MVP HEALTH CARE
2016 COMPREHENSIVE MEDICARE PART D FORMULARY
(List of Covered Drugs)

PLEASE READ: This document contains information about the drugs we cover in this plan.

This formulary was updated in August 2015. For more recent information or other questions, please contact MVP's Medicare Customer Care Center Monday – Friday, 8 am – 8 pm Eastern Time at:

1-800-665-7924

From Oct. 1 – Feb. 14 call seven days a week from 8 am – 8 pm.

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

Or visit **www.mvphealthcare.com** for the most up-to-date Formulary listing.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take and to see if they have changed tiers since last year.

When this drug list (Formulary) refers to "we," "us," or "our" it means MVP. When it refers to "plan" or "our plan" it means GoldValue HMO-POS, Preferred Gold HMO-POS, Gold PPO, BasiCare PPO, GoldAnywhere PPO, USA Care PPO or MVP RxCare PDP.

This document includes a list of the drugs (Formulary) for our plans which is current as of August 2015. For an 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 copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

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4.5 Star Rated
Overall by Medicare
2015

PLEASE NOTE: Some of the abbreviations listed here have been updated. Please review this list before looking up your drug.

Abbreviations and Definitions of Formulary Terms

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

Not Available at Mail Order (NM)

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

Prior Authorization (PA)

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

Quantity Limits (QL)

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

Step Therapy (ST)

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

Dispensing Limits (DL)

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

Limited Access (LA)

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

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

Some drugs could be covered under the Part B or Part D 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:** 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.

ATTENTION!

The costs in the following chart may be different for you if:

1. Your coverage is through an employer group.

2. You qualify for low income subsidy (Extra Help).

If your coverage is through your former employer, or if you qualify for low income subsidy, the following information may not apply. Please check with your former employer, or read your Evidence of Coverage (your contract) and other plan materials for details.

Not all MVP Medicare Advantage plans are offered in all counties throughout New York and Vermont.†

The costs in the chart below show what you will pay for prescription drugs. Your costs may be different if your coverage is through a former employer or if you qualify for low income subsidy (Extra Help). Please read your Evidence of Coverage (your contract) and other plan materials for details.

†Preferred Gold with Part D is not available to members who pay directly for their MVP health plan in Erie, Genesee, Herkimer, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Seneca, Steuben, Wayne, Wyoming, and Yates counties in New York and Addison, Bennington, Chittenden, Lamoille, Rutland, and Washington counties in Vermont.

Coverage Level	Tier (Drug Cost-Sharing Level)	GoldValue HMO-POS with Part D	
Stage 1: Yearly Deductible Stage		Because there is no deductible for the plan, this payment stage does not apply to you.	
		Retail Pharmacy 30-day Supply	Mail Order Pharmacy 90-day Supply
Stage 2: Initial Coverage Stage During this stage, you pay your Tier copay or coinsurance for covered prescription drugs.	**Tier 1 – Preferred Generic Drugs**	**$0**	**$0**
	Tier 2 – Generic Drugs	$10	$20
	Tier 3 – Preferred Brand Drugs	$35	$70
	Tier 4 – Non-Preferred Brand Drugs	$90	$180
	Tier 5 – Specialty Drugs	33%	90-day supply not available
	Tier 6 – Select Vaccines	**$0**	Not available by mail order
Stage 3: Coverage Gap Stage Once your total drug costs* reach **$3,310**, what you pay for your prescription drugs changes.	Generic Drugs	58%	
	Brand Name Drugs	45%	
	Tier 1 – Preferred Generic Drugs	**$0**	
	Tier 6 – Select Vaccines	**$0**	
Stage 4: Catastrophic Coverage Stage Once your out-of-pocket costs** (your payments) reach **$4,850** the plan pays most of the cost for your covered drugs.	Generic Drugs	The greater of 5% or $2.95	
	Brand Name Drugs	The greater of 5% or $7.40	

*Total drug costs = your out-of-pocket costs for covered drugs (what you pay) plus what the plan pays for your covered drugs.

**Out-of-pocket costs = your out-of-pocket costs for covered drugs except what the plan pays.

If you receive more than a 30-day supply at a retail pharmacy, you will pay more than the amounts listed below. Some drugs are limited to only a 30-day supply. If your doctor prescribes less than a full month's supply of a drug, you will only pay for the amount of the drug you receive.

Some drugs are available by mail order – you can receive a 90-day supply of your prescription for two copays (for example, if your Tier 2 copay is $10, you will receive a 90-day supply by mail for $20). Certain drugs are not allowed through the mail order pharmacy program.

Preferred Gold HMO-POS with Part D†		**Gold PPO with Part D**		**BasiCare PPO with Part D**	
Because there is no deductible for the plan, this payment stage does not apply to you.		Because there is no deductible for the plan, this payment stage does not apply to you.		$360 deductible. You will pay 100% of the cost of your drugs until you spend $360◊.	
Retail Pharmacy 30-day Supply	Mail Order Pharmacy 90-day Supply	Retail Pharmacy 30-day Supply	Mail Order Pharmacy 90-day Supply	Retail Pharmacy 30-day Supply	Mail Order Pharmacy 90-day Supply
$0	**$0**	**$0**	**$0**	$3	$6
$10	$20	$10	$20	$15	$30
$35	$70	$35	$70	$45	$90
$90	$180	$90	$180	$95	$190
33%	90-day supply not available	33%	90-day supply not available	25%	90-day supply not available
$0	Not available by mail order	**$0**	Not available by mail order	**$0**	Not available by mail order
58%		58%		58%	
45%		45%		45%	
$0		**$0**		Generic Drugs: 58% Brand Name Drugs: 45%	
$0		**$0**			
The greater of 5% or $2.95		The greater of 5% or $2.95		The greater of 5% or $2.95	
The greater of 5% or $7.40		The greater of 5% or $7.40		The greater of 5% or $7.40	

◊ BasiCare PPO members pay a $3 copay for drugs on Tier 1, $0 for drugs on Tier 6, and the full cost of drugs on Tiers 2 through 5 until their yearly deductible is reached.

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

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about concerns with the safety or effectiveness of a drug is released. Other types of Formulary changes, such as removing a drug from our Formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the Formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our Formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our Formulary to be unsafe or a drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

The enclosed Formulary is current as of **August 2015**. To get updated information about the drugs covered by MVP Health Care, please visit our website at **www.mvphealthcare.com** or contact us. Our contact information appears on the front and back cover pages.

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

- Select *Medicare Members*.
- Choose the county you live in or *View Part D Prescription Drug Coverage*.
- Under *Part D (Prescription Drug Coverage)* select *Covered Formulary Drug List and Updates*.
- Select *2016 Formulary Changes*.

Or you may request an errata sheet (a copy of the 2016 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

MVP Health Care's Medicare Part D Formulary and Tiers

The Comprehensive Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 48.

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

The information in the Requirements/Limits column tells you if MVP Health Care has any special requirements for coverage of your drug. See the inside front cover for abbreviations and definitions of Formulary terms.

The 2016 Formulary is divided into six "tiers" (or cost groups) that correspond to the drug copays in your Evidence of Coverage (your contract) or prescription drug Rider. Copays may vary if you are in the Medicare Part D "coverage gap," if you are in "catastrophic coverage" or if you have qualified for "Extra Help." Refer to your Evidence of Coverage for more details about the different levels of coverage.

Here are the six tiers for 2016:

Tier 1 – Preferred Generic Drugs - $0 cost*

Tier 1 includes select drugs for diabetes, blood pressure control, glaucoma, gout, bone health, heartburn and ulcers, mental health conditions, pain management, cholesterol control, and thyroid conditions. Think about using a Tier 1 generic drug if you and your doctor decide it is right for you.

***NOTE:* BasiCare with Part D PPO members pay a $3 copay for Tier 1 drugs during the Deductible Stage and the Initial Coverage Stage.**

Tier 2 – Generic Drugs

Tier 2 includes generic drugs. *(Note:* Not all generic drugs will be a Tier 2 drug.) 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. If you and your doctor decide that a brand name drug is right for you, try using a Tier 3 brand name drug to save money.

Tier 4 - Non-Preferred Brand Drugs

Tier 4 non-preferred brand name and non-preferred generic drugs are available at a higher cost. In addition, 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 drugs (brand name and generic) that cost $600 or more for a 30-day supply. Most drugs in this tier are restricted to a 30-day supply at retail, and are excluded from the mail order program and tier exception process.

Tier 6 – Vaccines– $0 cost*

The drugs in Tier 6 are provided at no cost to you!
Tier 6 includes the most common Part D vaccines: the shingles vaccine (Zostavax), tetanus vaccines, and combination tetanus / diphtheria / pertussis vaccines (such as Tenivac, Adacel and Boostrix).

***NOTE:* BasiCare with Part D PPO members pay a $0 copay for Tier 6 drugs during the Deductible Stage and the Initial Coverage Stage.**

Some of these vaccines can be given by a pharmacist. You will pay $0 if you receive your vaccination at the pharmacy. If you get your vaccine at a doctor's office, ask the doctor to process your vaccine claim through a service called TransactRx. If your doctor does not process your claim using TransactRx, you will have to pay out-of-pocket for your vaccine and submit the claim to CVS/caremark for reimbursement. MVP will reimburse vaccine claims up to MVP's allowed amount. If your doctor chooses to charge more than the allowed amount, you are responsible for paying the difference. Not all providers use the TransactRx service. Check with your doctor before getting your vaccine.

How do I use the Formulary?

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

By Alphabetical Listing

Look for your covered 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 Drug Name column of the list.

By Medical Condition

The drugs in this Formulary are grouped into categories depending on the type of medical condition that they are used to treat. For example, drugs used to treat high blood pressure are listed under the category, "Ace Inhibitors." 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.

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.

MVP Health Care covers select generic drugs for $0*. Tier 1 includes select drugs for diabetes, blood pressure control, glaucoma, gout, bone health, heartburn and ulcers, mental health conditions, pain management, cholesterol control, and thyroid conditions.

***NOTE:* BasiCare with Part D PPO members pay a $3 copay for Tier 1 drugs during the Deductible Stage and the Initial Coverage Stage.**

Are there any restrictions on my coverage? What programs are in place to promote cost savings and safety?

For safety reasons and/or cost savings, some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** MVP Health Care requires you or your doctor to get prior authorization for certain drugs. For example, some compound prescriptions require Prior Authorization. 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:** 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 DEXILANT. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** 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.

You can find out if your drug has any additional requirements or limits by looking in the Requirements/ Limits column of the Formulary that begins on page 1. You also can get more information about the restrictions applied to specific covered drugs by visiting our website at **www.mvphealthcare.com.** We have posted online documents that explain our prior authorization 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 Health Care Formulary?" on page i for information about how to request an exception.

What if my drug is not on the Formulary?

To find out if your drug is covered but is not listed in this Formulary (drug list), you should first contact the MVP Medicare Customer Care Center and ask if your drug is covered. If you learn that MVP Health Care does not cover your drug, you have two options:

- You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP Health Care. 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.
- You can ask MVP Health Care to make an exception and cover your drug. On page i is information about how to request an exception.

Your drug may be available as a generic. Many popular brand name drugs have recently become available as generics. If you don't see your brand name medication on the formulary, a generic version may be available. If you have questions about the coverage of your brand name drug, please call the MVP Medicare Customer Care Center at the phone number on the back of your Member ID card.

Your drug may be a Part B drug, which means the drug is covered under your medical benefit, not under your Medicare Part D pharmacy benefit. If it is a Part B drug, you may be responsible to pay a coinsurance (a percentage). These drugs must still be obtained through an MVP network pharmacy.

The following are examples of Part B drugs and supplies:

Temodar (temozolomide)
Xeloda (capecitabine)
Vepesid (etoposide)
Inhalation spacers
Diabetic testing supplies like lancets, test strips*
Insulin pump supplies

***You pay a 10% coinsurance for OneTouch, FreeStyle and Precision test strips. You pay a 20% coinsurance for all other test strips.**

MVP RxCare PDP Members: 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.

How do I request an exception to MVP's 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.

- **Formulary Exception:** 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 Tier 4 copay and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Tier Exception:** 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.
- **Quantity Limit Exception:** 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 Health Care 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 doctor 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.

Please note that MVP can not approve a formulary exception request for a Medicare excluded drug. If you or your doctor 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 that 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 **transition supply** (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs — even if you have been a member of the plan less than 90 days — unless your doctor submits a request for your drug and it is approved by the plan.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day **transition supply**, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our Formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a Formulary exception.

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

For more information

For more detailed information about your MVP Health Care Medicare Advantage prescription drug coverage, please review your Evidence of Coverage (your contract) 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.

Or, visit our website at **www.mvphealthcare.com** for more information about Medicare Part D drug coverage.

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

Or, visit **www.medicare.gov.**

2016 MVP Health Care Medicare Part D Covered Drugs

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS	1	
ALOPRIM	2	
colchicine TABS	2	QL (60 tabs / 30 days)
colchicine w/ probenecid	2	
probenecid	2	
ULORIC	4	QL (30 tabs / 30 days), PA; DL
NSAIDS		
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	1	
ketoprofen CAPS	2	
ketoprofen CP24	3	
meclofenamate sodium CAPS	2	
mefenamic acid CAPS	2	
meloxicam SUSP	2	
meloxicam TABS	1	
nabumetone TABS	2	
naproxen SUSP; TABS; TBEC	1	
naproxen sodium TABS 275mg, 550mg	1	
oxaprozin	2	
piroxicam CAPS	2	
salsalate TABS	2	
sulindac TABS	2	
OPIOID ANALGESICS		
acetaminophen w/ codeine SOLN	2	
acetaminophen w/ codeine TABS	2	QL (360 tabs / 30 days)
ascomp	2	QL (24 caps / 30 days)
butalbital-acetaminophen	2	QL (24 tabs / 30 days)
butalbital-acetaminophen-caffeine CAPS	2	QL (24 caps / 30 days)
butalbital-acetaminophen-caffeine TABS	2	QL (24 tabs / 30 days)
butalbital-acetaminophen-caffeine w/ codeine	2	QL (24 caps / 30 days)
butalbital-aspirin-caffeine	2	QL (24 caps / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
butorphanol tartrate SOLN 10mg/ml	2	QL (4 vials / per 30 days)
nalbuphine hcl SOLN	2	
tramadol hcl TABS	2	
tramadol hcl TB24	3	
tramadol-acetaminophen	2	
OPIOID ANALGESICS, CII		
codeine sulfate	2	
DILAUDID LIQD	4	
duramorph	2	
endocet	2	QL (360 tabs / 30 days)
fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (20 patches / 30 days)
FENTANYL 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr	3	QL (20 patches / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lpop / 30 days), PA; DL
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lpop / 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-ibuprofen	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	2	
HYDROMORPHONE HCL SOLN 2mg/ml	2	
hydromorphone hcl SOLN 500mg/50ml	2	
hydromorphone hcl TABS	2	QL (250 tabs / 30 days)
LAZANDA	5	QL (24 bottles / 30 days), PA; DL
levorphanol tartrate TABS	2	QL (160 tabs / 30 days)
lorcet	3	QL (360 tabs / 30 days)
lortab TABS	3	QL (360 tabs / 30 days)
methadone hcl CONC	2	
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	
METHADONE HCL SOLN 10mg/ml	2	
methadone hcl TABS	2	
morphine sulfate CP24 10mg, 20mg	3	QL (90 caps / 30 days)
morphine sulfate CP24 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, 4mg/ml, 8mg/ml	2	
morphine sulfate SOLN 2mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 20mg/ml	2	
morphine sulfate SUPP 10mg	2	
morphine sulfate TABS	2	QL (300 tabs / 30 days)
morphine sulfate TBCR 15mg, 30mg	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate TBCR 60mg, 100mg, 200mg	2	QL (60 tabs / 30 days)
morphine sulfate beads	4	QL (30 caps / 30 days)
OPANA ER (CRUSH RESISTANT	4	QL (60 tabs / 30 days)
oxycodone hcl CAPS	2	QL (240 caps / 30 days)
oxycodone hcl CONC	2	QL (120 ml / 30 days)
oxycodone hcl SOLN	2	
oxycodone hcl T12A 10mg, 20mg	2	QL (90 tabs / 30 days)
oxycodone hcl T12A 40mg, 80mg	3	QL (60 tabs / 30 days)
oxycodone hcl TABS 5mg, 10mg	2	QL (240 tabs / 30 days)
oxycodone hcl TABS 15mg, 20mg, 30mg	2	QL (200 tabs / 30 days)
oxycodone w/ acetaminophen	2	QL (360 tabs / 30 days)
oxycodone-aspirin	2	QL (360 tabs / 30 days)
oxycodone-ibuprofen	2	QL (28 tabs / 30 days)
OXYCONTIN 15mg, 30mg	4	QL (90 tabs / 30 days)
OXYCONTIN 60mg	4	QL (60 tabs / 30 days)
oxymorphone hcl TABS 5mg	3	QL (240 tabs / 30 days)
oxymorphone hcl TABS 10mg	3	QL (200 tabs / 30 days)
oxymorphone hcl TB12 5mg, 7.5mg, 10mg	2	QL (90 tabs / 30 days)
oxymorphone hcl TB12 15mg, 20mg	4	QL (90 tabs / 30 days)
oxymorphone hcl TB12 30mg, 40mg	4	QL (60 tabs / 30 days)
reprexain	2	QL (150 tabs / 30 days)
REPREXAIN	2	QL (150 tabs / 30 days)
roxicet TABS	2	QL (360 tabs / 30 days)
vicodin	3	
ZOHYDRO ER CP12	4	QL (60 caps / 30 days), PA
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	2	
CAYSTON	5	LA, PA; DL
gentamicin in saline	2	
gentamicin sulfate SOLN	2	
GENTAMICIN SULFATE/0.9% S	2	
neomycin sulfate TABS	2	
paromomycin sulfate CAPS	2	
streptomycin sulfate SOLR	4	
SULFADIAZINE TABS	2	
TOBI	5	B/D; DL
TOBI PODHALER	3	LA, PA; DL
tobramycin NEBU	5	B/D
tobramycin sulfate SOLN 10mg/ml, 80mg/2ml	2	B/D; DL
tobramycin sulfate SOLN 40mg/ml	2	B/D
TOBRAMYCIN SULFATE/SODIUM	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	4	

Drug Name	Drug Tier	Requirements/Limits
ALINIA	4	DL
atovaquone SUSP	4	PA; DL
AZACTAM IN ISO-OSMOTIC DE	4	
aztreonam 1gm	2	
baci-im	2	
BACITRACIN SOLR	2	
BILTRICIDE	3	
chloramphenicol sodium succinate	2	
clindamycin hcl CAPS	2	
clindamycin palmitate hydrochloride	2	
clindamycin phosphate SOLN 150mg/ml	2	
clindamycin phosphate in d5w	2	
colistimethate sodium SOLR	4	
CUBICIN	5	B/D
dapsone TABS	3	
DARAPRIM	4	DL
DORIBAX 500mg	4	
FLAGYL ER	4	
imipenem-cilastatin	2	
INVANZ	4	
ivermectin TABS	2	
KETEK	4	
linezolid SOLN	5	PA; DL
MACRODANTIN 25mg	4	
meropenem 500mg	2	
methenamine hippurate	2	
metronidazole CAPS; TABS	2	
metronidazole in nacl	2	
MONUROL	4	
NEBUPENT	4	B/D; DL
nitrofurantoin macrocrystal	4	QL (60 caps / year)
nitrofurantoin monohyd macro	4	QL (60 caps / year)
PENTAM 300	4	DL
polymyxin b sulfate SOLR	2	
PRIMAXIN IV	4	
PRIMSOL	4	
sulfamethoxazole-trimethoprim	2	
SYNERCID	5	DL
tinidazole TABS	2	
trimethoprim TABS	2	
TYGACIL	4	DL
vancomycin hcl CAPS	5	
vancomycin hcl SOLR 10gm, 500mg, 1000mg, 5000mg	2	
XIFAXAN 200mg	4	QL (9 tabs / 30 days), PA; DL
ZYVOX SUSR; TABS	5	DL

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET	5	B/D; DL
AMBISOME	5	B/D
amphotericin b SOLR	2	B/D; DL
CANCIDAS	5	DL
fluconazole SUSR; TABS	2	
fluconazole in dextrose	2	
flucytosine CAPS	2	
GRIS-PEG	4	
griseofulvin microsize	2	
griseofulvin ultramicrosize	2	
itraconazole CAPS	4	PA; DL
ketoconazole TABS	4	
NOXAFIL SUSP	5	
nystatin TABS	2	
terbinafine hcl TABS	2	QL (84 tabs/ 365 days)
VFEND IV	4	
voriconazole SOLR	4	DL
voriconazole SUSR	5	DL
voriconazole TABS 50mg	4	DL
voriconazole TABS 200mg	5	DL
ANTIMALARIALS		
atovaquone-proguanil hcl	4	DL
chloroquine phosphate TABS	2	DL
COARTEM	4	DL
mefloquine hcl	2	DL
PRIMAQUINE PHOSPHATE	4	DL
quinine sulfate CAPS	2	QL (84 caps / year); DL
ANTIRETROVIRAL AGENTS		
abacavir sulfate	2	
APTIVUS	5	
CRIXIVAN	3	
didanosine	2	
EDURANT	5	
EMTRIVA	3	
EVOTAZ	5	
FUZEON	3	DL
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	3	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	4	
ISENTRESS TABS	5	
lamivudine	2	
LEXIVA SUSP	4	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TABS	5	
NEVIRAPINE SUSP	2	
nevirapine TABS	2	
nevirapine TB24	4	
NORVIR	3	
PREZCOBIX	5	
PREZISTA SUSP	4	
PREZISTA TABS 75mg, 150mg	4	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	3	
RETROVIR IV INFUSION	4	
REYATAZ CAPS	5	
REYATAZ PACK	4	
SELZENTRY	5	
stavudine	2	
SUSTIVA	3	
TIVICAY	5	
TYBOST	4	DL
VIDEX PEDIATRIC 2gm	4	
VIRACEPT	3	
VIREAD	3	
VITEKTA	5	
ZERIT SOLR	4	
ZIAGEN	3	
zidovudine	2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine-zidovudine	4	
ATRIPLA	5	
COMPLERA	5	
EPZICOM	5	
KALETRA	3	
lamivudine-zidovudine	4	
STRIBILD	5	
TRIUMEQ	5	DL
TRIZIVIR	5	
TRUVADA	5	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
ethambutol hcl TABS	2	
isoniazid SOLN; SYRP; TABS	2	
MYCOBUTIN	4	
PASER	4	
pyrazinamide	2	
rifabutin	2	
rifampin CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA; DL

Drug Name	Drug Tier	Requirements/Limits
TRECATOR	4	
ANTIVIRALS		
acyclovir CAPS	1	
acyclovir SUSP; TABS	2	
acyclovir sodium SOLN	2	B/D; DL
adefovir dipivoxil	2	
cidofovir	2	
entecavir	4	
famciclovir TABS	2	
ganciclovir sodium	2	B/D; DL
HARVONI	5	PA; DL
HEPSERA	5	
lamivudine (hbv)	2	
moderiba TABS	4	PA; DL
MODERIBA 800 DOSE PACK	5	PA; DL
MODERIBA 1200 DOSE PACK	5	PA; DL
REBETOL SOLN	3	QL (900 ml / 30 days), PA; DL
RELENZA DISKHALER	4	QL (3 inhalers / 180 days)
ribasphere CAPS	4	PA; DL
ribasphere TABS 200mg, 400mg	4	PA; DL
ribasphere TABS 600mg	5	PA; DL
RIBASPHERE RIBAPAK	5	PA; DL
ribavirin (hepatitis c)	4	PA; DL
rimantadine hydrochloride	2	
SOVALDI	5	PA; DL
TAMIFLU CAPS 30mg	4	QL (56 caps / 180 days)
TAMIFLU CAPS 45mg, 75mg	4	QL (28 caps / 180 days)
TAMIFLU SUSR	4	QL (360 ml / 180 days)
TYZEKA	4	
valacyclovir hcl TABS	2	
VALCYTE SOLR	5	DL
valganciclovir hcl	5	DL
VIRAZOLE	5	
VISTIDE	4	
CEPHALOSPORINS		
CEDAX CAPS	4	
cefaclor CAPS	2	
CEFACLOR ER	2	
cefadroxil	2	
CEFAZOLIN SODIUM SOLN	2	
cefazolin sodium SOLR 1gm, 500mg	2	
cefazolin sodium SOLR 10gm	4	
cefdinir	2	
CEFDITOREN PIVOXIL 200mg	2	
cefepime hcl	2	

Drug Name	Drug Tier	Requirements/Limits
cefixime	2	
cefotaxime sodium 1gm, 2gm, 500mg	2	
CEFOTETAN	2	
CEFOXITIN SODIUM	2	
cefoxitin sodium 1gm, 2gm, 10gm	2	
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime 1gm, 2gm, 6gm	2	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil	2	
cefuroxime sodium 1.5gm, 7.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	2	
cephalexin SUSR	2	
cephalexin TABS	2	
CLAFORAN 1gm, 2gm	4	
SUPRAX CAPS	4	
SUPRAX SUSR 500mg/5ml	4	
tazicef SOLR	2	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg	2	
azithromycin SUSR	2	
azithromycin TABS	2	
clarithromycin SUSR; TABS; TB24	2	
DIFICID	5	PA; DL
e.e.s.	2	
ERY-TAB 250mg, 333mg	2	
ERY-TAB 500mg	3	
ERYTHROCIN LACTOBIONATE 500mg	4	
erythrocin stearate	2	
erythromycin base	2	
erythromycin ethylsuccinate	2	
PCE	4	
FLUOROQUINOLONES		
AVELOX SOLN	4	PA; DL
ciprofloxacin SOLN 400mg/40ml	2	PA; DL
ciprofloxacin SUSR	2	
ciprofloxacin hcl TABS	2	
ciprofloxacin in d5w	2	PA; DL
FACTIVE	4	
levofloxacin TABS	2	
levofloxacin in d5w	2	PA; DL
levofloxacin inj 25mg/ml	2	PA; DL
levofloxacin oral soln 25 mg/ml	2	
moxifloxacin hcl TABS	2	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin	2	
PENICILLINS		
amoxicillin	2	
amoxicillin & pot clavulanate	2	
ampicillin	2	
ampicillin & sulbactam sodium	2	
ampicillin sodium 1gm, 10gm, 125mg	2	
BACTOCILL IN DEXTROSE	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin sodium 1gm, 10gm	2	
NALLPEN/DEXTROSE	2	
oxacillin sodium 2gm, 10gm	2	
penicillin g potassium	2	
PENICILLIN G POTASSIUM IN	4	
PENICILLIN G PROCAINE	2	
penicillin g sodium	2	
penicillin v potassium	2	
piperacillin sodium-tazobactam sodium	2	
TETRACYCLINES		
demeclocycline hcl	2	
DOXYCYCLINE (MONOHYDRATE) CAPS 50mg	2	
doxycycline (monohydrate) CAPS 75mg, 100mg	2	
doxycycline (monohydrate) SUSR	2	
doxycycline (monohydrate) TABS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 75mg, 150mg	4	
doxycycline hyclate CAPS	2	
doxycycline hyclate SOLR	2	
doxycycline hyclate TABS	2	
doxycycline hyclate TBEC 75mg	2	
doxycycline hyclate TBEC 100mg, 150mg	4	
minocycline hcl CAPS; TABS	2	
minocycline hcl TB24	4	
VIBRAMYCIN SYRP	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	4	B/D; DL
BUSULFEX	4	B/D; DL
CYCLOPHOSPHAMIDE CAPS	3	B/D
dacarbazine 200mg	2	B/D; DL
EMCYT	3	
HEXALEN	5	

Drug Name	Drug Tier	Requirements/Limits
IFEX 1gm	4	B/D; DL
ifosfamide SOLR 1gm	2	B/D; DL
LEUKERAN	3	
lomustine	4	
melphalan hcl	2	B/D; DL
MUSTARGEN	4	B/D; DL
TREANDA SOLN 45mg/0.5ml	5	B/D; DL
TREANDA SOLR 100mg	5	B/D; DL
ZANOSAR	4	B/D; DL
ANTHRACYCLINES		
daunorubicin hcl	2	B/D; DL
DAUNOXOME	5	B/D; DL
DOXIL	4	B/D; DL
doxorubicin hcl SOLN	2	B/D; DL
ELLENCE 200mg/100ml	5	B/D; DL
epirubicin hcl 50mg/25ml	4	B/D; DL
idarubicin hcl 10mg/10ml	2	B/D; DL
ANTIBIOTICS		
bleomycin sulfate 30unit	2	B/D; DL
mitomycin SOLR 20mg	2	B/D; DL
ANTIMETABOLITES		
adrucil	2	B/D; DL
ALIMTA 500mg	5	B/D; DL
ARRANON	5	B/D; DL
azacitidine	5	B/D; DL
cladribine	4	B/D; DL
cytarabine	2	B/D; DL
decitabine	5	B/D; DL
ERWINAZE	5	B/D; DL
fludarabine phosphate SOLR	2	B/D; DL
fluorouracil SOLN 2.5gm/50ml, 5gm/100ml	2	B/D; DL
gemcitabine hcl 1gm	2	B/D; DL
mercaptopurine TABS	2	
methotrexate sodium SOLN 1gm/40ml	2	
METHOTREXATE SODIUM SOLN 25mg/ml	2	
methotrexate sodium SOLR	2	B/D; DL
NIPENT	5	B/D; DL
ONCASPAR	5	B/D; DL
PURIXAN	4	
TABLOID	4	
VIDAZA	5	B/D; DL
ZALTRAP 100mg/4ml	5	PA; DL
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D; DL
DOCEFREZ 20mg	4	DL

Drug Name	Drug Tier	Requirements/Limits
docetaxel CONC 80mg/4ml	2	B/D; DL
DOCETAXEL SOLN 80mg/8ml	2	B/D; DL
paclitaxel 300mg/50ml	2	B/D; DL
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D; DL
vincasar	2	B/D; DL
vincristine sulfate	2	B/D; DL
vinorelbine tartrate 50mg/5ml	4	B/D; DL
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA 100mg/5ml	5	B/D; DL
AVASTIN 100mg/4ml	5	B/D, LA; DL
BELEODAQ	5	B/D; DL
ERBITUX 100mg/50ml	5	B/D; DL
ERIVEDGE	5	LA, PA; DL
FARYDAK	5	LA, PA; DL
HERCEPTIN	5	B/D; DL
IBRANCE	5	LA, PA; DL
ISTODAX	5	B/D; DL
KADCYLA 100mg	5	B/D; DL
KEYTRUDA SOLR	5	B/D; DL
LYNPARZA	5	LA, PA; DL
OPDIVO 40mg/4ml	5	B/D; DL
PERJETA	5	B/D; DL
PROLEUKIN	5	DL
RITUXAN	5	B/D, LA; DL
TORISEL	5	B/D; DL
VECTIBIX 100mg/5ml	5	B/D; DL
VELCADE	5	B/D; DL
YERVOY 50mg/10ml	5	PA; DL
ZOLINZA	5	DL
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole TABS	2	
bicalutamide	2	
DEPO-PROVERA	4	
ELIGARD	4	B/D; DL
exemestane	3	
FARESTON	3	
FASLODEX	5	B/D; DL
FIRMAGON 80mg	4	B/D, QL (4 vials / 28 days); DL
FIRMAGON 120mg	5	B/D; DL
flutamide	2	
letrozole TABS	2	
leuprolide acetate KIT	2	
LUPRON DEPOT 3.75mg	4	B/D; DL
LUPRON DEPOT 7.5mg, 11.25mg, 22.5mg, 30mg, 45mg	5	B/D; DL

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED 11.25mg, 15mg	5	B/D; DL
LYSODREN	3	
MEGACE ES	4	PA; DL
megestrol acetate SUSP; TABS	2	PA; DL
NILANDRON	3	
SOLTAMOX	4	
tamoxifen citrate TABS	2	
TRELSTAR MIXJECT 3.75mg, 11.25mg	4	B/D; DL
TRELSTAR MIXJECT 22.5mg	5	B/D; DL
XTANDI	5	LA; DL
ZYTIGA	5	LA; DL
KINASE INHIBITORS		
AFINITOR	5	DL
AFINITOR DISPERZ	5	DL
BOSULIF	5	PA; DL
CAPRELSA 100mg	5	QL (60 tabs / 30 days), LA, PA; DL
CAPRELSA 300mg	5	QL (30 tabs / 30 days), LA, PA; DL
COMETRIQ	5	LA, PA; DL
GILOTRIF	5	LA, PA; DL
GLEEVEC	5	DL
ICLUSIG	5	LA, PA; DL
IMBRUVICA	5	LA, PA; DL
INLYTA	5	LA, PA; DL
JAKAFI	5	QL (60 tabs / 30 days), LA, PA; DL
LENVIMA 10MG DAILY DOSE	5	LA, PA; DL
LENVIMA 14MG DAILY DOSE	5	LA, PA; DL
LENVIMA 20MG DAILY DOSE	5	LA, PA; DL
LENVIMA 24MG DAILY DOSE	5	LA, PA; DL
MEKINIST	5	LA, PA; DL
NEXAVAR	5	LA; DL
SPRYCEL	5	DL
STIVARGA	5	LA, PA; DL
SUTENT	5	DL
TAFINLAR	5	LA, PA; DL
TARCEVA	5	LA; DL
TASIGNA	5	DL
TYKERB	5	LA
VOTRIENT	5	LA
XALKORI	5	LA, PA; DL
ZELBORAF	5	LA, PA; DL
ZYDELIG	5	LA, PA; DL
ZYKADIA	5	LA, PA
MISCELLANEOUS		
DROXIA	3	

Drug Name	Drug Tier	Requirements/Limits
HALAVEN	5	B/D; DL
hydroxyurea CAPS	2	
IXEMPRA KIT 45mg	5	B/D; DL
JEVTANA	5	B/D; DL
MATULANE	5	LA; DL
mitoxantrone hcl	2	B/D; DL
POMALYST	5	QL (30 caps / 30 days), LA, PA; DL
SYLATRON	5	DL
SYNRIBO	5	B/D; DL
TARGRETIN CAPS	5	DL
tretinoin (chemotherapy)	5	DL
TRISENOX	4	B/D; DL
UVADEX	4	
PLATINUM-BASED AGENTS		
carboplatin 150mg/15ml	2	B/D; DL
cisplatin 100mg/100ml	2	B/D; DL
oxaliplatin SOLN 100mg/20ml	4	B/D; DL
PROTECTIVE AGENTS		
amifostine crystalline	5	B/D; DL
dexrazoxane 250mg	4	B/D; DL
ELITEK 1.5mg	5	B/D; DL
leucovorin calcium SOLR 100mg, 350mg	2	B/D; DL
leucovorin calcium TABS 5mg, 10mg, 15mg	2	
leucovorin calcium TABS 25mg	4	
LEVOLEUCOVORIN CALCIUM	5	B/D; DL
mesna	2	B/D; DL
MESNEX TABS	3	
ZINECARD 250mg	4	B/D; DL
TOPOISOMERASE INHIBITORS		
ETOPOPHOS	4	B/D; DL
etoposide SOLN 500mg/25ml	2	B/D; DL
irinotecan hcl	4	B/D; DL
topotecan hcl SOLR	5	B/D; DL
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	2	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	2	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	2	
quinapril-hydrochlorothiazide	1	
trandolapril-verapamil hcl	2	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl TABS	1	
captopril TABS	2	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	2	
perindopril erbumine	2	
quinapril hcl	1	
ramipril	1	
trandolapril	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	2	
spironolactone TABS	1	
ALPHA BLOCKERS		
doxazosin mesylate	2	
prazosin hcl	2	
terazosin hcl	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan	2	
amlodipine-valsartan-hydrochlorothiazide	2	
AZOR	4	
BENICAR HCT	4	
candesartan cilexetil-hydrochlorothiazide	2	
EDARBYCLOR	4	
irbesartan-hydrochlorothiazide	2	
losartan potassium & hydrochlorothiazide	1	
telmisartan-amlodipine	2	
telmisartan-hydrochlorothiazide	2	
TRIBENZOR	4	
valsartan-hydrochlorothiazide	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	4	
candesartan cilexetil	2	
EDARBI	4	
eprosartan mesylate	2	
irbesartan	2	
losartan potassium	1	
telmisartan	2	
valsartan	2	
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml	2	
amiodarone hcl TABS	2	
disopyramide phosphate	2	
flecainide acetate	2	
LIDOCAINE HCL (CARDIAC)	2	

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl	2	
MULTAQ	4	
NORPACE CR	4	
pacerone	2	
procainamide hcl SOLN 100mg/ml	2	
PROCAINAMIDE HCL SOLN 500mg/ml	2	
propafenone hcl CP12	3	
propafenone hcl TABS	2	
QUINIDINE GLUCONATE SOLN	2	
quinidine gluconate TBCR	2	
quinidine sulfate TABS; TBCR	2	
sorine	2	
sotalol hcl	2	
sotalol hcl (afib/afl)	2	
TIKOSYN	4	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS	2	
CRESTOR	3	
fluvastatin sodium	2	
LESCOL XL	4	
LIVALO	4	
lovastatin	1	
pravastatin sodium	1	
simvastatin TABS	1	
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	2	
cholestyramine light	2	
choline fenofibrate	2	
colestipol hcl	2	
FENOFIBRATE CAPS	2	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized	2	
FENOFIBRIC ACID	2	
gemfibrozil TABS	2	
JUXTAPID 5mg, 10mg, 20mg	5	LA, PA; DL
KYNAMRO	5	PA; DL
niacin (antihyperlipidemic)	2	
niacor	3	
omega-3-acid ethyl esters	2	
prevalite	2	
WELCHOL	4	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide	1	
nadolol & bendroflumethiazide	2	
propranolol & hydrochlorothiazide	1	
BETA-BLOCKERS		
acebutolol hcl CAPS	2	
atenolol TABS	1	
betaxolol hcl	2	
bisoprolol fumarate	1	
BYSTOLIC	4	
carvedilol	1	
COREG CR	4	
labetalol hcl SOLN; TABS	2	
metoprolol succinate	2	
metoprolol tartrate SOLN	2	
metoprolol tartrate TABS	1	
nadolol TABS	1	
pindolol	2	
propranolol hcl CP24; SOLN	2	
propranolol hcl TABS	1	
timolol maleate TABS	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium	2	
CALCIUM CHANNEL BLOCKERS		
afeditab cr	2	
amlodipine besylate TABS	2	
CARDIZEM CD 360mg	5	
cartia	2	
dilt	2	
diltiazem hcl CP12	2	
diltiazem hcl SOLN 50mg/10ml	2	
DILTIAZEM HCL SOLR	2	
diltiazem hcl TABS	2	
diltiazem hcl coated beads CP24	2	
diltiazem hcl extended release beads	2	
felodipine	2	
isradipine	2	
nicardipine hcl CAPS	2	
nifedical	2	
nifedipine TB24	2	
nimodipine CAPS	4	
nisoldipine	4	
taztia	2	
verapamil hcl CP24; SOLN; TABS; TBCR	2	
DIGITALIS GLYCOSIDES		
digitek .25mg	2	PA
digitek .125mg	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
digoxin SOLN	2	
digoxin TABS 125mcg	2	QL (30 tabs / 30 days)
digoxin TABS 250mcg	2	PA
LANOXIN TABS 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	4	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
acetazolamide CP12; TABS	2	
acetazolamide sodium	2	
ALDACTAZIDE	4	
amiloride & hydrochlorothiazide	2	
amiloride hcl	2	
bumetanide	2	
chlorothiazide	1	
chlorthalidone 25mg, 50mg	1	
EDECRIN	4	
FUROSEMIDE SOLN 8mg/ml	2	
furosemide SOLN 10mg/ml	2	
furosemide TABS	1	
hydrochlorothiazide CAPS; TABS	1	
indapamide	1	
methazolamide TABS	2	
methyclothiazide	2	
metolazone	2	
spironolactone & hydrochlorothiazide	1	
torsemide	2	
triamterene & hydrochlorothiazide	1	
MISCELLANEOUS		
ADRENALIN 1mg/ml	2	DL
clonidine hcl PTWK; TABS	2	
DEMSER	5	
hydralazine hcl SOLN; TABS	2	
methyldopa	4	
methyldopa & hydrochlorothiazide	4	
midodrine hcl	2	
minoxidil TABS	2	
NORTHERA 100mg	5	QL (90 caps / 30 days); DL
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days); DL
RANEXA	4	
NITRATES		
ISORDIL TITRADOSE 40mg	4	
isosorbide dinitrate	2	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate	2	
NITRO-BID	2	
NITRO-DUR	4	
nitroglycerin PT24	2	
NITROGLYCERIN SOLN 5mg/ml	2	
nitroglycerin SOLN .4mg/spray	2	
NITROSTAT	4	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	PA; DL
ADEMPAS	5	QL (90 tabs / 30 days), LA, PA; DL
CIALIS 2.5mg, 5mg	4	QL (30 tabs / 30 days), PA; DL
LETAIRIS	5	LA, PA; DL
OPSUMIT	5	LA, PA; DL
sildenafil citrate (pulmonary hypertension)	2	QL (90 tabs / 30 days), PA; DL
TRACLEER	5	LA, PA; DL
TYVASO	5	PA; DL
VENTAVIS	5	PA; DL
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS	2	DL
alprazolam TB24 1mg, 2mg, 3mg	3	DL
alprazolam TB24 .5mg	2	DL
alprazolam TBDP 1mg, 2mg	3	DL
alprazolam TBDP .25mg, .5mg	2	DL
ALPRAZOLAM INTENSOL	2	DL
buspirone hcl TABS	1	
chlordiazepoxide hcl	2	DL
fluvoxamine maleate	2	
lorazepam CONC	2	DL
LORAZEPAM SOLN 2mg/ml	2	
lorazepam TABS	2	DL
oxazepam	2	DL
ANTICONVULSANTS		
APTIOM	4	PA
BANZEL SUSP	5	
BANZEL TABS 200mg	4	
BANZEL TABS 400mg	5	
carbamazepine CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	3	
clonazepam TABS; TBDP	2	
clorazepate dipotassium	2	DL
DIAZEPAM CONC	2	DL
diazepam SOLN 1mg/ml	2	DL

Drug Name	Drug Tier	Requirements/Limits
diazepam TABS	2	DL
diazepam (anticonvulsant)	3	
DILANTIN	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
divalproex sodium	2	
epitol	2	
ethosuximide CAPS; SOLN	2	
felbamate	2	
fosphenytoin sodium 100mgpe/2ml	2	
FYCOMPA	4	PA; DL
gabapentin CAPS; SOLN; TABS	2	
GABITRIL	4	
lamotrigine CHEW; TABS	2	
lamotrigine TB24	4	
lamotrigine TBDP	3	
LEVETIRACETAM SOLN	2	
levetiracetam SOLN 100mg/ml, 500mg/5ml	2	
levetiracetam TABS	2	
levetiracetam TB24	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (2 bottles / 30 days); DL
ONFI	4	DL
oxcarbazepine	2	
PEGANONE	3	
phenobarbital ELIX; TABS	2	
phenytoin CHEW; SUSP	2	
phenytoin sodium SOLN	2	
phenytoin sodium extended	2	
POTIGA	4	
primidone TABS	2	
SABRIL	5	LA
TEGRETOL-XR 100mg	3	
tiagabine hcl	2	
topiramate CPSP	2	
topiramate CS24 25mg, 50mg	2	QL (60 caps / 30 days)
topiramate CS24 100mg, 150mg, 200mg	3	
topiramate TABS	2	
TRILEPTAL SUSP	4	
valproate sodium SOLN; SYRP	2	
valproic acid CAPS	2	
VIMPAT	4	
zonisamide CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
donepezil hydrochloride	2	
EXELON PT24	4	
galantamine hydrobromide	2	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
rivastigmine tartrate	2	
ANTIDEPRESSANTS		
amitriptyline hcl TABS	4	PA
amoxapine	2	
BRINTELLIX	4	PA
bupropion hcl TABS; TB12; TB24	2	
citalopram hydrobromide	1	
clomipramine hcl CAPS	3	
desipramine hcl TABS	2	
DESVENLAFAXINE ER	2	
doxepin hcl CAPS; CONC	4	PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	2	
EMSAM	4	
escitalopram oxalate	2	
FETZIMA	4	PA
FETZIMA TITRATION PACK	4	PA
fluoxetine hcl CAPS	2	
fluoxetine hcl SOLN	2	
fluoxetine hcl TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
imipramine hcl TABS	4	PA
imipramine pamoate	4	PA
maprotiline hcl	2	
MARPLAN	4	
mirtazapine	2	
nefazodone hcl	2	
nortriptyline hcl CAPS; SOLN	2	
paroxetine hcl TABS	1	
paroxetine hcl TB24	2	
PAXIL SUSP	4	
phenelzine sulfate TABS	2	
PRISTIQ	4	
protriptyline hcl	2	
sertraline hcl CONC; TABS	1	
SURMONTIL	4	
tranylcypromine sulfate	2	
trazodone hcl TABS	2	
venlafaxine hcl	2	

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE HCL ER 225mg	4	
VIIBRYD	4	
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS; SYRP; TABS	2	
APOKYN	5	LA; DL
AZILECT	4	
benztropine mesylate	2	
bromocriptine mesylate CAPS; TABS	2	
carbidopa TABS	2	
carbidopa-levodopa	2	
CARBIDOPA-LEVODOPA-ENTACAPONE	3	
entacapone	2	
NEUPRO	4	
pramipexole dihydrochloride TABS	2	
ropinirole hydrochloride	2	
selegiline hcl CAPS; TABS	2	
trihexyphenidyl hcl	2	
ZELAPAR	4	
ANTIPSYCHOTICS		
ABILIFY SOLN	4	
ABILIFY TABS	5	
ABILIFY DISCMELT	5	
ABILIFY MAINTENA	5	QL (1 injection / 28 days); DL
CHLORPROMAZINE HCL SOLN	2	
chlorpromazine hcl TABS	3	
clozapine	2	
ergoloid mesylates TABS	2	
FANAPT	4	
FANAPT TITRATION PACK	4	
FAZACLO 150mg, 200mg	4	
fluphenazine decanoate SOLN	2	
fluphenazine hcl	2	
GEODON SOLR	4	DL
haloperidol TABS	2	
haloperidol decanoate SOLN	2	
haloperidol lactate	2	
INVEGA	4	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	4	QL (1 injection / 28 days); DL
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days); DL
LATUDA	4	
loxapine succinate	2	
olanzapine SOLR; TABS	2	
olanzapine TBDP	3	
ORAP	4	

Drug Name	Drug Tier	Requirements/Limits
perphenazine TABS	2	
quetiapine fumarate	2	
RISPERDAL CONSTA	4	
risperidone SOLN; TABS	2	
risperidone TBDP	3	
SAPHRIS 5mg, 10mg	4	
SEROQUEL XR	4	
thioridazine hcl TABS	4	
thiothixene	2	
trifluoperazine hcl	2	
VERSACLOZ	4	PA; DL
ziprasidone hcl	2	
ZYPREXA RELPREVV 210mg	5	DL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine CP24	3	
amphetamine-dextroamphetamine TABS	2	
dexmethylphenidate hcl	2	
dextroamphetamine sulfate CP24	4	
dextroamphetamine sulfate TABS 5mg, 10mg	2	
guanfacine hcl (adhd)	3	QL (30 tabs / 30 days)
metadate	2	
methylphenidate hcl CP24	4	
methylphenidate hcl CPCR	4	
methylphenidate hcl SOLN	2	
methylphenidate hcl TABS	2	
methylphenidate hcl TBCR 18mg, 20mg, 27mg, 36mg, 54mg	4	
STRATTERA	4	
VYVANSE	4	
HYPNOTICS		
HETLIOZ	5	QL (30 caps / 30 days), LA, PA
ROZEREM	3	QL (30 tabs / 30 days)
SILENOR	4	QL (30 tabs / 30 days)
zaleplon	2	QL (90 caps / year); DL
zolpidem tartrate TABS	4	QL (90 tabs / year)
MIGRAINE		
AXERT 6.25mg	4	QL (12 tabs / 30 days)
AXERT 12.5mg	4	QL (8 tabs / 30 days)
cafergot	4	QL (43 tabs / 30 days)
dihydroergotamine mesylate 1mg/ml	2	QL (26 ampules / 30 days)
dihydroergotamine mesylate 4mg/ml	5	DL
FROVA	4	QL (12 tabs / 30 days)
naratriptan hcl 1mg	2	QL (18 tabs / 30 days)
naratriptan hcl 2.5mg	2	QL (9 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RELPAX 20mg	3	QL (12 tabs / 30 days)
RELPAX 40mg	3	QL (8 tabs / 30 days)
rizatriptan benzoate	2	QL (12 tabs / 30 days)
SUMATRIPTAN SOLN	3	QL (12 units / 30 days)
SUMATRIPTAN SUCCINATE SOAJ 4mg/0.5ml	4	QL (6 cartridges / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	4	QL (4 cartridges / 30 days)
SUMATRIPTAN SUCCINATE SOCT 4mg/0.5ml	4	QL (6 cartridges / 30 days)
SUMATRIPTAN SUCCINATE SOCT 6mg/0.5ml	4	QL (4 cartridges / 30 days)
sumatriptan succinate SOLN 6mg/0.5ml	4	QL (4 vials / 30 days)
sumatriptan succinate TABS 25mg, 50mg	2	QL (18 tabs / 30 days)
sumatriptan succinate TABS 100mg	2	QL (9 tabs / 30 days)
TREXIMET	4	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 TBDP 2.5mg	2	QL (12 tabs / 30 days)
zolmitriptan TBDP 5mg	2	QL (8 tabs / 30 days)
MISCELLANEOUS		
EQUETRO	4	
GUANIDINE HCL	2	
HORIZANT	3	
LITHIUM	2	
lithium carbonate CAPS; TABS; TBCR	2	
MESTINON SYRP	4	
MESTINON TIMESPAN	4	
NUEDEXTA	4	PA; DL
olanzapine-fluoxetine hcl	4	
perphenazine-amitriptyline	2	
pyridostigmine bromide TABS	2	
riluzole	4	
XENAZINE	5	LA, PA; DL
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	QL (60 tabs / 30 days), LA, PA; DL
AUBAGIO	5	QL (30 tabs / 30 days), LA, PA; DL
AVONEX	5	DL
BETASERON	5	DL
COPAXONE	5	DL
EXTAVIA	5	DL
GILENYA	5	QL (30 caps / 30 days); DL
PLEGRIDY SOSY	5	DL
PLEGRIDY STARTER PACK SOPN	5	DL

Drug Name	Drug Tier	Requirements/Limits
REBIF	5	DL
REBIF TITRATION PACK	5	DL
TECFIDERA	5	QL (60 caps / 30 days), LA; DL
TECFIDERA STARTER PACK	5	LA; DL
TYSABRI	5	LA, PA; DL
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS	2	
dantrolene sodium CAPS	2	
tizanidine hcl CAPS; TABS	2	
NARCOLEPSY/CATAPLEXY		
modafinil	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 ml / 30 days), LA, PA; DL
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	2	
BUPRENEX	4	
buprenorphine hcl SOLN; SUBL	2	
buprenorphine hcl-naloxone hcl dihydrate	4	QL (90 tabs / 30 days)
buproban	2	
CHANTIX	4	
CHANTIX CONTINUING MONTH	4	
CHANTIX STARTING MONTH PA	4	
disulfiram TABS	2	
naloxone hcl SOLN 1mg/ml	2	
naltrexone hcl TABS	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE	4	QL (90 tabs / 30 days)
VIVITROL	5	DL
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	3	
ANDROGEL 25mg/2.5gm, 50mg/5gm	4	
ANDROGEL PUMP 1%	4	
ANDROGEL PUMP 1.62%	3	
METHITEST	4	
oxandrolone TABS 2.5mg	2	QL (120 tabs / 30 days); DL
oxandrolone TABS 10mg	4	DL
testosterone GEL 1%, 25mg/2.5gm	3	
testosterone GEL 10mg/act	2	
testosterone cypionate SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
testosterone enanthate SOLN	2	
ANTIDIABETICS, INJECTABLE		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
BYETTA	4	
HUMALOG SOLN	3	
HUMALOG KWIKPEN 100unit/ml	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	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILL	4	ST
SYMLINPEN 60	4	
SYMLINPEN 120	4	
VICTOZA	3	
ANTIDIABETICS, ORAL		
acarbose	2	
FARXIGA	4	
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (15 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl	2	QL (120 tabs / 30 days)
glipizide-metformin hcl	2	QL (240 tabs / 30 days)
GLYSET	4	
INVOKAMET	4	
INVOKANA	4	

Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	3	QL (60 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days)
METFORMIN HCL TB24 500mg	2	QL (120 tabs / 30 days)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days)
metformin hcl TB24 1000mg	2	QL (60 tabs / 30 days)
nateglinide	2	
pioglitazone hcl	2	
pioglitazone hcl-glimepiride	2	
pioglitazone hcl-metformin hcl	2	
repaglinide	2	
RIOMET	4	
TRADJENTA	3	
XIGDUO XR	4	
BISPHOSPHONATES		
alendronate sodium SOLN	1	
alendronate sodium TABS 5mg, 10mg, 40mg	2	
alendronate sodium TABS 35mg, 70mg	1	
ATELVIA	4	
etidronate disodium	2	
ibandronate sodium SOLN	4	DL
ibandronate sodium TABS	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D; DL
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	4	B/D; DL
risedronate sodium 150mg	2	
zoledronic acid CONC	4	B/D; DL
zoledronic acid SOLN 5mg/100ml	4	B/D; DL
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	4	
EXJADE 125mg	4	LA; DL
EXJADE 250mg, 500mg	5	LA; DL
FERRIPROX	5	LA; DL
fomepizole	2	
kionex	2	
sodium polystyrene sulfonate	2	
SYLVANT 100mg	5	PA; DL
SYPRINE	4	
CONTRACEPTIVES		
amethia 91 day	2	

Drug Name	Drug Tier	Requirements/Limits
amethyst 28 day	2	
apri 28 day	2	
aranelle 28	2	
ashlyna 91 day	2	
aubra 28 day	2	
aviane 28	2	
balziva 28 day	2	
briellyn 28 day	2	
camila 28 day	2	
cryselle 28	2	
cyclafem 1/35 28 day	2	
cyclafem 7/7/7 28 day	2	
deblitane 28 day	2	
delyla 28 day	2	
DEPO-SUBQ PROVERA 104	4	
desogestrel-ethinyl estradiol (biphasic)	2	
drospirenone-ethinyl estradiol	2	
emoquette	2	
enpresse 28 day	2	
errin 28 day	2	
estradiol & norethindrone acetate	2	
falmina 28 day	2	
gildagia	2	
gildess 1.5/30 21 day	2	
gildess 24 fe 28 day	2	
introvale 91 day	2	
jolivette 28 day	2	
junel 1.5/30 21 day	2	
junel 1/20 21 day	2	
junel fe 1.5/30 28 day	2	
junel fe 1/20 28 day	2	
kariva 28 day	2	
kelnor 1/35 28 day	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
leena 28 day	2	
lessina 28 day	2	
levonest 28 day	2	
levonorgestrel & eth estradiol	2	
levonorgestrel-ethinyl estradiol (91-day)	2	
levonorgestrel-ethinyl estradiol (continuous)	2	
levora 0.15/30 28 day	2	
lopreeza 0.5/0.1 28 day	2	
lopreeza 1/0.5 28 day	2	

Drug Name	Drug Tier	Requirements/Limits
loryna 28 day	2	
lutera 28 day	2	
lyza	2	
marlissa 28 day	2	
medroxyprogesterone acetate (contraceptive)	2	
microgestin 1.5/30 21 day	2	
microgestin 1/20 21 day	2	
microgestin fe 1.5/30 28 day	2	
microgestin fe 1/20 28 day	2	
mononessa 28 day	2	
necon 0.5/35 28 day	2	
necon 1/35 28 day	2	
necon 7/7/7 28 day	2	
NECON 10/11-28	2	
nikki 28 day	2	
nora-be 28 day	2	
norethin acet & estrad-fe	2	
norethindrone & ethinyl estradiol-fe	2	
norethindrone (contraceptive)	2	
norlyroc 28 day	2	
nortrel 0.5/35 28 day	2	
nortrel 1/35 21 day	2	
nortrel 1/35 28 day	2	
nortrel 7/7/7 28 day	2	
ogestrel 28 day	2	
orsythia 28 day	2	
pimtrea pack	2	
pirmella 1/35 28 day	2	
portia 28 day	2	
previfem 28 day	2	
quasense 91 day	2	
reclipsen 28 day	2	
sharobel 28 day	2	
sprintec 28 day	2	
sronyx 28 day	2	
tarina fe 1/20 28 day	2	
tri-legest 28 day	2	
tri-previfem 28 day	2	
tri-sprintec 28 day	2	
trinessa 28 day	2	
trivora 28 day	2	
velivet 28 day	2	
vestura	2	
vyfemla 28 day	2	
wymzya fe 28 day	2	
zenchent 28 day	2	

Drug Name	Drug Tier	Requirements/Limits
zenchent fe 28 day	2	
zovia 1/35e 28 day	2	
zovia 1/50e 28 day	2	
ENDOMETRIOSIS		
danazol CAPS	2	
SYNAREL	3	
ENZYME REPLACEMENTS		
ADAGEN	5	LA, PA; DL
ALDURAZYME	5	LA, PA; DL
CARBAGLU	5	LA; DL
CEREZYME	5	LA, PA; DL
CYSTADANE	4	LA; DL
CYSTAGON	3	LA
FABRAZYME 35mg	5	LA, PA; DL
KUVAN TBSO	5	LA, PA; DL
levocarnitine (metabolic modifiers) SOLN 1gm/10ml	2	
levocarnitine (metabolic modifiers) SOLN 200mg/ml	4	
levocarnitine (metabolic modifiers) TABS	2	
MYALEPT	5	LA, PA; DL
MYOZYME	5	LA, PA; DL
NAGLAZYME	5	LA, PA; DL
ORFADIN	5	LA
VPRIV	5	PA; DL
ZAVESCA	5	LA, PA; DL
ESTROGENS		
ESTRACE CREA	4	
estradiol PTTW; PTWK; TABS	3	
estradiol valerate OIL 20mg/ml	3	
ESTRING	3	
estropipate	2	
PREMARIN	4	
PREMPRO	4	
VAGIFEM	3	
GLUCOCORTICOIDS		
a-hydrocort	2	
cortisone acetate TABS	2	
DEPO-MEDROL 20mg/ml	4	
dexamethasone ELIX; SOLN; TABS	2	
DEXAMETHASONE INTENSOL	2	
dexamethasone sodium phosphate	2	
fludrocortisone acetate TABS	2	
hydrocortisone TABS	2	
methylprednisolone TABS	2	
methylprednisolone acetate	2	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone sod succ	2	
MILLIPRED SOLN	4	
MILLIPRED TABS	2	
prednisolone	2	
prednisolone sodium phosphate SOLN	2	
prednisolone sodium phosphate TBDP	3	
prednisone SOLN; TABS	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF 100mg, 250mg	4	
SOLU-MEDROL 2gm, 40mg, 500mg	4	
VERIPRED 20	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	LA, PA; DL
GENOTROPIN MINIQUICK	4	LA, PA; DL
HUMATROPE 6mg	4	LA, PA; DL
HUMATROPE 12mg, 24mg	5	LA, PA; DL
HUMATROPE COMBO PACK	5	LA, PA; DL
NORDITROPIN FLEXPRO	5	PA; DL
NORDITROPIN NORDIFLEX PEN	5	PA; DL
NUTROPIN AQ NUSPIN 5	5	LA, PA; DL
NUTROPIN AQ PEN	5	LA, PA; DL
OMNITROPE SOLN 10mg/1.5ml	4	LA, PA; DL
OMNITROPE SOLR	5	LA, PA; DL
SAIZEN	5	LA, PA; DL
SAIZEN CLICK.EASY	5	LA, PA; DL
TEV-TROPIN	4	PA; DL
ZORBTIVE	5	PA; DL
MISCELLANEOUS		
cabergoline	2	
calcitonin (salmon)	2	
FORTEO	5	PA; DL
FORTICAL	2	
H.P. ACTHAR	5	LA, PA
INCRELEX	5	LA; DL
KORLYM	5	QL (120 tabs / 30 days)
methylergonovine maleate TABS	2	
MIACALCIN 200unit/ml	4	
NATPARA	5	PA; DL
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	DL
octreotide acetate 500mcg/ml, 1000mcg/ml	5	DL
PROLIA	4	B/D; DL

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl	2	
RAVICTI	5	DL
SAMSCA	5	PA; DL
SANDOSTATIN LAR DEPOT	5	DL
SENSIPAR	3	DL
SIGNIFOR	5	LA; DL
SIGNIFOR LAR	5	B/D, LA; DL
SOMATULINE DEPOT	5	DL
SOMAVERT	5	LA; DL
XGEVA	5	B/D; DL
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	2	
ELIPHOS	2	
FOSRENOL CHEW	4	
RENAGEL	4	
PROGESTINS		
medroxyprogesterone acetate	2	
norethindrone acetate TABS	2	
progesterone micronized CAPS	2	
THYROID AGENTS		
levothyroxine sodium TABS	1	
levoxyl	2	
liothyronine sodium SOLN; TABS	2	
methimazole TABS	2	
propylthiouracil TABS	2	
SYNTHROID	4	
unithroid	2	
VASOPRESSINS		
desmopressin acetate SOLN 4mcg/ml	2	
desmopressin acetate TABS	2	
desmopressin acetate refrigerated	2	
desmopressin acetate spray refrigerated	2	
STIMATE	4	
GASTROINTESTINAL		
ANTIEMETICS		
ALOXI	4	B/D; DL
ANZEMET SOLN	4	PA; DL
ANZEMET TABS 50mg	4	B/D, QL (14 tabs / 30 days); DL
ANZEMET TABS 100mg	4	B/D, QL (7 tabs / 30 days); DL
CESAMET	4	
compro	2	
dronabinol	2	QL (60 caps / 30 days)
EMEND CAPS 40mg	3	B/D, QL (1 caps / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
EMEND CAPS 80mg	3	B/D, QL (8 caps / 30 days); DL
EMEND CAPS 125mg	3	B/D, QL (2 caps / 30 days); DL
EMEND PAK 80 & 125 CAPS	3	B/D, QL (6 caps / 30 days); DL
granisetron hcl SOLN .1mg/ml, 1mg/ml	2	PA; DL
granisetron hcl TABS	2	B/D, QL (30 tabs / 30 days); DL
meclizine hcl TABS	2	
metoclopramide hcl SOLN; TABS	2	
ondansetron	2	B/D, QL (45 tabs / 30 days); DL
ondansetron hcl SOLN 4mg/2ml	2	PA; DL
ondansetron hcl SOLN 4mg/2ml	2	B/D; DL
ondansetron hcl SOLN 4mg/5ml	2	B/D, QL (450 ml / 30 days); DL
ondansetron hcl SOLN 40mg/20ml	2	B/D
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
phenadoz	2	
prochlorperazine	2	
prochlorperazine edisylate	2	
prochlorperazine maleate TABS	2	
promethazine hcl SOLN; SUPP; SYRP; TABS	2	
promethegan	2	
SANCUSO	4	
TRANSDERM-SCOP	4	
ANTISPASMODICS		
atropine sulfate SOLN .05mg/ml, .1mg/ml	2	
dicyclomine hcl	2	
glycopyrrolate SOLN 4mg/20ml	2	
glycopyrrolate TABS	2	
methscopolamine bromide TABS	2	
propantheline bromide TABS	2	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml	2	
famotidine SUSR	2	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl	2	
nizatidine	2	
ranitidine hcl CAPS	1	
ranitidine hcl SOLN 150mg/6ml	2	PA; DL
ranitidine hcl SYRP	2	

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	4	
ASACOL HD	4	
balsalazide disodium	2	
budesonide CP24	5	
CANASA	4	
colocort	2	
DELZICOL	4	
DIPENTUM	4	
hydrocortisone (intrarectal)	2	
LIALDA	4	
mesalamine ENEM	2	
mesalamine w/ cleanser	2	
PENTASA	4	
sulfasalazine TABS; TBEC	2	
UCERIS TB24	5	QL (30 tabs / 30 days); DL
LAXATIVES		
constulose	2	
enulose	2	
gaviltye-g	2	
gavilyte-c	2	
gavilyte-n	2	
generlac	2	
GOLYTELY	4	
lactulose	2	
MOVIPREP	4	
OSMOPREP	3	
polyethylene glycol 3350 POWD	2	
RELISTOR	4	
SUPREP BOWEL PREP	4	
trilyte	2	
MISCELLANEOUS		
AMITIZA	3	DL
amoxicillin-clarithromycin w/ lansoprazole	2	
CARAFATE SUSP	2	
cromolyn sodium (mastocytosis)	2	
diphenoxylate w/ atropine	2	
GATTEX	5	LA; DL
LINZESS	4	DL
loperamide hcl CAPS	2	
LOTRONEX	5	DL
misoprostol TABS	2	
SUCRAID	5	LA
sucralfate TABS	2	

Drug Name	Drug Tier	Requirements/Limits
ursodiol CAPS; TABS	2	
XIFAXAN 550mg	4	
PANCREATIC ENZYMES		
CREON	3	
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)	2	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole sodium	4	PA; DL
lansoprazole CPDR	2	QL (60 caps / 30 days)
NEXIUM CPDR	4	QL (30 caps / 30 days)
omeprazole CPDR	2	QL (60 caps / 30 days)
OMEPRAZOLE-SODIUM BICARBONATE	3	QL (30 caps / 30 days)
pantoprazole sodium	2	QL (60 tabs / 30 days)
rabeprazole sodium	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	
finasteride TABS 5mg	2	
RAPAFLO	4	
tamsulosin hcl	2	
MISCELLANEOUS		
bethanechol chloride TABS	2	
ELMIRON	3	
flavoxate hcl	2	
potassium citrate (alkalinizer)	2	
URINARY ANTISPASMODICS		
MYRBETRIQ	4	
oxybutynin chloride	2	
tolterodine tartrate	2	
TOVIAZ	4	
trospium chloride	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP	4	
clindamycin phosphate vaginal	2	
metronidazole vaginal	2	
terconazole vaginal	2	
vandazole	2	
zazole	2	
HEMATOLOGIC		
ANTICOAGULANTS		
argatroban 100mg/ml	5	DL
COUMADIN	4	
ELIQUIS	3	

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium	4	DL
fondaparinux sodium 2.5mg/0.5ml	4	DL
fondaparinux sodium 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
heparin sod (porcine) in d5w	2	
heparin sodium (porcine)	2	
jantoven	2	
PRADAXA	4	
warfarin sodium	2	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 10mcg/0.4ml	4	QL (2 syringes / 30 days), PA; DL
ARANESP ALBUMIN FREE 25mcg/0.42ml, 40mcg/0.4ml	4	QL (1 syringe / 30 days), PA; DL
ARANESP ALBUMIN FREE 25mcg/ml, 100mcg/ml	4	QL (2 vials / 30 days), PA; DL
ARANESP ALBUMIN FREE 40mcg/ml	4	QL (2 vials 30 days), PA; DL
ARANESP ALBUMIN FREE 60mcg/0.3ml	4	QL (8 syringes / 30 days), PA; DL
ARANESP ALBUMIN FREE 60mcg/ml	4	QL (8 vials / 30 days), PA; DL
ARANESP ALBUMIN FREE 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	5	PA; DL
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), PA; DL
EPOGEN 10000unit/ml	4	QL (12 vials / 30 days), PA; DL
EPOGEN 20000unit/ml	4	PA; DL
GRANIX	5	DL
LEUKINE	5	DL
MOZOBIL	5	B/D; DL
NEULASTA	5	B/D; DL
NEUMEGA	5	DL
NEUPOGEN 300mcg/0.5ml, 480mcg/0.8ml, 480mcg/1.6ml	5	DL
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml	3	QL (12 vials / 30 days), PA; DL

Drug Name	Drug Tier	Requirements/Limits
PROCRIT 10000unit/ml	4	QL (12 vials / 30 days), PA; DL
PROCRIT 20000unit/ml, 40000unit/ml	5	PA; DL
MISCELLANEOUS		
aminocaproic acid TABS	3	DL
anagrelide hcl	4	
cilostazol	2	
CINRYZE	5	LA, PA; DL
FIRAZYR	5	PA; DL
pentoxifylline TBCR	2	
PROMACTA	5	LA, PA; DL
RUCONEST	5	PA; DL
tranexamic acid SOLN	2	DL
tranexamic acid TABS	2	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	4	
BRILINTA	4	
clopidogrel bisulfate	2	
EFFIENT	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA SOLN 200mg/10ml	5	PA; DL
ACTEMRA SOSY	5	PA; DL
CIMZIA	5	PA; DL
ENBREL	5	PA; DL
HUMIRA	5	PA; DL
HUMIRA PEN-CROHNS DISEASE	5	PA; DL
hydroxychloroquine sulfate	2	
KINERET	5	PA; DL
leflunomide TABS	2	
methotrexate sodium TABS	2	
ORENCIA SOSY	5	QL (4 injections / 28 days), PA; DL
OTEZLA	5	PA; DL
REMICADE	5	PA; DL
RHEUMATREX	4	
RIDAURA	5	
SIMPONI SOSY	5	PA; DL
SIMPONI ARIA	5	PA; DL
XELJANZ	5	PA; DL
IMMUNOGLOBULINS		
BIVIGAM 10gm/100ml	5	PA; DL
CARIMUNE NANOFILTERED 6gm	5	PA; DL
FLEBOGAMMA DIF 10%	5	PA; DL
GAMASTAN S/D	4	PA; DL
GAMMAGARD LIQUID	5	PA; DL

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED 1gm/10ml	5	PA; DL
GAMMAPLEX 10gm/200ml	5	PA; DL
GAMUNEX-C 1gm/10ml	5	PA; DL
PRIVIGEN 20gm/200ml	5	PA; DL
IMMUNOMODULATORS		
ACTIMMUNE	5	LA, PA; DL
ARCALYST	5	PA; DL
BENLYSTA 120mg	5	PA; DL
GRASTEK	4	PA; DL
ILARIS	5	PA; DL
INTRON A SOLN 6000000unit/ml	4	DL
INTRON A SOLR 18mu	4	DL
INTRON A SOLR 50mu	5	DL
INTRON A W/DILUENT	5	DL
PEGASYS	5	DL
PEGASYS PROCLICK	5	DL
RAGWITEK	4	PA; DL
REVLIMID	5	LA; DL
THALOMID	5	DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	4	B/D
ATGAM	5	DL
AZASAN	4	B/D
azathioprine TABS	2	B/D
CELLCEPT SUSR	3	B/D
CELLCEPT INTRAVENOUS	4	B/D; DL
cyclosporine CAPS	2	B/D
cyclosporine SOLN	2	B/D; DL
cyclosporine modified (for microemulsion)	2	B/D
gengraf	2	B/D
mycophenolate mofetil	2	B/D
mycophenolate sodium	2	B/D
NEORAL	4	B/D
NULOJIX	5	B/D; DL
PROGRAF SOLN	4	B/D; DL
RAPAMUNE	4	B/D
SANDIMMUNE CAPS	3	B/D
SANDIMMUNE SOLN 50mg/ml	4	B/D; DL
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIMULECT 20mg	4	B/D; DL
sirolimus TABS	2	B/D
tacrolimus CAPS	2	B/D
THYMOGLOBULIN	3	B/D; DL
ZORTRESS .5mg, .75mg	5	B/D; DL
ZORTRESS .25mg	4	B/D, QL (60 tabs / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB	6	
ADACEL	6	
BCG VACCINE	4	B/D; DL
BOOSTRIX	6	
CERVARIX	4	
COMVAX	4	
DAPTACEL	6	
DIPHTHERIA/TETANUS TOXOID	6	
ENGERIX-B SUSP	4	B/D
GARDASIL	4	
GARDASIL 9	4	
HAVRIX	4	
IMOVAX RABIES (H.D.C.V.)	3	DL
INFANRIX	6	
IPOL INACTIVATED IPV	4	
IXIARO	4	
M-M-R II W/DILUENT 10 DOS	4	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	4	
PEDVAX HIB	4	
PROQUAD	4	
RABAVERT	3	DL
RECOMBIVAX HB	4	B/D
ROTARIX	4	
ROTATEQ	4	
SYNAGIS 50mg/0.5ml	5	DL
TENIVAC	6	
TETANUS/DIPHTHERIA TOXOID	6	
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX	6	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE SOLN	4	
K-TAB 10meq, 20meq	4	
klor-con	2	
KLOR-CON M15	2	
magnesium sulfate SOLN 50%	2	
potassium bicarb & chloride	2	
potassium bicarbonate TBEF	2	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride CPCR	2	
potassium chloride LIQD	2	
potassium chloride PACK	2	
potassium chloride TBCR	2	
potassium chloride microencapsulated crystals cr	2	
sodium chloride SOLN 2.5meq/ml	2	
SODIUM LACTATE 5meq/ml	2	
IV NUTRITION		
AMINOSYN 7%/ELECTROLYTES	4	B/D; DL
AMINOSYN II INJ 7%	4	B/D; DL
AMINOSYN II INJ 8.5%	4	B/D; DL
AMINOSYN II INJ 10%	4	B/D; DL
AMINOSYN II INJ 15%	2	B/D; DL
AMINOSYN M	4	B/D; DL
AMINOSYN-HBC	4	B/D; DL
AMINOSYN-PF	4	B/D; DL
AMINOSYN-PF 7%	4	B/D; DL
AMINOSYN-RF	4	B/D; DL
hepatamine 8	4	B/D; DL
intralipid 20gm/100ml	2	B/D; DL
INTRALIPID 30gm/100ml	4	B/D; DL
NEPHRAMINE	4	B/D; DL
PREMASOL	2	B/D; DL
premasol	4	B/D; DL
PROCALAMINE	4	B/D; DL
PROSOL	4	B/D; DL
TRAVASOL	2	B/D; DL
TROPHAMINE	4	B/D; DL
IV REPLACEMENT SOLUTIONS		
dextrose SOLN	2	
DEXTROSE 10%/NACL 0.2%	2	
dextrose in lactated ringers	2	
dextrose w/ sodium chloride	2	
IONOSOL-B/DEXTROSE 5%	4	DL
IONOSOL-MB/DEXTROSE 5%	4	DL
ISOLYTE-P/DEXTROSE 5%	4	DL
ISOLYTE-S	4	DL
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.15%/D5W/LR	2	
KCL 0.15%/D5W/NACL 0.225%	2	
lactated ringer's	2	
NORMOSOL-R	4	DL
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	DL
PLASMA-LYTE-56/D5W	4	DL
PLASMA-LYTE-148	4	DL

Drug Name	Drug Tier	Requirements/Limits
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in dextrose	2	
potassium chloride in dextrose & sodium chloride	2	
potassium chloride in nacl	2	
ringer's	2	
sodium chloride SOLN .45%, .9%, 3%, 5%	2	
VITAMINS		
calcitriol CAPS; SOLN	2	
doxercalciferol CAPS	4	
paricalcitol CAPS	4	
PARICALCITOL SOLN 2mcg/ml	4	DL
ZEMPLAR CAPS	4	
ZEMPLAR SOLN	4	B/D; DL
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
neomycin-polymy-dexameth	2	
neomycin-polymyxin-hc (ophth)	2	
PRED-G	4	
PRED-G S.O.P.	4	
sulfacetamide sod-prednisolone	2	
TOBRADEX OINT	3	
tobramycin-dexamethasone	2	
ANTI-INFECTIVES		
AZASITE	4	
bacitracin (ophthalmic)	2	
bacitracin-polymyxin b (ophth)	2	
BESIVANCE	4	
BLEPH-10	4	
CILOXAN OINT	4	
ciprofloxacin hcl (ophth)	2	
erythromycin (ophth)	2	
gatifloxacin (ophth)	2	
gentak	2	
gentamicin sulfate (ophth)	2	
ilotycin	2	
levofloxacin (ophth)	2	
NATACYN	3	
neomycin-bacitracin zn-polymyxin	2	
neomycin-polymyxin-gramicidin	2	
ofloxacin (ophth)	2	

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim	2	
sulfacetamide sodium (ophth)	2	
tobramycin (ophth)	2	
TOBREX OINT	4	
trifluridine SOLN	2	
VIGAMOX	3	
ZIRGAN	4	
ZYMAXID	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
bromfenac sodium (ophth)	2	
CYSTARAN	5	LA, PA; DL
dexamethasone sodium phosphate (ophth)	2	
diclofenac sodium (ophth)	2	
DUREZOL	4	
FLAREX	4	
fluorometholone (ophth)	2	
flurbiprofen sodium	2	
FML	4	
FML FORTE	4	
ketorolac tromethamine (ophth)	2	
LOTEMAX GEL; OINT	3	
MAXIDEX	3	
NEVANAC	4	
PRED MILD	4	
prednisolone acetate (ophth)	2	
PREDNISOLONE SODIUM PHOSP SOLN	2	
VEXOL	4	
ANTIALLERGICS		
ALOCRIL	4	
ALOMIDE	4	
azelastine hcl (ophth)	2	
cromolyn sodium (ophth)	2	
EMADINE	4	
epinastine hcl (ophth)	2	
PATADAY	4	
ANTIGLAUCOMA		
ALPHAGAN P .1%	3	
apraclonidine hcl	2	
atropine sulfate (ophthalmic)	2	
AZOPT	4	
betaxolol hcl (ophth)	2	
BETIMOL .5%	4	
BETOPTIC-S	4	
brimonidine tartrate SOLN	2	
carteolol hcl (ophth)	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN	4	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
IOPIDINE 1%	4	
ISTALOL	4	
latanoprost SOLN	1	
levobunolol hcl .5%	2	
LUMIGAN	4	
metipranolol	2	
PHOSPHOLINE IODIDE	3	
PILOCARPINE HCL SOLN	2	
SIMBRINZA	4	
timolol maleate (ophth) SOLG	2	
timolol maleate (ophth) SOLN	1	
TRAVATAN Z	4	
travoprost	2	
ZIOPTAN	4	
MISCELLANEOUS		
LACRISERT	4	
naphazoline hcl	2	
PROLENSA	4	
proparacaine hcl SOLN	2	
RESTASIS	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	
COMBIVENT RESPIMAT	3	
ipratropium-albuterol	2	B/D
ANTICHOLINERGICS		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
ipratropium bromide SOLN	2	B/D
ipratropium bromide (nasal)	2	
ANTIHISTAMINES		
azelastine hcl SOLN	2	
cetirizine hcl SYRP 1mg/ml	2	
desloratadine	2	
diphenhydramine hcl SOLN	2	
levocetirizine dihydrochloride	2	
olopatadine hcl (nasal)	2	
promethazine & phenylephrine	2	
BETA AGONISTS		
albuterol sulfate NEBU	2	B/D
albuterol sulfate SYRP; TABS; TB12	2	
BROVANA	4	B/D; DL

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml	2	B/D
metaproterenol sulfate	2	
PERFOROMIST	4	B/D; DL
SEREVENT DISKUS	3	
terbutaline sulfate SOLN; TABS	2	
VENTOLIN HFA	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium CHEW; PACK; TABS	2	
zafirlukast	2	
ZYFLO	4	
ZYFLO CR	4	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D; DL
ARALAST NP 400mg	5	LA, PA; DL
cromolyn sodium NEBU	2	B/D
DALIRESP	4	DL
epinephrine SOAJ .15mg/0.15ml	2	QL (2 pens / 30 days)
EPIPEN 2-PAK	3	QL (2 pens / 30 days)
EPIPEN-JR 2-PAK	3	QL (2 pens / 30 days)
ESBRIET	5	PA; DL
GLASSIA	5	LA, PA; DL
KALYDECO PACK	5	PA; DL
KALYDECO TABS	5	QL (60 tabs / 30 days), PA; DL
OFEV	5	PA; DL
PROLASTIN-C	5	LA, PA; DL
PULMOZYME	5	B/D; DL
TYZINE PEDIATRIC NASAL DR	3	
XOLAIR	5	B/D, LA; DL
ZEMAIRA	5	LA, PA; DL
NASAL STEROIDS		
BECONASE AQ	4	
budesonide (nasal)	2	
flunisolide (nasal)	2	
fluticasone propionate (nasal)	2	
OMNARIS	4	
triamcinolone acetonide (nasal)	2	
VERAMYST	4	
STEROID INHALANTS		
ALVESCO	4	
ARNUITY ELLIPTA	3	
budesonide (inhalation)	3	B/D
FLOVENT DISKUS	3	
FLOVENT HFA	3	
PULMICORT 1mg/2ml	5	

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	
ADVAIR HFA	3	
BREO ELLIPTA	3	
SYMBICORT	3	
XANTHINES		
aminophylline	2	
ELIXOPHYLLIN	3	
theophylline TB12; TB24	2	
TOPICAL		
DERMATOLOGY, ACNE		
ACANYA	4	
adapalene CREA; GEL	2	
amnesteem	2	
AZELEX	4	
benzoyl peroxide-erythromycin	2	
claravis	2	
clindamycin phosphate (topical)	2	
clindamycin phosphate-benzoyl peroxide	2	
ery	2	
erythromycin (acne aid)	2	
myorisan	2	
sulfacetamide sodium (acne)	2	
tretinoin CREA; GEL	2	PA; DL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	4	
BACTROBAN NASAL	4	
gentamicin sulfate (topical)	2	
mupirocin OINT	2	
mupirocin calcium (topical)	2	
silver sulfadiazine CREA	2	
ssd	2	
SULFAMYLON	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL; SHAM	2	
ciclopirox SOLN	2	PA; DL
ciclopirox olamine CREA; SUSP	2	
clotrimazole w/ betamethasone	2	
econazole nitrate CREA	2	
ketoconazole (topical) CREA	2	
NAFTIN CREA 1%	4	
NAFTIN GEL	4	
nyamyc	2	
nystatin (topical)	2	
nystatin-triamcinolone	2	

Drug Name	Drug Tier	Requirements/Limits
nystop	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM	3	
procto-pak	2	
proctosol	2	
proctozone hc	2	
prudoxin	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	5	DL
calcipotriene CREA; OINT; SOLN	4	
CALCITRIOL (TOPICAL)	3	
methoxsalen rapid	5	DL
8-MOP	3	
OXSORALEN ULTRA	5	
STELARA	5	PA; DL
TAZORAC	4	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM	2	
KETODAN KIT	2	
selenium sulfide LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate	2	
amcinonide CREA; LOTN	2	
AMCINONIDE OINT	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; FOAM; LOTN; OINT	2	
calcipotriene-betamethasone dipropionate	4	
clobetasol propionate CREA; GEL; OINT; SHAM; SOLN	2	
clobetasol propionate FOAM; LIQD; LOTN	4	
clobetasol propionate emollient base	2	
clobetasol propionate emulsion	4	
clodan	2	
CORDRAN TAPE	4	
cormax	2	
desonide CREA; LOTN; OINT	2	
desoximetasone CREA; GEL; OINT	2	
diflorasone diacetate	2	
fluocinolone acetonide CREA; OIL; OINT; SOLN	2	
fluocinonide CREA .1%	3	
fluocinonide CREA .05%	2	
fluocinonide GEL	2	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide OINT	2	
fluocinonide SOLN	2	
fluocinonide emulsified base	2	
fluticasone propionate CREA; LOTN; OINT	2	
halobetasol propionate	2	
HALOG	4	
hydrocortisone (topical) CREA 2.5%	2	
hydrocortisone (topical) LOTN	2	
hydrocortisone (topical) OINT 2.5%	2	
HYDROCORTISONE BUTYRATE CREA	2	
hydrocortisone butyrate OINT; SOLN	2	
hydrocortisone butyrate hydrophilic lipo base	2	
hydrocortisone valerate	2	
mometasone furoate CREA; OINT; SOLN	2	
prednicarbate	2	
triamcinolone acetonide (topical) AERS	3	
triamcinolone acetonide (topical) CREA; LOTN; OINT	2	
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DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine OINT	2	
lidocaine PTCH	2	PA
lidocaine hcl GEL	2	
lidocaine hcl SOLN 4%	2	
lidocaine hcl (local anesth.)	2	B/D
lidocaine-prilocaine	2	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical	2	
CARAC	4	
CONDYLOX GEL	3	
DENAVIR	4	
diclofenac sodium (actinic keratoses)	4	
diclofenac sodium (topical)	2	
ELIDEL	4	
FINACEA	4	
fluorouracil (topical) CREA 5%	2	
fluorouracil (topical) CREA .5%	5	
fluorouracil (topical) SOLN	2	
imiquimod CREA	3	
METROGEL	4	
metronidazole (topical) CREA	2	
metronidazole (topical) GEL 1%	3	
metronidazole (topical) GEL .75%	2	
metronidazole (topical) LOTN	2	
PANRETIN	3	
podofilox SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
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tacrolimus (topical)	3	
TARGRETIN GEL	5	
VALCHLOR	5	LA, PA; DL
VEREGEN	4	
VOLTAREN	4	
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ZYCLARA PUMP	5	
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lindane	2	
malathion	2	
permethrin CREA	2	
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lactated ringer's (irrigation)	2	
neomycin/polymyxin b gu	2	
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SANTYL	3	
sodium chloride (gu irrigant)	2	
water for irrigation, sterile	2	
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cevimeline hcl	3	
chlorhexidine gluconate (mouth-throat)	2	
clotrimazole TROC	2	
lidocaine hcl (mouth-throat)	2	
nystatin (mouth-throat)	2	
periogard	2	
pilocarpine hcl (oral)	2	
sodium fluoride (dental)	2	
triamcinolone acetonide (mouth)	2	
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CIPRODEX	3	
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This Formulary was updated in August 2015. For more recent information or other questions, please contact the MVP Medicare Customer Care Center Monday – Friday, 8 am – 8 pm Eastern Time at:

1-800-665-7924

From Oct. 1 – Feb. 14 call seven days a week from 8 am – 8 pm.

TTY: 1-800-662-1220

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