .....	53
<i>thiotepa</i> .....	10	<i>triamterene &amp; hydrochlorothiazide</i> .....	20
<i>thiothixene</i> .....	26	<i>triderm</i> .....	53
THYMOGLOBULIN .....	44	<i>trientine hcl</i> .....	32



<i>trifluoperazine hcl</i> .....	26	VELCADE .....	13
<i>trifluridine</i> .....	48	<i>velivet</i> .....	35
<i>trihexyphenidyl hcl</i> .....	25	VENCLEXTA .....	13
<i>tri-legest fe</i> .....	35	VENCLEXTA STARTING PACK .....	13
<i>trilyte</i> .....	39	<i>venlafaxine hcl</i> .....	24
<i>trimethoprim</i> .....	4	VENTAVIS .....	21
<i>trimipramine maleate</i> .....	24	VENTOLIN HFA .....	50
<i>trinessa</i> .....	35	<i>verapamil hcl</i> .....	19
TRINTELLIX.....	24	VERSACLOZ .....	26
<i>tri-previfem</i> .....	35	VERZENIO.....	13
TRISENOX .....	15	<i>vestura</i> .....	35
<i>tri-sprintec</i> .....	35	VIAGRA .....	41
TRIUMEQ.....	7	<i>vicodin</i> .....	3
<i>trivora-28</i> .....	35	VICTOZA.....	30
TROPHAMINE .....	46	VIDEX EC.....	6
<i>tropium chloride</i> .....	41	VIDEX PEDIATRIC .....	6
TRULICITY .....	30	<i>vienva</i> .....	35
TRUMENBA .....	45	<i>vigabatrin</i> .....	23
TRUVADA TAB 100-150 .....	7	VIIBRYD .....	24
TRUVADA TAB 133-200 .....	7	VIIBRYD STARTER PACK .....	24
TRUVADA TAB 167-250 .....	7	VIMPAT.....	23
TRUVADA TAB 200-300 .....	7	<i>vinblastine sulfate</i> .....	12
TWINRIX .....	45	<i>vincasar pfs</i> .....	12
TYBOST .....	6	<i>vincristine sulfate</i> .....	12
<i>tydemy</i> .....	35	<i>vinorelbine tartrate</i> .....	12
TYKERB .....	15	VIRACEPT .....	6
TYPHIM VI .....	45	VIRAMUNE .....	6
TYSABRI .....	28	VIREAD.....	6
TYZINE.....	51	VIVITROL.....	29
U		<i>voriconazole</i> .....	5
ULORIC .....	1	VOSEVI.....	8
<i>unithroid</i> .....	37	VOTRIENT .....	15
UPTRAVI.....	21	VPRIV .....	35
<i>ursodiol</i> .....	40	VRAYLAR.....	26
V		<i>vyfemla</i> .....	35
<i>valacyclovir hcl</i> .....	8	VYVANSE .....	27
VALCHLOR .....	54	VYXEOS .....	11
<i>valganciclovir hcl</i> .....	8	W	
<i>valproate sodium</i> .....	23	<i>warfarin sodium</i> .....	42
<i>valproic acid</i> .....	23	<i>water for irrigation, sterile</i> .....	54
<i>valsartan</i> .....	17	WELCHOL.....	18
<i>valsartan-hydrochlorothiazide</i> .....	17	<i>wymzya fe</i> .....	35
<i>vancomycin hcl</i> .....	4	X	
<i>vandazole</i> .....	41	XALKORI .....	15
VAQTA .....	45	XARELTO .....	42
VARIVAX .....	45	XARELTO STARTER PACK .....	42
VARUBI .....	38	XATMEP .....	43
VECTIBIX.....	12	XENICAL .....	21

XGEVA .....	37	ZEJULA .....	13
XIFAXAN.....	4, 40	ZELBORAF.....	15
XIGDUO XR TAB 10-1000 .....	31	ZEMAIRA .....	51
XIGDUO XR TAB 10-500MG.....	31	zenchent.....	35
XIGDUO XR TAB 2.5-1000 .....	31	ZENPEP.....	40
XIGDUO XR TAB 5-1000MG.....	31	ZEPATIER.....	8
XIGDUO XR TAB 5-500MG .....	31	ZERIT .....	6
XOLAIR .....	51	zidovudine .....	6
XTANDI .....	13	ziprasidone hcl.....	26
xulane.....	35	ZIRGAN .....	48
XULTOPHY 100/3.6 .....	30	zoledronic acid.....	32
XYREM .....	28	ZOLINZA.....	13
Y		zolmitriptan.....	27
YERVOY.....	13	zolmitriptan odt tab 2.5 mg.....	27
YF-VAX.....	45	zolmitriptan odt tab 5 mg.....	27
YONDELIS.....	10	zolpidem tartrate .....	27
YONSA .....	13	zonisamide.....	23
yuvafem.....	36	ZORBTIVE .....	37
Z		ZORTRESS .....	44
zafirlukast.....	50	ZOSTAVAX .....	45
zaleplon.....	27	zovia 1/35e.....	35
ZALTRAP .....	11	ZYCLARA PUMP.....	54
ZANOSAR .....	10	ZYDELIG.....	15
zarah .....	35	ZYKADIA.....	15
ZARXIO .....	42	ZYPREXA RELPREVV .....	26
ZAVESCA .....	35	ZYTIGA .....	13



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