



2023 Medicare Advantage Plans

Let's do
Medicare
together.

Medicare Advantage Plans

2023 Employer Group Health Plans



Choose a partner, not just a plan.



We're ready to serve you.

Call 1-800-665-7924 TTY 711

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday–Friday, 8 am–8 pm

Or visit mvphealthcare.com

You deserve a Medicare plan with real advantages. One that helps you live your best life—with convenient access to care, extra coverage and value, and the support of a team of experts committed to helping you on your personal health journey.

Medicare Advantage plans from MVP Health Care® (MVP) offer all the benefits you'd expect, plus more. We're here to be your partner, offering guidance, advice, and whatever else it takes to make sure your health plan fits your life.

With MVP, feel confident knowing there's someone always on your side.



Let's work together to make
Medicare work for you.

MVP Medicare Advantage well-being benefits and extras.

Comprehensive health coverage is only the beginning! MVP is committed to helping you along your path to better health, with benefits, programs, and services to help you live healthy and stay well.

Dental Coverage

Here's something to smile about! Most MVP Medicare Advantage plans include coverage for preventive dental services. Get up to two routine exams, cleanings, and x-rays each year.

Some plans also include comprehensive dental coverage for services like fillings, root canals, partial dentures, crowns and bridges, and simple tooth extractions. Or comprehensive dental coverage can be added with an optional supplemental dental rider. Services are covered up to the maximum amount for each service.

You can see any dentist you choose, or save by seeing a dentist who is part of the DenteMax Medicare network.

Eyewear Coverage

Take advantage of an eyewear allowance every two years to use for any kind of prescription eyewear, from glasses to prescription sunglasses to contact lenses.

TruHearing Hearing Aids

All MVP Medicare Advantage plans offer a flexible hearing aid benefit through our partner, TruHearing, to make hearing aids more affordable and let you choose the right solution for your needs. All hearing aids feature state-of-the-art technology with personalized care.

Meal Delivery

For extra help when returning home after an inpatient hospital stay, MVP offers free meal delivery in partnership with Mom's Meals, to assist with nutritional support during your recovery. You will receive 14 refrigerated meals delivered directly to your home, at no cost! Meals can be tailored to suit dietary and condition-specific needs.





The support and resources to meet your health goals.

For more details, please call the MVP Medicare Customer Care Center at **1-800-665-7924** (TTY 711) or visit **mvphealthcare.com**.

Living Well Advantage

A variety of programs, benefits, and memberships are included with every MVP Medicare Advantage plan at no extra cost to help you live your best life!

SilverSneakers® Fitness

Enjoy a free membership to 16,000 fitness locations nationwide with SilverSneakers. Plus, with access to a full library of on-demand videos and live online classes, you can stay active from home.

GetSetUp

SilverSneakers has teamed up with GetSetUp to offer virtual instructor-led classes where participants can both learn new skills and

connect with peers who share their interests. Hundreds of classes are available every week on a wide range of topics including technology, cooking, travel, creativity, and more.

Living Well Classes

MVP provides a wide variety of innovative health and well-being programs for our members throughout the year. Enjoy a mix of in-person and virtual classes.

Wherever life takes you, take Gia.[®]

Life is full of adventures. And whether your next adventure takes you up a mountain or just up that extra set of stairs, take the Gia by MVP mobile app along. Available 24/7, Gia gives you access to immediate or same-day virtual care, support to get healthier, access to plan information, and answers to medical questions whenever and wherever you need it.

A Guide to Your Health

Gia connects you with a doctor in minutes for \$0 virtual care services, available by text or video. Get help with an urgent or emergent care need, or ask questions about a chronic condition or other medical concern. With Gia, you can even request a new medication or a refill, complete lab tests and screenings, or be referred to a nearby doctor or facility if in-person care is necessary (co-pays may apply).

A Guide to Your Health Plan

Gia connects you to your MVP health plan, too. Access to your ID cards, claims, and a wide network of doctors and facilities are right in your pocket.

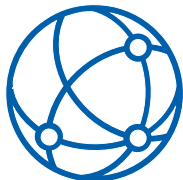


Expert care from anywhere.

Learn more at **StartWithGia.com.**

Access to health care, when and where you need it.

No matter where you are or where you go, MVP Medicare Advantage plans give you the freedom and flexibility to get the expert care you need.



Extensive Regional Network

Through the comprehensive MVP Medicare provider network, you have access to 23,000 hospitals, doctors, and other health care professionals across New York State and Vermont, and in additional areas.



Out-of-Network Coverage*

All plans include coverage for non-emergency care from providers who are not part of the MVP provider network. You can see Medicare providers anywhere in the U.S. for allergy shots, physical therapy, maintenance lab work, and more. With MVP **HMO-POS** plans, the out-of-network coverage is capped. You pay 30% and MVP pays 70% up to the plan's coverage limit if you receive care from a Medicare provider who does not contract with MVP. Once what MVP pays reaches the coverage limit, you are responsible for all out-of-network service costs.

With MVP **PPO plans**, the out-of-network coverage is not capped. You pay your out-of-network co-pay or co-insurance if you receive care from a Medicare provider who does not contract with MVP.

Not all services are covered out-of-network, and you may pay more for care received from non-contracted providers. Prior authorization rules are the same for HMO-POS and PPO plans.



Worldwide Emergency and Urgent Care

You are covered anywhere in the world for emergency room care, urgently needed care, or emergency hospitalization.

To confirm that your provider is in the MVP network, visit mvphealthcare.com/medicare and select *Find a Doctor*. Or call the MVP Medicare Customer Care Center at **1-800-665-7924**.

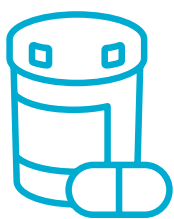
* Please refer to your Evidence of Coverage (EOC) for full Out-of-Network coverage information specific to your plan.



Free specialized programs and support for members living with a new or ongoing health condition. For more details, call the MVP Medicare Customer Care Center at **1-800-665-7924** (TTY 711) or visit **mvphealthcare.com**.

Understanding Part D prescription drug coverage.

Most MVP Medicare Advantage plans include Part D prescription drug coverage, making it easy and convenient to manage your prescription needs and expenses.



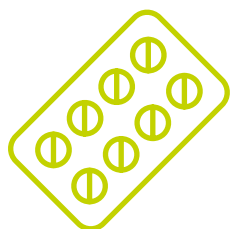
\$0 Preferred Generic Drugs

Tier 1 of the Formulary, Preferred Generic Drugs, covers commonly used generic medications **at no cost**. Talk to your doctor to see if these medications may be right for you. (See the list on the following page.)



Pharmacy Access

You have access to thousands of participating pharmacies, including all major pharmacy chains. Show your MVP Member ID card any time you fill a prescription. Prescriptions filled at non-contracted pharmacies are covered only in certain situations.



Extra Savings and Convenience

Save on prescriptions you take regularly with the CVS Caremark Mail Service Pharmacy. Get a three-month supply of medication for the cost of two months, shipped to your home for free.

Or take advantage of SimpleDose™ from CVS Pharmacy®, with 30-day supplies of eligible medications prepared in one easy box, and sorted and labeled by dose, day, and when to take. Choose to pick up in store or have sent free to your home.



\$0 Preferred Generic Drugs

Blood Pressure

amlodipine
atenolol/chlorthalidone
atenolol
benazepril/
hydrochlorothiazide
benazepril
bisoprolol fumarate/
hydrochlorothiazide
bisoprolol fumarate
carvedilol
enalapril maleate/
hydrochlorothiazide
enalapril maleate
fosinopril sodium
fosinopril/HCT
furosemide
hydrochlorothiazide
indapamide
irbesartan

irbesartan/
hydrochlorothiazide
lisinopril/
hydrochlorothiazide
lisinopril
losartan potassium
losartan potassium/
hydrochlorothiazide
metoprolol ER
metoprolol/
hydrochlorothiazide
metoprolol tartrate
moexipril
propranolol
quinapril/
hydrochlorothiazide
quinapril
ramipril
spironolactone
spironolactone/
hydrochlorothiazide

telmisartan
trandolapril
triamterene/
hydrochlorothiazide
valsartan
valsartan/
hydrochlorothiazide

Osteoporosis

alendronate sodium
35 mg and 70 mg tabs

High Cholesterol

atorvastatin tabs
ezetimibe tabs
ezetimibe/
simvastatin tabs
lovastatin tabs
pravastatin tabs
rosuvastatin tabs
simvastatin tabs

Diabetes

glimepiride tabs
glipizide tabs
glipizide ER tabs
glipizide XL
metformin tabs
metformin ER tabs
(generic Glucophage
XR only)

Thyroid

euthyrox tabs
levo-t tabs
levothyroxine tabs
levothyroxine caps
np thyroid tabs

Acid Reflux

omeprazole 10 mg,
20 mg and 40 mg caps
pantoprazole 20 mg
and 40 mg tabs

This is not a complete list. For a complete listing, please call the MVP Medicare Customer Care Center at **1-800-665-7924** (TTY 711) or visit **mvphealthcare.com**.

Be confident in your Medicare choice.

MVP is a partner on your health care team. We are available to provide you with tools to help you understand your options, find the right plan for your needs, and ensure you make a smooth transition to your MVP Medicare Advantage plan. We'll be here for you every step of the way—before, during, and after you enroll—to make Medicare work for you.

Get started with your MVP Medicare Advantage plan.

Check your mail for your MVP Member ID card. Show your card whenever you visit a provider or fill a prescription. You will also receive a plan reference guide that outlines your health plan coverage and the valuable extras available to you as an MVP member.

Remember to register for an MVP Online Member Account for convenient access to your health plan information, like plan details and claims status.

Knowledgeable support from a dedicated team.

Contact the MVP Medicare Customer Care Center if you have a question about your plan. The phone number is also on the back of your Member ID card.

1-800-665-7924 (TTY 711)

Seven days a week, 8 am–8 pm Eastern Time.
April 1–September 30, call Monday–Friday,
8 am–8 pm.

Or visit **mvphealthcare.com** to find a doctor, learn more about wellness programs, download important forms, and more!

Your Medicare Member Rights

MVP Health Care encourages members to learn about and exercise their rights and responsibilities, including timely access to covered services, privacy protections, and the right to make decisions about health care. Visit **mvphealthcare.com/notices** and select *Member Rights and Responsibilities*, or refer to Chapter 8 of your plan's Evidence of Coverage.



We're ready to serve you.

Call 1-800-665-7924 TTY 711

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday–Friday, 8 am–8 pm

Or visit mvphealthcare.com



MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat MVP Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand is a trademark of Tivity Health, Inc. ©2022 Tivity Health, Inc. All rights reserved. GetSetUp is a third-party provider and is not owned or operated by Tivity Health, Inc. (“Tivity”) or its affiliates. Users must have internet service to access online services. Internet service charges are responsibility of user.

MVP virtual care services through Gia are available at no cost-share for most members. In-person visits and referrals are subject to cost-share per plan.



GET ACTIVE WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included **at no additional cost** in your health plan.

With SilverSneakers, you're free to move in the ways that work for you.

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

At home or on the go

- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers GO™ mobile app with adjustable workout plans and more

Did you know?

88%

of participants say SilverSneakers has improved their quality of life.³

You already have SilverSneakers through your health plan.

You just need your member ID to get started. See other side for more details.

SilverSneakers.com/StartHere

Questions? Call us.

1-888-423-4632 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. ET



LET'S GET STARTED!

Get your SilverSneakers Member ID



If you're new to SilverSneakers, go to **SilverSneakers.com/StartHere** and follow the simple steps.



If you're already a member, log in to the **Member Portal** at **SilverSneakers.com** and click **Profile/Member ID**.

My SilverSneakers ID number

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

Write your ID number in the spaces provided. You can either cut this out or take a photo with your phone so you always have your ID with you.

Notes:



Get inspired!

Scan to learn more about SilverSneakers or visit **SilverSneakers.com/AboutUs**



Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.
3. 2021 SilverSneakers Annual Participant Survey

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved. SSFP3700_0822

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LIVE ONLINE LEARNING

SilverSneakers keeps getting better!

Experience new ways to ignite your interests and hobbies or discover new ones. Enjoy participating in fun, easy-to-follow, live interactive online classes with your peers.

SilverSneakers® has teamed up with GetSetUp¹ to bring you more ways to learn and grow.

you can join GetSetUp classes at **no extra cost.**²



Learn new skills

With a variety of specially curated classes in categories like **technology, cooking, travel and more.**



Interact with peers

Enjoy learning, creating and sharing in a positive environment with older adults.



Learn in your language

Classes are held in a variety of languages such as English, Spanish, Mandarin and Hindi.

Find out more and start using your exciting new perk today!

SilverSneakersLearn.com

1-888-423-4632 (TTY: 711)

Monday – Friday 8 a.m. – 8 p.m. ET

1. GetSetUp is a third-party provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates. Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user.
2. Charges may apply for access to certain GetSetUp classes or functionality.



Improving life through better nutrition at home

At MVP Health Care® (MVP), we recognize the importance of having access to the right nutrition, which is why we have partnered with Mom's Meals®.

When recovering from a stay in the hospital or skilled nursing facility, we ensure you get the nutrition you need for better health at every stage in life.

Our Difference

Refrigerated – Ready to heat, eat and enjoy in minutes

Medically Tailored – Supports the needs of most common chronic conditions

Choice of Every Meal, Every Delivery*

Delivery to Any Address – No matter how remote

Compassionate Customer Service

*Initial deliveries will have a variety of meals based on dietary preferences.

How it Works

- 1 A member of the MVP Case Management Team will call after you are discharged from the hospital
- 2 Mom's Meals will conduct a Welcome Call to confirm your order
- 3 Fourteen meals are delivered to your home



Choosing **HEALTH,** **NOURISHING** Happiness

Mom's Meals offers menus that meet the nutritional requirements for most major health conditions.



Heart-Friendly



Diabetes-Friendly



Vegetarian



Cancer Support



Lower Sodium



Pureed



General Wellness



Renal-Friendly



Gluten Free



*Mom's Meals continues to help me heal.
After my surgery, I was told to stay off my
feet. Thanks to the ease of your meals,
I have been able to do so. I LOVE IT!*

- Happy Customer

*Meals/menu availability are dependent on plan benefit.

Health and Wellness or Prevention Information

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

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Sample Menu*

BREAKFAST

BREAKFAST SANDWICH
and Fruit Crisp

COLBY CHEESE OMELET
with French Toast Sticks
and Turkey Sausage

LUNCH

BEEF STEW
with Cornbread

PORK STIR FRY RICE
and Spiced Fruit Medley

DINNER

CHEESE LASAGNA
with Marinara Sauce
and Fruit Crisp

**BBQ CHICKEN WITH
POTATO MEDLEY**
and Seasoned Green Beans

For more information, contact
MVP Case Management at
1-866-942-7966 Monday–Friday,
8:30 am–5 pm (TTY 711)



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(Re)Claim what's been missing.

It's time to begin the journey to better hearing. As part of your MVP plan you have a flexible hearing aid benefit available through TruHearing[®]. It's time to reclaim life's most precious moments.

Life's better when you're connected.

Treating hearing loss lets you focus on who and what you care about. The music, movies, and conversations you enjoy together are no longer a struggle to understand. Life takes on a whole new perspective.

- Take control with a tap: communicate directly with your provider, get health insights—like step counting—and set health goals with the TruHearing app¹
- Stay active all day with fuss-free, rechargeable batteries that last up to 23 hours²
- Experience clarity in a crowded room with the newest technology that lifts voices from background noise and redefines your ability to have conversations

Ready to get started?

Take advantage of your hearing benefit by calling TruHearing. A friendly Hearing Consultant will answer any questions you may have or schedule an exam with a licensed provider near you.³

Give TruHearing a call today.

 **1-855-544-7163** | TTY: 711

Hours: 8am–8pm, Monday–Friday

Your 2023 Hearing Coverage

Your flexible hearing benefit covers up to two TruHearing Advanced or Premium hearing aids per year at low co-payments, or you can apply an allowance to a broader catalog of hearing aids.



You have the choice between:

Co-Pay

on TruHearing hearing aids.

TruHearing Premium

Retail: \$3,250/aid

\$999

co-pay/aid

TruHearing Advanced

Retail: \$2,720/aid

\$699

co-pay/aid

Rechargeable battery option is available on select styles

Allowance

toward hearing aids from all major brands.

OR

Hearing Aid Allowance

\$600

per aid



Schedule an appointment

1-855-544-7163 | TTY: 711

Hours: 8am–8pm, Monday–Friday



Check your hearing

TruHearing.com/MVP-HS

Your benefit also includes:



- + Risk-free 60-day trial period
- + 1 year of follow-up visits
- + 3 years of free batteries for non-rechargeable hearing aids
- + Full 3-year manufacturer warranty

Health and wellness or prevention information

¹ Ask your provider to enable virtual appointments. In-app interfacing requires provider activation. Available with TruHearing-branded hearing aids. ² Available on select models. ³ Must be performed by a TruHearing network provider.

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

MVP Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-946-8010 (TTY 711)

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Employer Group Enrollment Application

For MVP Health Care® Medicare Advantage Health Plans with Part D



By completing this Enrollment Application, I agree to the following:

MVP Health Plan, Inc. is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. **I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage health plan.**

It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (example: October 15–December 7 of every year), or through my employer group.

MVP Health Plan, Inc. serves a specific service area. If I move out of the area that MVP serves, I need to notify the plan so I can disenroll and find a new plan in my new area.

Once I am a member of MVP, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage (contract) from MVP when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.

I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. MVP's Medicare Advantage plans offer worldwide coverage for emergency care.

I understand that beginning on the date MVP coverage begins, I must get all of my health care from MVP, except for emergency or urgently needed services, or out-of-area dialysis services. Services authorized by MVP and other services contained in my MVP Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, neither Medicare nor MVP will pay for these services.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with MVP, he/she may be paid based on my enrollment in MVP.

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

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30, and 423.32 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Employer Group Enrollment Application

For MVP Health Care® Medicare Advantage Health Plans with Part D



Please complete Sections 1–6. Complete one enrollment application per applicant.

Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** (TTY 711) if you need information in a language other than English, or in an accessible format. Call seven days a week, 8 am–8 pm Eastern Time. April 1–September 30, call Monday–Friday, 8 am–8 pm.

Section 1: Employer Group or Union Information/Your Plan Selection

Employer or Union Name	Group No.	Date Coverage to Begin
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Please select the Employer Group plan in which to enroll:

☐ MVP Preferred Gold® HMO-POS with Part D Prescription Drug Coverage	Product ID No.	Subgroup No.
☐ MVP® USA Care PPO® with Part D Prescription Drug Coverage	Product ID No.	Subgroup No.

Section 2: Information About Yourself

(please print)

Name (Last, First, Middle Initial)	Gender ☐ Male ☐ Female	Date of Birth
Preferred Residence Street Address (PO Box is not allowed)	Preferred Phone No.	
City	State	Zip Code
	County	
Mailing Address (if different from Permanent Address)	City	State
	Zip Code	
Email Address (optional)		

Are you of any of the following origins? (select all that apply)

Answering this question is your choice. You cannot be denied coverage if you don't select an answer.

- | | |
|---|--|
| ☐ Mexican, Mexican American, Chicano/Chicana | ☐ Other Hispanic, Latino/Latina, or Spanish |
| ☐ Puerto Rican | ☐ Not of any of the listed origins |
| ☐ Cuban | ☐ I choose not to answer |

Name

Employer Group No.

(Section 2: Information About Yourself continued)

What is your race? (select all that apply)

Answering this question is your choice. You cannot be denied coverage if you don't select an answer.

- | | | |
|---|--|---|
| ☐ American Indian or Alaska Native | ☐ Guamanian or Chamorro | ☐ Other Pacific Islander |
| ☐ Asian Indian | ☐ Japanese | ☐ Samoan |
| ☐ Black or African American | ☐ Korean | ☐ Vietnamese |
| ☐ Chinese | ☐ Native Hawaiian | ☐ White |
| ☐ Filipino | ☐ Other Asian | ☐ I choose not to answer |

Section 3: Information About Your Medicare Insurance

Using your Medicare card, fill in these blanks so they match your red, white, and blue Medicare card. Or attach a copy of your Medicare card, or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Your Name (as it appears on your Medicare card)**Your Medicare Number** (XXXX-XXX-XXXX)**Effective Dates**

Hospital (Part A)

Medical (Part B)

Section 4: Your Primary Care Physician (PCP)**PCP's Full Name**

Are you an existing patient?

☐ Yes ☐ No**Section 5: Read and Provide Answers to the Following Questions**

(please print)

1. Are you the retiree? ☐ **Yes** My retirement date is (MM/DD/YYYY) _____
☐ **No** Retiree's Name: _____
2. Are you covering a spouse or dependent(s) under this Employer or Union plan?
☐ **Yes** Name of spouse _____ ☐ **No**
Name(s) of dependent(s) _____
3. Do you or your spouse work? ☐ **Yes** ☐ **No**

Name

Employer Group No.

(Section 5 continued)

4. Will you have other prescription drug coverage in addition to MVP? ☐ Yes ☐ No

Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits, EPIC (NY), or V-Pharm (VT).

If **Yes**, refer to the ID card for your other drug coverage and provide the following:

Name of Other Coverage

Effective Date

Rx ID No.

Rx Group No.

Rx BIN No.

Rx PCN

5. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If **Yes**, provide the following information about the facility:

Name of Institution

Phone No.

Street Address

6. Have you served in the military? ☐ Yes ☐ No

Section 6: Your Signature and Authorization

Release of information: By joining this Medicare health plan, I acknowledge and consent to the release, use, and disclosure of my information (which may include prescription information, medical information, HIV, mental health, and/or alcohol and substance abuse information) by MVP Health Care® (MVP) or any health care provider involved in caring for me to Medicare, MVP, or any health care providers, or organizations involved in my care, and other plans as is reasonably necessary for MVP or my health care providers to carry out treatment, payment, or health care operations, or as otherwise and to the extent permitted by, and in accordance with, applicable laws, regulations, and rules. I also acknowledge that MVP may release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes—to the extent permitted by, and in accordance with, applicable laws, regulations, and rules. I also acknowledge that MVP may release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes—to the extent permitted by, and in accordance with, applicable laws, regulations, and rules. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

By providing my email address, I give permission for MVP to send me emails related to my plan and benefits. I understand that I am entitled to receive paper documents, and that I can set and change my communication preferences at any time by signing in at **my.mvphealthcare.com** and selecting *Communication Preferences* or by calling MVP at **1-800-TALK-MVP** (1-800-825-5687).

Name	Employer Group No.
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(Section 6: Your Signature and Authorization continued)

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment; and 2) documentation of this authority is available upon request from Medicare.

Signature

Today's Date

If you are the authorized representative, sign above and provide the information below about yourself.

Name	Relationship to Enrollee	Preferred Phone No.	
Street Address	City	State	Zip Code

Office Use Only	Name of Staff Member/Agent/Broker (if assisted in enrollment)			Plan ID No.	Effective Date of Coverage
	ICEP/IEP	AEP	SEP (type)	Not Eligible	Agent License No.

Paperwork Reduction Act Disclosure Statement

According to the Paperwork Reduction Act of 1995 (PRA), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Blvd, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on the cover page to send your completed form to the plan.



MVP Health Care® **2023 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.

The abridged Formulary was updated on September 7, 2022. 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.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Getting Help from Medicare

If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help



MVP Customer Care Center: 1-800-665-7924

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday–Friday 8 am–8 pm

TTY 711



Visit **mvphealthcare.com/partd** 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 (MVP). When it refers to “plan” or “our plan,” it means Preferred Gold (HMO-POS), or USA Care (PPO).

This document includes a partial list of the drugs (Formulary) for our plan which is current as of September 7, 2022. 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, 2024, 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?

Most changes in drug coverage happen on January 1, but MVP may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes That Can Affect You This Year

In the below cases, you will be affected by coverage changes during the year:

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 how 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 new generic drug 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 both. Or 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 both. 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 at least the applicable month's supply of medication (up to 30 days).

- If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled, "How Do I Request an Exception to the MVP Medicare Part D Formulary?"

Changes That Will Not Affect You If You Are Currently Taking the Drug

Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of September 7, 2022. To get updated information about the drugs covered by MVP Health Care,

please contact us. Our contact information appears on the front and back cover pages.

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

- Select *Members*, then *Medicare*
- Select *Drug Coverage (Part D)*
- Select *Employer-Based Plans*
- Select *Monthly Medicare Formulary Updates*

Or you may request an errata sheet (a copy of the 2023 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 75. 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 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 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?" 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 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 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 pre-determined 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 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 31-day emergency 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, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

The MVP 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 75.

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 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 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 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 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.

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.

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.

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 \$830 or more for a one-month supply. Most drugs in Tier 5 are

MVP EG 2023 eff 01/01/2023

Drug Name Drug Tier Requirements/Limits

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg	3	QL (60 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	3	QL (30 tabs / 30 days)
<i>probenecid</i> TABS 500mg	2	

MISCELLANEOUS

<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL (60 tabs / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	2	QL (60 caps / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	2	QL (60 caps / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL (60 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL (60 caps / 30 days)
<i>tencon</i>	2	QL (60 tabs / 30 days)

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg	2	
<i>diclofenac potassium</i> TABS 50mg	2	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg	2	
<i>fenoprofen calcium</i> TABS 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>ketoprofen</i> CAPS 25mg	2	
<i>ketoprofen</i> CP24 200mg	3	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	2	
<i>mefenamic acid</i> CAPS 250mg	2	
<i>meloxicam</i> TABS 7.5mg, 15mg	2	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	2	
<i>naproxen dr</i> TBEC 375mg, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>salsalate</i> TABS 500mg, 750mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr	2	QL (20 patches / 30 days)
<i>fentanyl</i> PT72 75mcg/hr, 100mcg/hr	3	QL (20 patches / 30 days)
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg	4	QL (90 caps / 30 days)
<i>morphine sulfate</i> CP24 60mg, 80mg, 100mg	4	QL (60 caps / 30 days)
<i>morphine sulfate</i> TBCR 15mg, 30mg	2	QL (90 tabs / 30 days)
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg	2	QL (60 tabs / 30 days)
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	4	QL (30 caps / 30 days)
<i>oxycodone hcl</i> T12A 10mg, 20mg	3	QL (90 tabs / 30 days)
<i>oxycodone hcl</i> T12A 40mg, 80mg	3	QL (60 tabs / 30 days)
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg	4	QL (90 tabs / 30 days)
<i>OXYCONTIN</i> T12A 40mg, 60mg, 80mg	4	QL (60 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>tramadol hcl</i> CP24 100mg, 200mg, 300mg	3	QL (30 caps / 30 days)
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	3	QL (30 tabs / 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (360 tabs / 30 days)
<i>ascomp/codeine</i>	2	QL (60 caps / 30 days)
<i>buprenorphine hcl</i> SOLN .3mg/ml	2	
<i>butalbital-acetaminophen-caff w/ cod cap</i> 50-325-40-30 mg	2	QL (60 caps / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	2	
<i>butorphanol tartrate</i> SOLN 10mg/ml	2	QL (4 bottles / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		

<i>lidocaine hcl (local anesth.) SOLN .5%, 2%</i>	2	
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ANTI-INFECTIVES		
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ANTI-INFECTIVES - MISCELLANEOUS		
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<i>albendazole TABS 200mg</i>	3	
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>atovaquone SUSP 750mg/5ml</i>	4	QL (300 mL / 30 days); DL
<i>aztreonam SOLR 1gm</i>	2	
<i>baciim SOLR 50000unit</i>	2	
<i>CAYSTON SOLR 75mg</i>	5	NM, LA, PA; DL
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>daptomycin SOLR 500mg</i>	5	DL
<i>DORIBAX SOLR 250mg</i>	4	
<i>EMVERM CHEW 100mg</i>	5	DL
<i>ertapenem sodium SOLR 1gm</i>	4	
<i>FIRVANQ SOLR 25mg/ml, 50mg/ml</i>	3	
<i>fosfomycin tromethamine PACK 3gm</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>IMPAVIDO CAPS 50mg</i>	5	DL
<i>ivermectin TABS 3mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b</i> SOLR 50mg	3	B/D; DL
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	DL
<i>flucytosine</i> CAPS 250mg, 500mg	2	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	3	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	3	
<i>itraconazole</i> CAPS 100mg	3	PA
<i>ketoconazole</i> TABS 200mg	4	
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	DL
NOXAFIL SUSP 40mg/ml	5	PA; DL
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> TBEC 100mg	5	PA; DL
<i>terbinafine hcl</i> TABS 250mg	2	QL (84 tabs / 365 days)
<i>voriconazole</i> SOLR 200mg	4	PA; DL
<i>voriconazole</i> SUSR 40mg/ml	5	DL
<i>voriconazole</i> TABS 50mg	4	DL
<i>voriconazole</i> TABS 200mg	3	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	DL
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	DL
COARTEM TAB 20-120MG	4	DL
<i>mefloquine hcl</i> TABS 250mg	2	DL
PRIMAQUINE PHOSPHATE TABS 26.3mg	4	DL
<i>quinine sulfate</i> CAPS 324mg	2	QL (84 caps / 365 days); DL

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM; DL
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM
EDURANT TABS 25mg	5	NM; DL
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	3	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM; DL
<i>fosamprenavir calcium</i> TABS 700mg	5	NM; DL
FUZEON SOLR 90mg	3	NM
INTELENCE TABS 25mg	4	NM

PA QL NM B/D
M D LA ED Dr DL
M

Drug Name	Drug Tier	Requirements/Limits
INVIRASE TABS 500mg	3	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; TABS 400mg	5	NM; DL
ISENTRESS PACK 100mg	4	NM
ISENTRESS HD TABS 600mg	5	NM; DL
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM; DL
<i>nevirapine</i> SUSP 50mg/5ml	3	NM
<i>nevirapine</i> TABS 200mg; TB24 100mg	2	NM
<i>nevirapine</i> TB24 400mg	4	NM
NORVIR PACK 100mg	4	NM
NORVIR SOLN 80mg/ml; TABS 100mg	3	NM
PIFELTRO TABS 100mg	5	NM; DL
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg	4	NM
PREZISTA TABS 600mg, 800mg	5	NM; DL
RETROVIR IV INFUSION SOLN 10mg/ml	4	NM
REYATAZ PACK 50mg	5	NM; DL
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM; DL
SELZENTRY SOLN 20mg/ml	4	NM
SELZENTRY TABS 25mg	4	QL (120 tabs / 30 days), NM; DL
SELZENTRY TABS 75mg	5	NM; DL
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	NM
TIVICAY TABS 10mg	4	QL (30 tabs / 30 days), NM
TIVICAY TABS 25mg, 50mg	5	NM; DL
TIVICAY PD TBSO 5mg	4	NM
TYBOST TABS 150mg	4	NM
VIRACEPT TABS 250mg, 625mg	3	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	3	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	3	NM
<i>abacavir sulfate-lamivudine-zidovudine tab</i> 300-150-300 mg	4	NM
BIKTARVY TAB	5	NM; DL
CIMDUO TAB 300-300	5	NM; DL
COMPLERA TAB	5	NM; DL

PA QL NM B/D
M D LA ED Dr DL

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	5	NM; DL
DESCOVY TAB 120-15MG	5	NM; DL
DESCOVY TAB 200/25MG	5	NM; DL
DOVATO TAB 50-300MG	5	NM; DL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	NM; DL
EVOTAZ TAB 300-150	5	NM; DL
GENVOYA TAB	5	NM; DL
JULUCA TAB 50-25MG	5	NM; DL
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	3	NM
ODEFSEY TAB	5	NM; DL
PREZCOBIX TAB 800-150	5	NM; DL
STRIBILD TAB	5	NM; DL
SYMTUZA TAB	5	NM; DL
TEMIXYS TAB 300-300	4	NM
TRIUMEQ PD TAB	5	NM; DL
TRIUMEQ TAB	5	NM; DL
TRIZIVIR TAB	4	NM

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE SOLR 1gm	4	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg</i>	2	
PASER PACK 4gm	4	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	3	

PA QL NM B/D
M d M d LA ED Dr DL

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA; DL
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
<i>cidofovir</i> SOLN 75mg/ml	2	
<i>entecavir</i> TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA; DL
EPCLUSA PAK 200-50MG	5	NM, PA; DL
EPCLUSA TAB 200-50MG	5	NM, PA; DL
EPCLUSA TAB 400-100	5	NM, PA; DL
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
HARVONI PAK 33.75-150MG	5	NM, PA; DL
HARVONI PAK 45-200MG	5	NM, PA; DL
HARVONI TAB 90-400MG	5	NM, PA; DL
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
LIVTENCITY TABS 200mg	5	NM, LA; DL
MAVYRET PAK 50-20MG	5	NM, PA; DL
MAVYRET TAB 100-40MG	5	NM, PA; DL
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (720 mL / 180 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM; DL
PREVYMIS TABS 240mg, 480mg	5	DL
RELENZA DISKHALER AEPB 5mg/blister	4	QL (3 inhalers / 180 days)
<i>ribavirin cap 200 mg</i> CAPS 200mg	2	NM, PA; DL
<i>ribavirin tab 200 mg</i> TABS 200mg	2	NM, PA; DL
<i>rimantadine hydrochloride</i> TABS 100mg	2	
SOVALDI PACK 150mg, 200mg; TABS 400mg	5	NM, PA; DL
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NM, PA; DL
XOFLUZA TBPK 40mg	4	QL (4 tabs / 180 days)
XOFLUZA TBPK 80mg	4	QL (2 tabs / 180 days)
ZEPATIER TAB 50-100MG	5	NM, PA; DL
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	2	

PA QL NM B/D
M LA ED DL

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SOLN 200mg/20ml, 400mg/40ml	2	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	2	
<i>levofloxacin</i> SOLN 25mg/ml	2	DL
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	2	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	2	DL
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	2	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	2	DL
<i>levofloxacin</i> oral soln 25 mg/ml SOLN 25mg/ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>ofloxacin</i> TABS 300mg, 400mg	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	2	
<i>amoxicillin & k clavulanate</i> chew tab 200-28.5 mg	2	
<i>amoxicillin & k clavulanate</i> chew tab 400-57 mg	2	
<i>amoxicillin & k clavulanate</i> for susp 200-28.5 mg/5ml	2	
<i>amoxicillin & k clavulanate</i> for susp 250-62.5 mg/5ml	2	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	2	
<i>amoxicillin & k clavulanate</i> for susp 600-42.9 mg/5ml	2	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	2	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg	2	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	2	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	2	
<i>ampicillin</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
<i>ampicillin & sulbactam</i> sodium for inj 1.5 (1-0.5) gm	2	
<i>ampicillin & sulbactam</i> sodium for inj 3 (2-1) gm	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 10gm, 125mg</i>	2	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium SOLR 20000000unit</i>	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	2	
<i>pfizerpen SOLR 20000000unit</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	3	
<i>doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 75mg, 150mg</i>	4	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	2	
<i>doxycycline hyclate TBEC 50mg</i>	3	
<i>doxycycline hyclate TBEC 75mg, 100mg, 150mg, 200mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg</i>	2	
<i>minocycline hcl TB24 45mg, 90mg, 135mg</i>	4	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA; DL
<i>tetracycline hcl CAPS 250mg, 500mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg, 25mg	5	NM, LA; DL
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NM, LA; DL
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	5	NM, LA; DL
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM, LA; DL
<i>bexarotene</i> CAPS 75mg	5	NM; DL
<i>dacarbazine</i> SOLR 100mg, 200mg	2	
ERWINAZE SOLR 10000unit	5	NM, LA; DL
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
KISQALI 200 PAK FEMARA	5	NM, PA; DL
KISQALI 400 PAK FEMARA	5	NM, PA; DL
KISQALI 600 PAK FEMARA	5	NM, PA; DL
MATULANE CAPS 50mg	5	NM, LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> CONC 2mg/ml	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> CONC 2mg/ml	2	NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> CONC 2mg/ml	2	NM; DL
NIPENT SOLR 10mg	5	DL
ONUREG TABS 200mg, 300mg	5	NM, LA, PA; DL
PROLEUKIN SOLR 22000000unit	5	NM; DL
SYNRIBO SOLR 3.5mg	5	NM; DL
TAVNEOS CAPS 10mg	5	NM, LA; DL
<i>topotecan hcl</i> SOLR 4mg	5	DL
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	DL
WELIREG TABS 40mg	5	NM, LA; DL
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	NM, LA; DL
DOCETAXEL CONC 80mg/4ml; SOLN 160mg/16ml	3	
ETOPOPHOS SOLR 100mg	4	
<i>etoposide</i> SOLN 100mg/5ml	2	
HALAVEN SOLN 1mg/2ml	5	NM; DL
IXEMPRA KIT SOLR 15mg	5	NM; DL
JEVTANA SOLN 60mg/1.5ml	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel</i> CONC 30mg/5ml, 150mg/25ml	2	DL
<i>paclitaxel</i> CONC 100mg/16.7ml	2	
<i>toposar</i> SOLN 100mg/5ml	2	
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	3	

AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	NM, PA; DL
ALECENSA CAPS 150mg	5	NM, LA, PA; DL
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA; DL
ALUNBRIG PAK	5	NM, LA, PA; DL
ARZERRA CONC 1000mg/50ml	5	NM, LA; DL
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA; DL
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NM, LA, PA; DL
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA; DL
BELEODAQ SOLR 500mg	5	NM, LA; DL
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA; DL
BRAFTOVI CAPS 75mg	5	NM, LA, PA; DL
BRUKINSA CAPS 80mg	5	NM, LA, PA; DL
CABOMETYX TABS 20mg, 40mg, 60mg	5	NM, LA, PA; DL
CALQUENCE CAPS 100mg	5	NM, LA, PA; DL
CAPRELSA TABS 100mg	3	QL (60 tabs / 30 days), NM, LA, PA; DL
CAPRELSA TABS 300mg	3	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA; DL
COMETRIQ KIT 100MG	5	NM, LA, PA; DL
COMETRIQ KIT 140MG	5	NM, LA, PA; DL
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA; DL
COTELLIC TABS 20mg	5	NM, LA, PA; DL
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NM, LA; DL
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	NM, LA; DL
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA; DL
EMPLICITI SOLR 300mg, 400mg	5	NM, LA; DL
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	NM; DL
ERIVEDGE CAPS 150mg	5	NM, LA; DL
<i>erlotinib hcl</i> TABS 25mg, 100mg, 150mg	5	NM; DL
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg; TBSO 2mg, 3mg, 5mg	5	NM, PA; DL
EXKIVITY CAPS 40mg	5	NM, LA, PA; DL
FARYDAK CAPS 10mg, 15mg, 20mg	5	NM, LA, PA; DL
FOTIVDA CAPS .89mg, 1.34mg	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
GAVRETO CAPS 100mg	5	NM, LA, PA; DL
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA; DL
HERCEPTIN SOLR 150mg	5	NM, LA; DL
HERCEPTIN SOLR 440mg	5	DL
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	5	NM, LA, PA; DL
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NM, LA, PA; DL
IDHIFA TABS 50mg, 100mg	5	NM, LA, PA; DL
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	5	NM, LA, PA; DL
INLYTA TABS 1mg, 5mg	5	NM, LA, PA; DL
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA; DL
IRESSA TABS 250mg	5	NM, LA, PA; DL
ISTODAX (OVERFILL) SOLR 10mg	5	NM; DL
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA; DL
KADCYLA SOLR 100mg, 160mg	5	NM, LA; DL
KEYTRUDA SOLN 100mg/4ml	5	NM, LA; DL
KISQALI 200 DOSE TBPK 200mg	5	NM, PA; DL
KISQALI 400 DOSE TBPK 200mg	5	NM, PA; DL
KISQALI 600 DOSE TBPK 200mg	5	NM, PA; DL
KOSELUGO CAPS 10mg, 25mg	5	NM, LA, PA; DL
KYPROLIS SOLR 30mg, 60mg	5	NM, LA; DL
<i>lapatinib ditosylate</i> TABS 250mg	5	NM; DL
LARTRUVO SOLN 190mg/19ml, 500mg/50ml	5	LA; DL
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA; DL
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA; DL
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA; DL
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NM, LA, PA; DL
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA; DL
LENVIMA CAP 14 MG	5	NM, LA, PA; DL
LENVIMA CAP 18 MG	5	NM, LA, PA; DL
LENVIMA CAP 24 MG	5	NM, LA, PA; DL
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA; DL
LUMAKRAS TABS 120mg	5	NM, LA, PA; DL
LYNPARZA TABS 100mg, 150mg	5	NM, LA, PA; DL
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA; DL
MEKTOVI TABS 15mg	5	NM, LA, PA; DL
NERLYNX TABS 40mg	5	NM, LA, PA; DL

PA QL NM B/D
M D LA ED Dr DL
M

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR TABS 200mg	5	NM, LA, PA; DL
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NM, PA; DL
ODOMZO CAPS 200mg	5	NM, LA, PA; DL
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA; DL
PERJETA SOLN 420mg/14ml	5	NM, LA; DL
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA; DL
PIQRAY 250MG TAB DOSE	5	NM, PA; DL
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA; DL
QINLOCK TABS 50mg	5	NM, LA, PA; DL
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA; DL
REZUROCK TABS 200mg	5	NM, LA, PA; DL
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA; DL
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA; DL
RUBRACA TABS 200mg, 250mg, 300mg	5	NM, LA, PA; DL
RYDAPT CAPS 25mg	5	NM, PA; DL
SCEMBLIX TABS 20mg, 40mg	5	NM, PA; DL
<i>sorafenib tosylate</i> TABS 200mg	5	NM, PA; DL
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA; DL
STIVARGA TABS 40mg	5	NM, LA, PA; DL
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NM, PA; DL
TABRECTA TABS 150mg, 200mg	5	NM, PA; DL
TAFINLAR CAPS 50mg, 75mg	5	NM, LA; DL
TAGRISSE TABS 40mg, 80mg	5	NM, LA, PA; DL
TALZENNA CAPS .25mg, .5mg, .75mg, 1mg	5	NM, LA, PA; DL
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM; DL
TAZVERIK TABS 200mg	5	NM, LA, PA; DL
TECENTRIQ SOLN 1200mg/20ml	5	NM, LA; DL
TEPMETKO TABS 225mg	5	NM, LA, PA; DL
TIBSOVO TABS 250mg	5	NM, LA; DL
TORISEL SOLN 25mg/ml	5	NM; DL
TRUSELTIQ CPPK 25mg, 100mg	5	NM, LA, PA; DL
TRUSELTIQ CAP 125MG	5	NM, LA, PA; DL
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA; DL
TURALIO CAPS 200mg	5	NM, LA, PA; DL
UKONIQ TABS 200mg	5	NM, LA, PA; DL
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	NM; DL
VENCLEXTA TABS 10mg, 50mg	4	NM, LA, PA; DL
VENCLEXTA TABS 100mg	5	NM, LA, PA; DL
VENCLEXTA TAB START PK	5	NM, LA, PA; DL
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
VIJOICE TBPK 50mg, 125mg	5	NM, LA, PA; DL
VIJOICE TAB 250MG	5	NM, LA, PA; DL
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA; DL
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA; DL
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA; DL
VOTRIENT TABS 200mg	5	NM, LA; DL
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA; DL
XOSPATA TABS 40mg	5	NM, LA, PA; DL
XPOVIO TBPK 40mg, 50mg, 60mg	5	NM, LA, PA; DL
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	NM, LA, PA; DL
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NM, LA, PA; DL
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NM, LA, PA; DL
ZEJULA CAPS 100mg	5	NM, LA, PA; DL
ZELBORAF TABS 240mg	5	NM, LA, PA; DL
ZOLINZA CAPS 100mg	5	NM; DL
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA; DL
ZYKADIA TABS 150mg	5	NM, LA, PA; DL

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg	4	
ELITEK SOLR 1.5mg, 7.5mg	5	DL
<i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg; TABS 5mg, 10mg	2	
<i>leucovorin calcium</i> TABS 15mg	3	
<i>leucovorin calcium</i> TABS 25mg	4	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml	5	NM; DL
<i>mesna</i> SOLN 100mg/ml	2	
MESNEX TABS 400mg	3	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-40 mg	2	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	2	
trandolapril-verapamil hcl tab er 2-180 mg	2	
trandolapril-verapamil hcl tab er 2-240 mg	2	
trandolapril-verapamil hcl tab er 4-240 mg	2	

ACE INHIBITORS

benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	2	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	2	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	2	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	2	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	2	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	2	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	2	
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	2	
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	2	
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	2	
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	2	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	2	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	2	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	2	
EDARBYCLOR TAB 40-12.5	4	
EDARBYCLOR TAB 40-25MG	4	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg, 32mg	2	
<i>EDARBI</i> TABS 40mg, 80mg	4	
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg, 20mg, 40mg	2	
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	
<i>valsartan</i> TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml; TABS 100mg, 200mg, 400mg	2	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	2	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	3	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
<i>mexiletine hcl</i> CAPS 150mg, 200mg, 250mg	3	
<i>MULTAQ</i> TABS 400mg	4	
<i>NORPACE</i> CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	2	
<i>procainamide hcl</i> SOLN 100mg/ml	2	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	3	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	2	
<i>quinidine gluconate</i> TBCR 324mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 40mg, 48mg, 54mg, 120mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	2	

PA                                                         

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	2	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg</i>	3	
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate TABS 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i>	3	
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg</i>	2	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 50mg/10ml; TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>diltiazem hcl extended release beads CP24 360mg, 420mg</i>	2	

PA  **QL**  **NM**   **B/D** 
  **MD**  **D** **LA**   **ED**  **Dr** **DL**
MD    

Drug Name	Drug Tier	Requirements/Limits
SUPRENZA TBDP 15mg, 30mg, 37.5mg	4	ED, PA
XENICAL CAPS 120mg	4	ED, PA

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	DL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	2	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	
<i>lorazepam intensol</i> CONC 2mg/ml	2	DL
LOREEV XR CS24 1mg, 1.5mg, 2mg, 3mg	4	
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	2	

APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	DL
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	DL
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	3	
clobazam SUSP 2.5mg/ml; TABS 10mg, 20mg	4	
clonazepam TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	2	
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	2	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	5	NM, LA, PA; DL
DIASTAT ACUDIAL GEL 10mg, 20mg	4	
DIASTAT PEDIATRIC GEL 2.5mg	4	
diazepam SOLN 5mg/5ml	2	DL
diazepam TABS 2mg, 5mg, 10mg	2	
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	2	
diazepam intensol CONC 5mg/ml	3	DL
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg; TBEC 125mg, 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml; TABS 400mg	5	DL
<i>rufinamide</i> TABS 200mg	4	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
SYMPAZAN FILM 5mg	4	
SYMPAZAN FILM 10mg, 20mg	5	DL
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	3	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg; TABS 500mg	5	NM, LA; DL
<i>vigadrone</i> PACK 500mg	5	NM, LA; DL
VIMPAT SOLN 10mg/ml; TABS 100mg, 150mg, 200mg	5	DL
VIMPAT SOLN 200mg/20ml; TABS 50mg	4	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	5	DL
XCOPRI PAK 12.5-25	4	
XCOPRI PAK 50-100MG	5	DL
XCOPRI PAK 100-150	5	DL
XCOPRI PAK 150-200MG (MAINTENANCE)	5	DL
XCOPRI PAK 150-200MG (TITRATION)	5	DL
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg	2	
<i>ergoloid mesylates</i> TABS 1mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	
<i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	2	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg	3	
<i>memantine hcl</i> SOLN 2mg/ml; TABS 5mg, 10mg	2	
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	2	
NAMZARIC CAP 7-10MG	4	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	
<i>rivastigmine transdermal</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	2	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	3	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	DL
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	2	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml; TABS 10mg	2	
<i>fluoxetine hcl</i> TABS 20mg	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	3	
MARPLAN TABS 10mg	4	
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i> 25- <i>100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5- <i>150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i> 50- <i>200-200 mg</i>	3	
<i>entacapone</i> TABS 200mg	3	
INBRIJA CAPS 42mg	5	NM, LA; DL
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	NM; DL
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
NOURIANZ TABS 20mg, 40mg	5	NM, LA; DL
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	3	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>tolcapone</i> TABS 100mg	5	DL
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2	

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	5	QL (1 injection / 28 days); DL
<i>aripiprazole</i> SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg	4	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	5	DL
ARISTADA INITIO PRSY 675mg/2.4ml	5	DL
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	
CAPLYTA CAPS 42mg	5	DL

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	DL
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg	3	
REXULTI TABS 2mg, 3mg, 4mg	5	QL (30 tabs / 30 days); DL
REXULTI TABS .25mg, .5mg, 1mg	5	DL
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	4	DL
<i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	DL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	DL
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	DL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	
<i>ziprasidone mesylate</i> SOLR 20mg	3	
ZYPREXA RELPREVV SUSR 210mg	4	NM; DL
ZYPREXA RELPREVV SUSR 300mg, 405mg	5	NM; DL

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	3	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	

HYPNOTICS

PA  **QL**  **NM**   **B/D** 
 MD **DLA** **ED** **DL**
MD     

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	2	QL (30 tabs / 30 days)
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	NM, PA
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	NM, PA
<i>almotriptan malate</i> TABS 6.25mg	3	QL (12 tabs / 30 days)
<i>almotriptan malate</i> TABS 12.5mg	3	QL (8 tabs / 30 days)
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	DL
<i>eletriptan hydrobromide</i> TABS 20mg	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide</i> TABS 40mg	2	QL (8 tabs / 30 days)
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	3	NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (43 tabs / 30 days)
<i>frovatriptan succinate</i> TABS 2.5mg	3	QL (12 tabs / 30 days)
<i>naratriptan hcl</i> TABS 1mg	2	QL (18 tabs / 30 days)
<i>naratriptan hcl</i> TABS 2.5mg	2	QL (9 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (12 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	4	QL (8 injections / 30 days)
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	4	QL (8 vials / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate</i> TABS 100mg	2	QL (9 tabs / 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	QL (9 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days); DL
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	4	QL (12 units / 30 days)
<i>zolmitriptan</i> TABS 2.5mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 5mg	2	QL (8 tabs / 30 days)
<i>zolmitriptan odt tab 2.5 mg</i> TBDP 2.5mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt tab 5 mg</i> TBDP 5mg	2	QL (8 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg, 9mg, 12mg	5	NM, LA, PA; DL
ENSPRYNG SOSY 120mg/ml	5	NM, LA, PA; DL
EVRYSDI SOLR .75mg/ml	5	QL (240 mL / 30 days), NM, LA, PA; DL
EXSERVAN FILM 50mg	5	NM, LA; DL
FIRDAPSE TABS 10mg	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TBCR 300mg, 600mg	4	
INGREZZA CAPS 40mg, 60mg, 80mg	5	NM, LA, PA; DL
INGREZZA CAP 40-80MG	5	NM, LA, PA; DL
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	3	PA; DL
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>pyridostigmine bromide</i> TBCR 180mg	3	
<i>riluzole</i> TABS 50mg	4	
TEGSEDI SOSY 284mg/1.5ml	5	NM, LA, PA; DL
<i>tetrabenazine</i> TABS 12.5mg, 25mg	4	NM, PA

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TABS 7mg, 14mg	5	QL (30 tabs / 30 days), NM, LA; DL
AVONEX PSKT 30mcg/0.5ml	5	NM; DL
AVONEX PEN AJKT 30mcg/0.5ml	5	NM; DL
BAFIERTAM CPDR 95mg	5	NM, LA; DL
BETASERON KIT .3mg	5	NM; DL
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM; DL
<i>dimethyl fumarate</i> CPDR 120mg, 240mg	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	NM; DL
GILENYA CAPS .5mg	5	QL (30 caps / 30 days), NM; DL
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM; DL
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NM; DL
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 mL / 30 days), NM; DL
<i>glatopa</i> SOSY 40mg/ml	5	NM; DL
KESIMPTA SOAJ 20mg/0.4ml	5	NM, LA; DL
MAYZENT TABS .25mg, 1mg, 2mg	5	NM, LA; DL
MAYZENT STARTER PACK (7) TBPk .25mg	4	NM, LA; (7 tablet pack)
MAYZENT STARTER PACK (12) TBPk .25mg	5	NM, LA; DL; (12 tablet pack)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	NM, LA; DL
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	NM; DL
REBIF REBIDO INJ TITRATN	5	NM; DL
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NM; DL

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRTN INJ PACK	5	NM; DL
TYSABRI CONC 300mg/15ml	5	NM, LA; DL
VUMERITY CPDR 231mg	5	NM, LA; DL
VUMERITY STARTER CPDR 231mg	5	NM, LA; DL

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	
<i>metaxalone</i> TABS 800mg	3	DL
<i>methocarbamol</i> TABS 500mg, 750mg	3	DL
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	5	QL (60 tabs / 30 days), NM, LA, PA; DL
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA; DL

<i>acamprosate calcium</i> TBEC 333mg	3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	4	DL
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOSY 2mg/2ml	2	DL

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NARCAN LIQD 4mg/0.1ml	4	DL
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	4	
VIVITROL SUSR 380mg	5	NM; DL
ZIMHI SOSY 5mg/0.5ml	4	DL

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	
ANDROGEL PUMP GEL 1.62%	4	
METHITEST TABS 10mg	4	
<i>methyltestosterone</i> CAPS 10mg	4	
<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days); DL
<i>oxandrolone</i> TABS 10mg	3	DL
<i>testosterone</i> GEL 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	3	
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	
<i>testosterone enanthate</i> SOLN 200mg/ml	2	

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
BYDUREON SRER 2mg	3	QL (4 vials / 28 days)
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	2	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	2	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	2	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg; TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg; TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TABS 100mg	4	QL (60 tabs / 30 days)
INVOKANA TABS 300mg	4	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	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 TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	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 TAB XR 2.5-1000MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	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> TABS 25mg, 50mg, 100mg	2	
<i>nateglinide</i> TABS 60mg, 120mg	2	
OZEMPIC SOPN 2mg/1.5ml	3	QL (1 pen / 28 days); 0.25MG or 0.5MG/DOSE
OZEMPIC SOPN 4mg/3ml	3	QL (1 pen / 28 days)
OZEMPIC INJ 8MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	2	
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days); (12.5-1000MG)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days); (12.5-1000MG)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days); (12.5-2.5-1000 MG and 5-2.5-1000 MG)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days); (10-5-1000 MG and 25- 5-1000 MG)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days); (12.5-2.5-1000 MG and 5-2.5-1000 MG)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days); (10-5-1000 MG and 25- 5-1000 MG)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 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)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD SWAB REG PAD SNGL USE	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>SLYND</i> TABS 4mg	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	3	
ESTROGENS		
<i>amabelz</i>	2	
BIJUVA CAP 1-100MG	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 20mg/ml	3	
<i>estropipate</i> TABS 1.5mg, 3mg	2	
<i>fyavolv</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
ORIAHNN CAP	5	DL
PREMARIN CREA .625mg/gm; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMARIN SOLR 25mg	4	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone</i> SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
<i>dexamethasone sodium phosphate</i> SOLN 10mg/ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	2	
<i>prednisolone</i> SOLN 15mg/5ml	2	
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	2	
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	3	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
<i>diazoxide</i> SUSP 50mg/ml	3	
GLUCAGON EMERGENCY KIT KIT 1mg	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	5	NM, LA, PA; DL
<i>betaine powder for oral solution</i>	4	NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA; DL
<i>cinacalcet hcl</i> TABS 30mg, 60mg, 90mg	3	B/D, NM
CORTROPHIN GEL 80unit/ml	5	NM, LA, PA; DL
CYSTAGON CAPS 50mg, 150mg	3	NM, LA
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
DOJOLVI LIQD 100%	5	NM, LA; DL
EGRIFTA SV SOLR 2mg	5	NM, LA, PA; DL
GALAFOLD CAPS 123mg	5	NM, LA, PA; DL
HUMATROPE CART 6mg, 12mg, 24mg	5	NM, PA; DL
INCRELEX SOLN 40mg/4ml	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate</i> CHEW 500mg, 750mg, 1000mg	3	
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg	3	
<i>sevelamer hcl</i> TABS 400mg, 800mg	3	
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	2	PA; DL
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA; DL
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	3	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>liothyronine sodium</i> SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	2	
<i>np thyroid 15</i> TABS 15mg	1	
<i>np thyroid 30</i> TABS 30mg	1	
<i>np thyroid 60</i> TABS 60mg	1	
<i>np thyroid 90</i> TABS 90mg	1	
<i>np thyroid 120</i> TABS 120mg	1	
<i>propylthiouracil</i> TABS 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg; SOLN 2mcg/ml	4	
RAYALDEE CPCR 30mcg	5	DL

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg	3	B/D, QL (1 cap / 30 days); DL
<i>aprepitant</i> CAPS 80mg	3	B/D, QL (8 caps / 30 days); DL
<i>aprepitant</i> CAPS 125mg	3	B/D, QL (2 caps / 30 days); DL
<i>aprepitant pak 80 & 125</i>	3	B/D, QL (6 caps / 30 days); DL
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	3	QL (60 caps / 30 days), PA
<i>granisetron hcl</i> TABS 1mg	2	B/D, QL (30 tabs / 30 days); DL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml	3	B/D; DL
<i>ondansetron hcl</i> SOLN 40mg/20ml	2	DL

Drug Name	Drug Tier	Requirements/Limits
ORTIKOS CP24 6mg, 9mg	5	DL
sulfasalazine TABS 500mg; TBEC 500mg	2	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
MOVIPREP SOL	4	
OSMOPREP TAB 1.5GM	3	
peg-3350/electrolytes/asc	2	
SUPREP BOWEL PREP	4	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	DL
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	4	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
GATTEX KIT 5mg	5	NM, LA, PA; DL
HELIDAC MIS THERAPY	5	DL
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	DL
SUCRAID SOLN 8500unit/ml	5	NM, LA; DL
sucrafate SUSP 1gm/10ml	3	
sucrafate TABS 1gm	2	
SYMPROIC TABS .2mg	3	
TALICIA CAP	4	
ursodiol CAPS 300mg; TABS 250mg, 500mg	3	
XIFAXAN TABS 550mg	5	PA; DL
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	

PROTON PUMP INHIBITORS

GENITOURINARY

<i>alfuzosin hcl</i> TB24 10mg	2	
<i>dutasteride</i> CAPS .5mg	2	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	
<i>finasteride</i> TABS 5mg	2	
<i>silodosin</i> CAPS 4mg, 8mg	2	
<i>tadalafil</i> TABS 2.5mg, 5mg	3	QL (30 tabs / 30 days), PA; DL
<i>tamsulosin hcl</i> CAPS .4mg	2	

CAVERJECT SOLR 20mcg, 40mcg	4	ED, QL (6 vials / 30 days)
CAVERJECT IMPULSE KIT 10mcg, 20mcg	4	ED, QL (6 kits / 30 days)
CIALIS TABS 10mg, 20mg	4	ED, QL (4 tabs / 30 days)
EDEX KIT 10mcg, 20mcg, 40mcg	4	ED, QL (6 kits / 30 days)
LEVITRA TABS 2.5mg, 5mg, 10mg, 20mg	4	ED, QL (4 tabs / 30 days)
MUSE PLLT 125mcg, 250mcg, 500mcg, 1000mcg	4	ED, QL (6 sup / 30 days)
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
STAXYN TBDP 10mg	4	ED, QL (4 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STENDRA TABS 50mg, 100mg, 200mg	4	ED, QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 10mg, 20mg	2	ED, QL (4 tabs / 30 days)
<i>varденаfil hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg; TBDP 10mg	2	ED, QL (4 tabs / 30 days)
VIAGRA TABS 25mg, 50mg, 100mg	4	ED, QL (4 tabs / 30 days)

MISCELLANEOUS

<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100mg	4	
<i>flavoxate hcl</i> TABS 100mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
<i>tiopronin</i> TABS 100mg	5	NM; DL

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	3	
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	
GEMTESA TABS 75mg	4	
MYRBETRIQ TB24 25mg, 50mg	3	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	2	
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	
<i>tolterodine tartrate</i> CP24 2mg, 4mg	3	
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	
TOVIAZ TB24 4mg, 8mg	4	
<i>trospium chloride</i> CP24 60mg	3	
<i>trospium chloride</i> TABS 20mg	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	4	
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
VANDAZOLE GEL .75%	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>argatroban</i> SOLN 250mg/2.5ml	5	DL
ELIQUIS TABS 2.5mg, 5mg	3	
ELIQUIS STARTER PACK TBPK 5mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	DL
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	DL
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	DL
FRAGMIN SOLN 95000unit/3.8ml; SOSY 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	DL
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml	4	DL
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
PRADAXA CAPS 75mg, 110mg, 150mg	4	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	3	
XARELTO STAR TAB 15/20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM; DL
MOZOBIL SOLN 24mg/1.2ml	5	NM, LA; DL
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM; DL
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	B/D, NM
PROCRIT SOLN 20000unit/ml	5	B/D, NM; DL
PROCRIT SOLN 40000unit/ml	5	B/D, QL (8 vials / 30 days), NM; DL
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	B/D, NM
RETACRIT SOLN 40000unit/ml	3	B/D, QL (8 vials / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
UDENYCA SOSY 6mg/0.6ml	5	NM; DL

MISCELLANEOUS

<i>aminocaproic acid</i> TABS 500mg, 1000mg	3	DL
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
CABLIVI KIT 11mg	5	NM, LA; DL
<i>cilostazol</i> TABS 50mg, 100mg	2	
CINRYZE SOLR 500unit	5	NM, LA, PA; DL
DROXIA CAPS 200mg, 300mg, 400mg	3	
<i>icatibant acetate</i> SOLN 30mg/3ml	5	NM, PA; DL
MULPLETA TABS 3mg	5	NM, PA; DL
ORLADEYO CAPS 110mg, 150mg	5	NM, LA, PA; DL
OXBRYTA TABS 500mg; TBSO 300mg	5	NM, LA; DL
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	5	NM, LA, PA; DL
RUCONEST SOLR 2100unit	5	NM, LA, PA; DL
TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml	5	NM, LA, PA; DL
<i>tranexamic acid</i> SOLN 1000mg/10ml	2	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3
BRILINTA TABS 60mg, 90mg	4
<i>clopidogrel bisulfate</i> TABS 75mg, 300mg	2
<i>prasugrel hcl</i> TABS 5mg, 10mg	3

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA; DL
ENBREL SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	5	NM, PA; DL
ENBREL MINI SOCT 50mg/ml	5	NM, PA; DL
ENBREL SURECLICK SOAJ 50mg/ml	5	NM, PA; DL
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	5	NM, PA; DL
HUMIRA PEDIA INJ CROHNS	5	NM, PA; DL
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA; DL
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	5	NM, PA; DL
HUMIRA PEN KIT PS/UV	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA; DL
ARCALYST SOLR 220mg	5	NM, LA, PA; DL
GRASTEK SUBL 2800bau	4	PA; DL
INTRON A SOLN 6000000unit/ml	3	NM; DL
INTRON A SOLN 10000000unit/ml	5	NM; DL
INTRON A SOLR 10000000unit, 18000000unit	3	NM, LA; DL
INTRON A SOLR 50000000unit	5	NM, LA; DL
ODACTRA SUB	4	PA; DL
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	5	NM; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	4	B/D, NM
ATGAM INJ 50mg/ml	5	DL
azasan TABS 75mg, 100mg	4	B/D
AZATHIOPRINE SOLR 100mg	3	B/D
azathioprine TABS 50mg, 75mg, 100mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (4 auto-injectors / 28 days), NM, LA, PA; DL
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA; DL
BENLYSTA SOSY 200mg/ml	5	QL (4 syringes / 28 days), NM, LA, PA; DL
cyclosporine CAPS 25mg, 100mg	3	B/D, NM
cyclosporine SOLN 50mg/ml	2	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	4	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	B/D, NM; DL
everolimus (immunosuppressant) TABS .25mg	4	B/D, QL (60 tabs / 30 days), NM; DL
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
LUPKYNIS CAPS 7.9mg	5	QL (180 caps / 30 days), NM, LA, PA; DL
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	2	B/D, NM
mycophenolate mofetil hcl for iv soln 500 mg (base equiv) SOLR 500mg	3	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	3	B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM; DL

Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACK .2mg, 1mg; SOLN 5mg/ml	4	B/D, NM
RAPAMUNE TABS .5mg, 1mg, 2mg	4	B/D, NM
SANDIMMUNE CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D, NM
SIMULECT SOLR 10mg, 20mg	4	B/D
<i>sirolimus</i> SOLN 1mg/ml	4	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	3	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
THYMOGLOBULIN SOLR 25mg	3	B/D

VACCINES

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	4	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	4	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	4	
IXIARO INJ	4	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	4	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PROQUAD INJ	4	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAERT INJ	3	DL
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	4	
ROTATEQ SOL	4	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 injections in lifetime)
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TICOVAC SUSY 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	4	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	4	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	DL
ISOLYTE-S INJ PH 7.4	4	DL
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 50%</i>	3	
PLASMA-LYTE INJ -148	4	DL

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE INJ -A	4	DL
<i>potassium chloride</i> SOLN 2meq/ml	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> 20 meq/l (0.15%) in <i>dextrose</i> 5% inj	3	
<i>ringer's solution</i>	3	
<i>sodium chloride</i> SOLN .9%	2	
<i>sodium chloride</i> SOLN .45%, 3%	3	

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>effervescent pot chloride</i>	2	
K-TAB TBCR 10meq, 20meq	4	
<i>klor-con</i> PACK 20meq	2	
<i>klor-con</i> 8 TBCR 8meq	3	
<i>klor-con</i> 10 TBCR 10meq	3	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	
<i>klor-con/ef</i> TBEF 25meq	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq	2	
<i>potassium chloride</i> SOLN 10%, 20%; TBCR 20meq	3	
<i>potassium chloride microencapsulated</i> <i>crystals</i> er TBCR 10meq, 15meq, 20meq	2	
<i>sodium fluoride</i> 2.2 mg	2	

IV NUTRITION

<i>dextrose</i> SOLN 5%	2	
<i>dextrose</i> SOLN 10%	3	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D; DL
PREMASOL SOL 10%	3	B/D; DL
PROCALAMINE INJ 3%	4	B/D; DL
PROSOL INJ 20%	4	B/D; DL
TRAVASOL INJ 10%	3	B/D; DL
TROPHAMINE INJ 10%	4	B/D; DL

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint</i> 1%	2	
BLEPHAMIDE OIN S.O.P.	4	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	

ANTI-INFECTIVES

AZASITE SOLN 1%	4	
bacitracin (ophthalmic) OINT 500unit/gm	2	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP .6%	4	
CILOXAN OINT .3%	4	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	2	
gentak OINT .3%	2	
gentamicin sulfate (ophth) SOLN .3%	2	
levofloxacin (ophth) SOLN .5%	2	
moxifloxacin hcl (ophth) SOLN .5%	2	
NATACYN SUSP 5%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	2	
tobramycin (ophth) SOLN .3%	2	
TOBREX OINT .3%	4	
trifluridine SOLN 1%	2	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

bromfenac sodium (ophth) SOLN .09%	2	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	3	

Drug Name	Drug Tier	Requirements/Limits
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	2	
FML OINT .1%	4	
FML FORTE SUSP .25%	4	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	4	
loteprednol etabonate GEL .5%; SUSP .5%	3	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	4	
PRED MILD SUSP .12%	4	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	4	
ANTIALLERGICS		
ALOCRIL SOLN 2%	4	
ALOMIDE SOLN .1%	4	
azelastine hcl (ophth) SOLN .05%	2	
bepotastine besilate SOLN 1.5%	2	
cromolyn sodium (ophth) SOLN 4%	2	
epinastine hcl (ophth) SOLN .05%	2	
olopatadine hcl SOLN .1%	2	
olopatadine hcl SOLN .2%	3	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
apraclonidine hcl SOLN .5%	2	
betaxolol hcl (ophth) SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
bimatoprost SOLN .03%	2	
brimonidine tartrate SOLN .2%	2	
brimonidine tartrate SOLN .15%	3	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
brinzolamide SUSP 1%	2	
carteolol hcl (ophth) SOLN 1%	2	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
IOPIDINE SOLN 1%	4	
latanoprost SOLN .005%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	2	
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>cyclosporine (ophth)</i> EMUL .05%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA; DL
CYSTARAN SOLN .44%	5	NM, LA, PA; DL
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	5	NM, LA; DL
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml	5	NM, LA; DL
OXERVATE SOLN .002%	5	NM, LA; DL
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	2	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3- 0.1%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln</i> 1%	2	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	
BEVESPI AER 9-4.8MCG	3	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	2	B/D
TRELEGY AER ELLIPTA	3	

PA QL NM B/D
M D LA ED Dr DL
M

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
YUPELRI SOLN 175mcg/3ml	4	B/D
ANTI-HISTAMINES		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act	2	
<i>azelastine spr</i> 0.1% SOLN .1%	2	
<i>azelastine spr</i> 0.15% SOLN .15%	2	
<i>cyproheptadine hcl</i> TABS 4mg	3	
<i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg	2	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	2	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act; SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D; DL
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D; DL
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	
SEREVENT DISKUS AEPB 50mcg/dose	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; TABS 10mg	2	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D; DL
ARALAST NP SOLR 1000mg	5	NM, LA, PA; DL
BREZTRI AERO AER SPHERE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg, 500mcg	4	DL
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	3	QL (4 pens / 30 days)
ESBRIET CAPS 267mg; TABS 267mg, 801mg	5	NM, LA, PA; DL
FASENRA SOSY 30mg/ml	5	NM, LA, PA; DL
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA; DL
GLASSIA SOLN 1000mg/50ml	5	NM, LA, PA; DL
KALYDECO PACK 25mg, 50mg, 75mg	5	NM, LA, PA; DL
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA; DL
OFEV CAPS 100mg, 150mg	5	NM, LA, PA; DL
ORKAMBI GRA 100-125	5	NM, LA, PA; DL
ORKAMBI GRA 150-188	5	NM, LA, PA; DL
ORKAMBI TAB 100-125	5	NM, LA, PA; DL
ORKAMBI TAB 200-125	5	NM, LA, PA; DL
<i>pirfenidone</i> TABS 267mg, 801mg	5	NM, PA; DL
PROLASTIN-C SOLR 1000mg	5	NM, LA, PA; DL
PULMOZYME SOLN 2.5mg/2.5ml	5	B/D, NM; DL
SYMDEKO TAB 50-75MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
THEO-24 CP24 100mg, 200mg	4	
<i>theophylline</i> TB12 300mg, 450mg	3	
<i>theophylline</i> TB24 400mg, 600mg	2	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA; DL
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA; DL
ZEMAIRA SOLR 1000mg	5	NM, LA, PA; DL

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	2	
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	
XHANCE EXHU 93mcg/act	3	

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	3	

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	
FLUTICASONE PROPIONATE HF AERO 44mcg/act, 110mcg/act, 220mcg/act	3	
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	4	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3
ADVAIR DISKU AER 250/50	3
ADVAIR DISKU AER 500/50	3
ADVAIR HFA AER 45/21	3
ADVAIR HFA AER 115/21	3
ADVAIR HFA AER 230/21	3
BREO ELLIPTA INH 100-25	3
BREO ELLIPTA INH 200-25	3
FLUTIC/VILAN INH 100-25	3
FLUTIC/VILAN INH 200-25	3
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2
SYMBICORT AER 80-4.5	3
SYMBICORT AER 160-4.5	3
<i>wixela inhub</i>	2

TOPICAL

DERMATOLOGY, ACNE

ACANYA GEL 1.2-2.5%	4	
accutane CAPS 10mg, 20mg, 30mg, 40mg	3	
AZELEX CREA 20%	4	
benzoyl peroxide-erythromycin gel 5-3%	3	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	
clindamycin phosphate (topical) GEL 1%; LOTN 1%; SOLN 1%; SWAB 1%	2	
ery PADS 2%	2	
erythromycin (acne aid) GEL 2%; SOLN 2%	2	
myorisan CAPS 10mg, 20mg, 30mg, 40mg	3	
sulfacetamide sodium (acne) LOTN 10%	2	
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	3	PA; DL

DERMATOLOGY, ANTIBIOTICS

ALTABAX OINT 1%	4
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PA                                                         

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate (topical) CREA .1%; OINT .1%	2	
mupirocin OINT 2%	2	
mupirocin calcium (topical) CREA 2%	2	
silver sulfadiazine CREA 1%	3	
ssd CREA 1%	3	
SULFAMYLON CREA 85mg/gm	3	

DERMATOLOGY, ANTIFUNGALS

ciclopirox GEL .77%	2	
ciclopirox SHAM 1%	3	
ciclopirox SOLN 8%	2	DL
ciclopirox olamine CREA .77%; SUSP .77%	2	
clotrimazole (topical) CREA 1%	2	
clotrimazole (topical) SOLN 1%	2	QL (90 mL / 30 days)
clotrimazole w/ betamethasone cream 1- 0.05%	3	QL (90 gm / 30 days)
ketoconazole (topical) CREA 2%	2	
luliconazole CREA 1%	2	
naftifine hcl CREA 1%, 2%	3	
nyamyc POWD 100000unit/gm	2	
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	2	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	3	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	3	
nystop POWD 100000unit/gm	2	
oxiconazole nitrate CREA 1%	4	

DERMATOLOGY, ANTIPSORIATICS

acitretin CAPS 10mg, 17.5mg, 25mg	3	
calcipotriene CREA .005%; OINT .005%; SOLN .005%	4	
calcitriol (topical) OINT 3mcg/gm	3	
methoxsalen rapid CAPS 10mg	5	DL
TAZORAC GEL .05%, .1%	4	

DERMATOLOGY, ANTISEBORRHEICS

ketoconazole (topical) SHAM 2%	2	
selenium sulfide LOTN 2.5%	2	

DERMATOLOGY, CORTICOSTEROIDS

ala-cort CREA 2.5%	2	
alclometasone dipropionate CREA .05%; OINT .05%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
QBREXZA PADS 2.4%	4	QL (30 pledgets / 30 days)
RECTIV OINT .4%	4	
<i>tacrolimus (topical)</i> OINT .03%, .1%	3	
TARGRETIN GEL 1%	5	NM, PA; DL
VALCHLOR GEL .016%	5	NM, LA, PA; DL
ZYCLARA PUMP CREA 2.5%	5	DL

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>lindane</i> SHAM 1%	2	
<i>malathion</i> LOTN .5%	2	
<i>permethrin</i> CREA 5%	2	
<i>spinosad</i> SUSP .9%	2	

DERMATOLOGY, WOUND CARE AGENTS

<i>lactated ringer's for irrigation</i>	3	
REGRANEX GEL .01%	5	QL (30 gm / 30 days); DL
<i>ringer's solution for irrigation</i>	3	
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	3	

MOUTH/THROAT/DENTAL AGENTS

ARESTIN MISC 1mg	4	NM
<i>cevimeline hcl</i> CAPS 30mg	3	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	2	
<i>clotrimazole</i> TROC 10mg	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	2	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>sf 5000 plus</i> CREA 1.1%	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

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This abridged Formulary was updated on September 7, 2022. 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

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday–Friday, 8 am–8 pm

TTY 711



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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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If You Need These Services

If you need these services, contact Elona Charles-Wilson, Civil Rights Coordinator. If you believe that MVP Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance.

Mail: ATTN: ELONA CHARLES-WILSON
CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305-2111

Phone: **1-844-946-8009**
(TTY/TDD: 1-800-662-1220)

Email: **civilrightscoordinator@
mvphealthcare.com**

How to File a Grievance or Complaint

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, Elona Charles-Wilson is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, by mail, or by phone.

Online: **ocrportal.hhs.gov**

Mail: US DEPT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**
(TTY/TDD: 1-800-537-7697)

Complaint forms are available by visiting **hhs.gov/ocr** and selecting *Filing a Complaint with OCR*.

Multi-Language Interpreter Services

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-946-8010** (TTY: 1-800-662-1220).

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Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY: 1-800-662-1220).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-946-8010** (TTY: 1-800-662-1220) 번으로 전화해 주십시오.

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-844-946-8010** (TTY: 1-800-662-1220).

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אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פֿאַרהאַן פֿאַר אײַך שפּראַך הילף סערוויסעס פֿרײַ פֿון אפּצאַל. **1-844-946-8010**. רופֿט (TTY: 1-800-662-1220)

বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-৮৪৪-৯৪৬-৮০১০** (TTY: ১-৮০০-৬৬২-১২২০)।

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العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **0108-649-448-1** (رقم هاتف الصم والبكم: 1-0221-266-008-1).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-844-946-8010** (ATS: 1-800-662-1220).

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