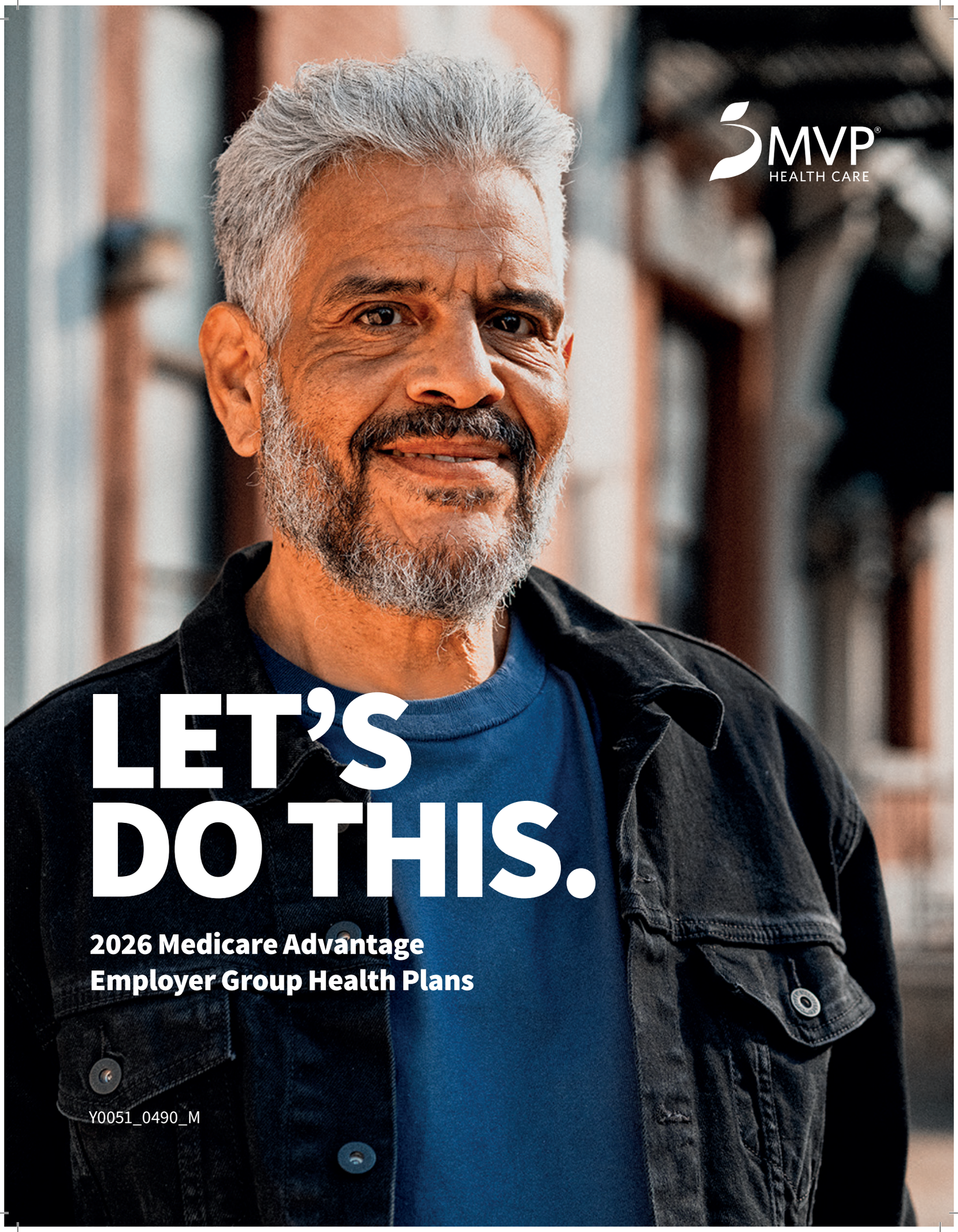

MVP
HEALTH CARE
LET'S
DO THIS.
2026 Medicare Advantage
Employer Group Health Plans
Y0051_0490_M

INTRODUCTION

Your health is personal.
Your health care should be personal, too.

With MVP Health Care® (MVP) Medicare Advantage plans, you're never on your own. Personal guidance and down-to-earth service are what we're known for and what you can count on. As a regional not-for-profit health plan, we put our customers and communities at the heart of everything we do. That means benefits that put you first, care that's there when and where you need it, and support that moves with you.

Ready to make Medicare work for you? Read on.

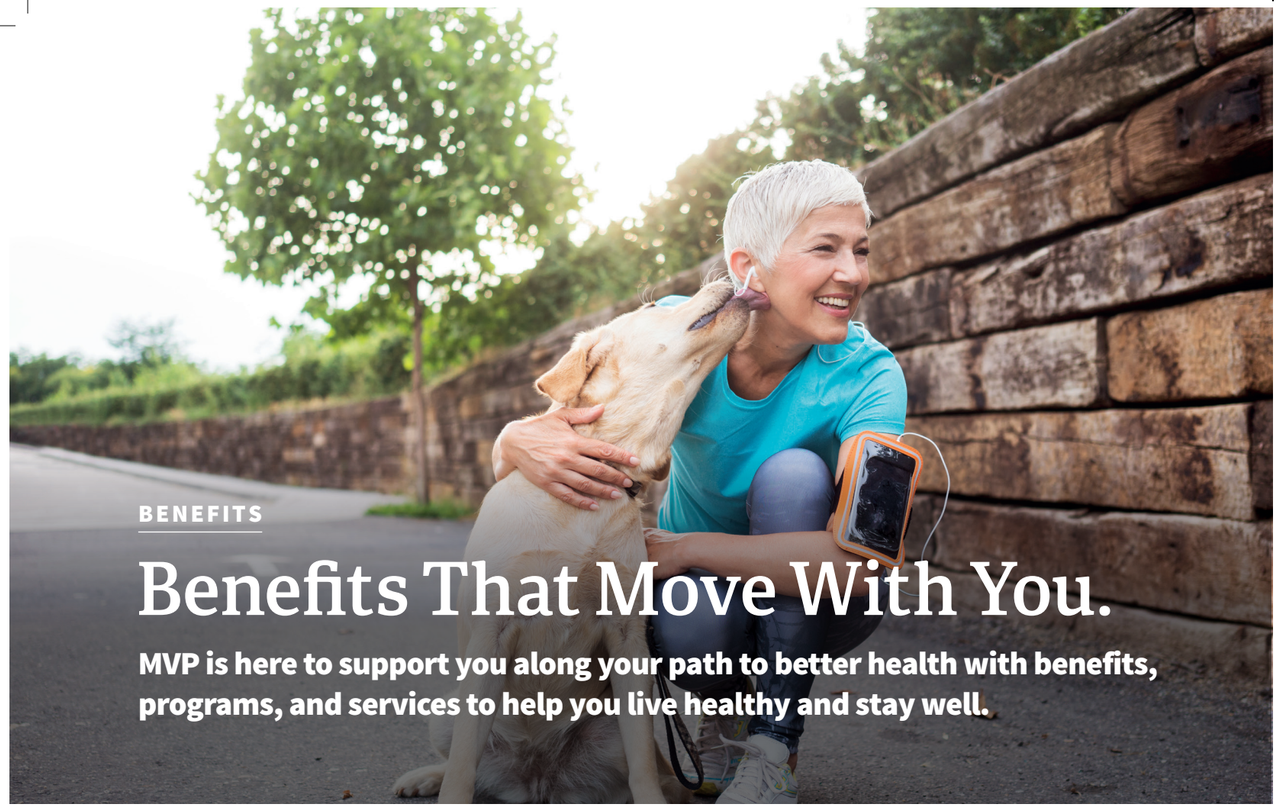
CONTACT US

We're here to serve.

Call **1-800-665-7924** TTY 711

October 1–March 31, seven days a week, 8 am–8 pm Eastern Time
April 1–September 30, Monday–Friday, 8 am–8 pm

Or visit **mvphealthcare.com/medicare**.



BENEFITS

Benefits That Move With You.

MVP is here to support you along your path to better health with benefits, programs, and services to help you live healthy and stay well.

Be Well Rewards

Get rewarded for focusing on your health! Earn a $100 reward card after completing your Annual Wellness Visit with your Primary Care Provider. This visit helps you keep up with preventive screenings and immunizations, review your overall physical and behavioral health, and discuss any other needs.

Eyewear Coverage

Some plans include an eyewear allowance that can be used at any vision provider toward frames, lenses, and contacts.

TruHearing® Hearing Aids

Some plans also include access to 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.

BENEFITS

Be Well. Stay Well.

Get health resources and support with a variety of wellness programs and activities available at no additional cost.

SilverSneakers®

SilverSneakers is more than a traditional fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. Choose to move how you want, when you want.

In the Gym

Take advantage of facilities, amenities, and classes at thousands of fitness locations nationwide.

At Home

Tune into SilverSneakers LIVE online classes and workshops led by specially trained instructors seven days a week, or cue up SilverSneakers On-Demand videos available 24/7.

On the Go

Connect with your community through events outside the gym, including socials, shared meals, and holiday celebrations.

On the App

Get support getting active with the SilverSneakers GO mobile app, with personalized program resources, adjustable workout plans, and more.

Living Well Programs

MVP is committed to improving the health equity and well-being needs of the communities we serve. Our team of community health educators offers a variety of programs, from expert-led workshops to physical activity classes. Virtual and in-person programs are available.

Get Moving at an MVP Fitness Court

Together, MVP and the National Fitness Campaign have built state-of-the-art outdoor fitness courts in communities across New York that are free and open to the public. Fitness court workouts can be modified for all fitness levels and abilities. To find a court near you, visit **nationalfitnesscampaign.com/NewYork**.

BENEFITS

Feel Confident in Your Coverage.

All MVP Medicare Advantage plans cover important preventive services and screenings with a $0 co-pay.

Key preventive services include:

- Annual Wellness Visit
- Cancer screenings, like a mammogram, colonoscopy, and Prostate Specific Antigen (PSA) testing
- Glaucoma screening
- Cardiovascular disease testing
- Diabetes screening
- Annual tests for members living with diabetes
- Bone density measurement

Many immunizations are also available at no cost to you, including:

- Flu shots
- Pneumonia vaccine
- COVID-19 vaccine
- Hepatitis B vaccine

Not all preventive services are medically appropriate every year. MVP uses the frequency guidelines adopted by CMS and the U.S. Preventive Services Task Force and Centers for Disease Control and Prevention (CDC).

MEMBER SUPPORT

There When You Need Us.

Get guidance and support with experts, special resources, and programs to help you live life to the fullest.

Meal Delivery

Most plans offer healthy refrigerated meals delivered directly to you at home for extra help when recovering from an inpatient hospital stay. You will receive 14 meals at no cost. Meals can be tailored to suit dietary and condition-specific needs.

Health and Care Management Programs

Support is available for common situations, like returning home from a hospital stay, helping to quit smoking, or understanding a health condition. Free health management programs are available for members living with a number of chronic health conditions:

- Asthma
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes
- Heart Disease
- Heart Failure
- Mental Health Concerns
- Low-back Pain

Help Managing Chronic Conditions

Some plans offer tailored support to assist individuals living with various chronic conditions.

Members managing diabetes have a $0 co-pay for routine podiatry visits to address preventive foot care needs. Eye exams for diabetic retinopathy are also covered with a $0 co-pay. For diabetic supplies, Accu-chek, Freestyle, and Prodigy brands are covered at no co-pay. Also, plan-covered insulin is not subject to Part D deductibles and is covered at a maximum $35 co-pay, or the Tier co-pay, whichever is less.

Members living with hypertension (high blood pressure) can choose from two at home blood pressure cuffs at no cost.

Members recovering from a stroke* can get help preventing falls with up to $250 of select at-home bathroom safety and assistance devices at no cost.

Members living with rheumatoid or osteoarthritis* who need a joint replacement are supplied commonly needed personal assistance devices at no cost.

*Not all plan members qualify. The benefits mentioned are part of special supplemental benefits for MVP Medicare Advantage members living with cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, chronic lung disorders, and chronic and disabling mental health conditions. A chronic condition alone does not guarantee eligibility. All applicable eligibility requirements must be met before the benefits are provided. Review the Evidence of Coverage for more detailed information.

MEMBER SUPPORT

Gia: Your Guide to All Things Health.

Get to Know Gia®

Available online and through the *Gia by MVP* mobile app, Gia lets you access care and important personal plan details at your fingertips.

> **"I was pleasantly surprised that the doctor I spoke with was incredibly compassionate, competent, and I felt like she really heard me."**
>
> - MVP Medicare Advantage Plan Member

$0 Virtual Care Services

Through Gia, you have access to a variety of virtual care services to help manage your health care needs conveniently and quickly. Most services are $0, including:

- **Urgent Care**—Connect with a provider in minutes via a phone call for help with minor injuries or prescription needs. Available 24/7!
- **Primary Care**—Send in-app messages for support and treatment of most medical needs, including preventive care, the cold or flu, or conditions like diabetes, asthma, and anxiety.
- **Nutrition Counseling** —Connect with a dietitian for a personalized nutrition plan based on your health needs or goals. Dietitians are available seven days a week
- **Behavior Health Services** —Schedule a video appointment for help managing anxiety, depression, and more.

Other virtual services are available through Gia, like women's health and additional behavioral health services. These services may be subject to your plan's co-pay.

Your Health Plan Communication Center

- Go paperless and receive certain plan information via email
- Access plan documents, like your MVP Member ID cards and claims
- Pay your monthly plan premium (if applicable)
- Check drug costs for new prescriptions
- View your costs for medical services
- Find nearby doctors, facilities, and pharmacies
- Access your *Be Well Rewards* well-being benefit
- Send secure messages to an MVP Customer Care representative

* In-person visits and referrals are subject to the plan's co-pay/cost-share. Virtual visits with providers outside of Gia may be subject to co-pay/cost-share per plan

MEMBER SUPPORT

Care in All the Right Places.

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

The MVP Medicare provider network gives you access to your choice of more than 60,000 total combined hospitals, doctors, and other health care professionals across New York State, Vermont, and into neighboring states.

Nationwide Coverage

All plans include coverage for non-emergency care from Medicare providers anywhere in the U.S. for allergy shots, physical therapy, maintenance lab work, and more. Not all services are covered out-of-network, and you may pay more for care received from non-contracted providers. USA Care PPO members can see any provider nationwide who accepts Medicare. The cost for services will be the same.

Worldwide Emergency Care

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

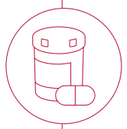
Get started at **mvphealthcare.com/findadoctor**

Understanding Part D Prescription Drug Coverage.

Managing your prescription needs and expenses is easy and convenient.

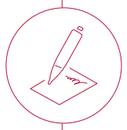
1. Start with the Formulary

The MVP Medicare Part D Formulary is the list of medications covered by the plan. Go to **mvphealthcare.com/PartDFormulary** to find the most current list of drugs, their costs, and details on coverage. Look for your medication in the alphabetical index or refer to the Formulary's table of contents to search by medical condition.



2. Check the List of Preferred Generic Drugs

Tier 1 of the Formulary—Preferred Generic Drugs—covers commonly used generic medications at $0 with most plans. Talk to your doctor to see if these medications may be right for you. (See the list on the following page.)



3. Find a Nearby Pharmacy

You have access to thousands of 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.

4. Save Money and Time with Free Home Delivery

Save on prescriptions you take regularly with the CVS Caremark® Mail Service Pharmacy. Get a three-month supply of Tier 2 and Tier 3 medications for the cost of two months. Or get a 100-day supply of $0 Tier 1 prescriptions. Medications will be conveniently sent to your home. Shipping is free.

Low or No Cost Tier 1 Preferred Generic Drugs.

Blood Pressure

aliskiren tab
amlodipine/ benazepril cap
amlodipine/ olmesartan tab
amlodipine/valsartan tab
amlodipine tab
atenolol tab
benazepril/hctz tab
benazepril tab
candesartan/hctz tab
candesartan tab
captopril/hctz tab
captopril tab
carvedilol tab IR
clonidine tab
enalapril/hctz tab
enalapril/hctz tab
enalapril tab
fosinopril/hctz tab
fosinopril tab
furosemide tab
hydralazine tab
hydrochlorothiazide (hctz) cap & tab
indapamide tab
irbesartan/hctz tab
irbesartan tab
lisinopril/hctz tab
lisinopril tab
losartan pot tab
losartan/hctz tab
metoprolol tab ER
metoprolol tartrate tab
moexipril tab
olmesartan/ amlodipine/hctz tab
olmesartan/hctz tab
olmesartan tab
perindopril tab
quinapril tab
ramipril cap
spironolactone tab
telmisartan/ amlodipine tab
telmisartan/hctz tab
telmisartan tab
terazosin cap
trandolapril tab
triamterene/hctz cap 37.5–25mg
triamterene/hctz tab
valsartan/hctz tab
valsartan tab
verapamil tab IR

Osteoporosis

alendronate tab 10mg, 35mg, & 70mg

Blood Pressure/High Cholesterol

amlodipine/ atorvastatin tab

High Cholesterol

atorvastatin tab
ezetimibe/simvastatin tab
fluvastatin cap
fluvastatin tab ER
pitavastatin tab
pravastatin tab
rosuvastatin tab
simvastatin tab

Diabetes

glimepiride tab 1mg, 2mg, & 4mg
glipizide/metformin tab
glipizide tab ER
glipizide tab 5mg & 10mg
metformin tab 500mg, 850mg, & 1000mg
metformin tab 500mg ER & 750mg tab ER (generic Glucophage XR only)
metformin tab 750mg er
nateglinide tab
pioglitazone/metformin tab 15–500mg & 15–850mg
pioglitazone tab
repaglinide tab

Thyroid

euthyrox tab (not 300mg)
levo-t tab
levothyroxin tab
levoxyl tab (not 300mg)
methimazole tab 5mg & 10mg
unithroid tab

Acid Reflux

famotidine tab 20mg & 40mg
omeprazole cap
pantoprazole tab

All Tier 1 medications are available for a 100-day supply from a retail pharmacy or shipped to your home for free through the CVS Caremark® Mail Service Pharmacy.

This is not a complete list. For a complete listing, please call the MVP Medicare Team at **1-800-324-3899** (TTY 711), or visit **mvphealthcare.com/PartDFormulary**.

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** and select *Privacy Practices & Compliance*, then *Medicare Member Rights and Responsibilities*, or refer to Chapter 8 of your plan's Evidence of Coverage.

Programs to Manage Your Prescription Drug Costs.

State and federal programs can help eligible individuals reduce prescription costs.

Low Income Subsidy (LIS) or "Extra Help" is a federal program that helps pay drug costs and monthly premiums for Medicare-eligible members who meet specific income requirements. To see if you qualify, call:

Medicare
1-800 MEDICARE
24 hours a day /
7 days a week
TTY 1-877-486-2048

Social Security
1-800-772-1213
Monday–Friday,
8 am–7 pm
TTY 1-800-325-0778

Your local New York State Medicaid office

The New York State Pharmaceutical Assistance Program, EPIC (Elderly Pharmaceutical Insurance Coverage), provides help paying your monthly plan premium and drug co-pays. To see if you qualify, call:

New York State EPIC
1-800-332-3742 (TTY 1-800-290-9138)
Monday–Friday, 8:30 am–5 pm Eastern Time

Medicare Savings Programs are additional state-run programs that may help pay some or all of your Medicare premiums, deductibles, co-pays, and/or co-insurances. Visit **medicare.gov/medicare-savings-programs** to learn more.

Manufacturer Pharmaceutical Assistance Programs (Patient Assistance Programs or PAPs) are programs from drug manufacturers to help lower drug costs. Visit **go.medicare.gov/pap** to learn more.

The **Medicare Prescription Payment Plan** may be a helpful option to manage your monthly drug costs if you have high drug costs early in the calendar year. This payment option does not save you money or lower your drug costs.

If this payment option is right for you, you will not pay your drug cost at the pharmacy. Instead, you will get a bill each month from MVP for a portion of the drug cost. Your payment may change each month as you fill additional prescriptions. You will continue to pay your monthly health plan premium separately (if you have one).

To learn more about the MVP Part D coverage, go to **mvphealthcare.com/PartD**

Non-Discrimination Notice.

For MVP Medicare Advantage Plans

MVP Health Care complies with Federal civil rights laws. MVP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

MVP Health Care Provides the Following:

Free aids and services to people with disabilities to help you communicate with us, such as::

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

Free language services to people whose first language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call MVP Medicare Customer Care at 1-800-665-7924 (TTY 711).

Representatives are available seven days a week from October 1 to March 31, 8 am–8 pm Eastern Time. From April 1 to September 30, representatives are available Monday–Friday, 8 am–8 pm.

How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with the MVP Civil Rights Coordinator.

Mail: ATTN: CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305-2111
Phone: **1-844-946-8009**
(TTY/TDD 711)
Fax: **518-386-7600**
In person: 625 STATE STREET, SCHENECTADY, NY
Email: **civilrightscoordinator@mvphealthcare.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Online: **ocrportal.hhs.gov**
Mail: US DEPT OF HEALTH & HUMAN SVCS
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 with OCR.*

This notice is available online at **mvphealthcare.com/NDN**

APPENDIX

Medicare Advantage Glossary of Terms.

Catastrophic Coverage—A stage in the Part D drug benefit during which you pay a lower co-payment or co-insurance for your prescription drugs. You enter Catastrophic Coverage after what you have spent for covered drugs during the year reaches a set limit.

Co-Pay—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit or prescription. A co-payment is usually a set amount, rather than a percentage. For example, you might pay $40 for a doctor's visit.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Low Income Subsidy (LIS)—Medicare beneficiaries who meet income and asset qualifications may be eligible for "Extra Help" with the costs of their prescription drugs. This program is also known as LIS, or the Part D Low Income Subsidy. The Social Security Administration and the federal Medicare program work together to provide the LIS benefit.

Medicare Advantage Plan—Sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. Medicare pays these companies to cover your Medicare benefits. If you join a Medicare Advantage plan, the plan will provide your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage. Medicare Advantage plans often include Part D prescription drug coverage as well.

Network—A group of medical professionals, hospitals, and other facilities that contract with a health plan to provide care to the plan's members.

Out-of-Network—Coverage from providers who do not have a contract with your health plan. In some cases, it may cost you more for out-of-network services.

Out-of-Pocket Costs—Health or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

Out-of-Pocket Maximum—A predetermined limited amount of money that an individual must pay before an insurance company or (self-insured employer) will pay 100% for an individual's covered health care expenses.

Premium—What you pay, usually monthly, for health and/or prescription drug coverage.

TrOOP (True Out-Of-Pocket)—The expenses that count toward your Medicare drug plan out-of-pocket expenses—up to $2,100 in 2026. These costs determine when your catastrophic coverage will begin.

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. For accommodations of persons with special needs at meetings call, 1-800-324-3899 (TTY 711).

Select virtual care services through Gia are available at no cost share. Additional specialty providers in Gia, in-person visits, and referrals are subject to the applicable plan co-pay/cost-share. An estimated cost for these services will be listed in Gia at the time of service. For serious and life-threatening emergencies, please dial 911. App Store® is a registered trademark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.

MVPMCR0029 08/2025 12936

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

Please select the Employer Group plan in which to enroll:

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

Section 2: Information About Yourself *(please print)*

Name *(Last, First, Middle Initial)*	Sex ☐ **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)*

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)

Name *Employer Group No.*

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**

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**

Name *Employer Group 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).

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

Name	*Employer Group No.*

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

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Turning 65? Know the Medicare Facts

MVP Employer Group or Union Health Insurance

Working past age 65 and have health care through your or a spouse's employer or union group? You *can* keep your current health coverage, but there are important steps you need to take to make sure your coverage (and costs!) are correct in the future.

Do I need to enroll in Medicare Part B when I turn 65?

My employer has 20 or more employees—No.

Notify the Social Security Administration that you are delaying your Part B.

My employer has less than 20 employees—Yes.

Contact the Social Security Administration to enroll in Part B. You can enroll in Parts A and B up to three months before you turn 65. Call the Social Security Administration at **1-800-772-1213**, Monday–Friday, 8 am–7 pm (TTY: 1-800-325-0778). Or, visit **socialsecurity.gov.**

Do I need Part D prescription drug coverage?

My current coverage is as good as Medicare's standard coverage.—No.

Your current coverage is considered "creditable coverage" and is expected to pay, on average, at least as much as Medicare drug coverage. Examples include drug coverage from a current or former employer or union, TRICARE, or VA benefits.

My current coverage is not as good as Medicare's standard coverage, or I have no drug coverage.—Yes.

You need to have Medicare Part D prescription drug coverage to avoid financial penalties.

(Continued on next page)

Do you have a Health Savings Account (HSA)?

Yes. Once your Medicare Part A coverage starts , you can no longer contribute to an HSA. However, you can use the money in an existing HSA to pay for Medicare plan premiums, doctor visits, and prescriptions.

Do you currently have an MVP Health Care plan through an employer or union group?

Yes. You will need to complete an Actively Employed Information (AEI) form to notify MVP that you plan to keep your current plan past age 65. You can find the AEI form online at **mvphealthcare.com/MedicareForms.**

Explore Your Medicare Options

Call **1-800-324-3899** (TTY 711)

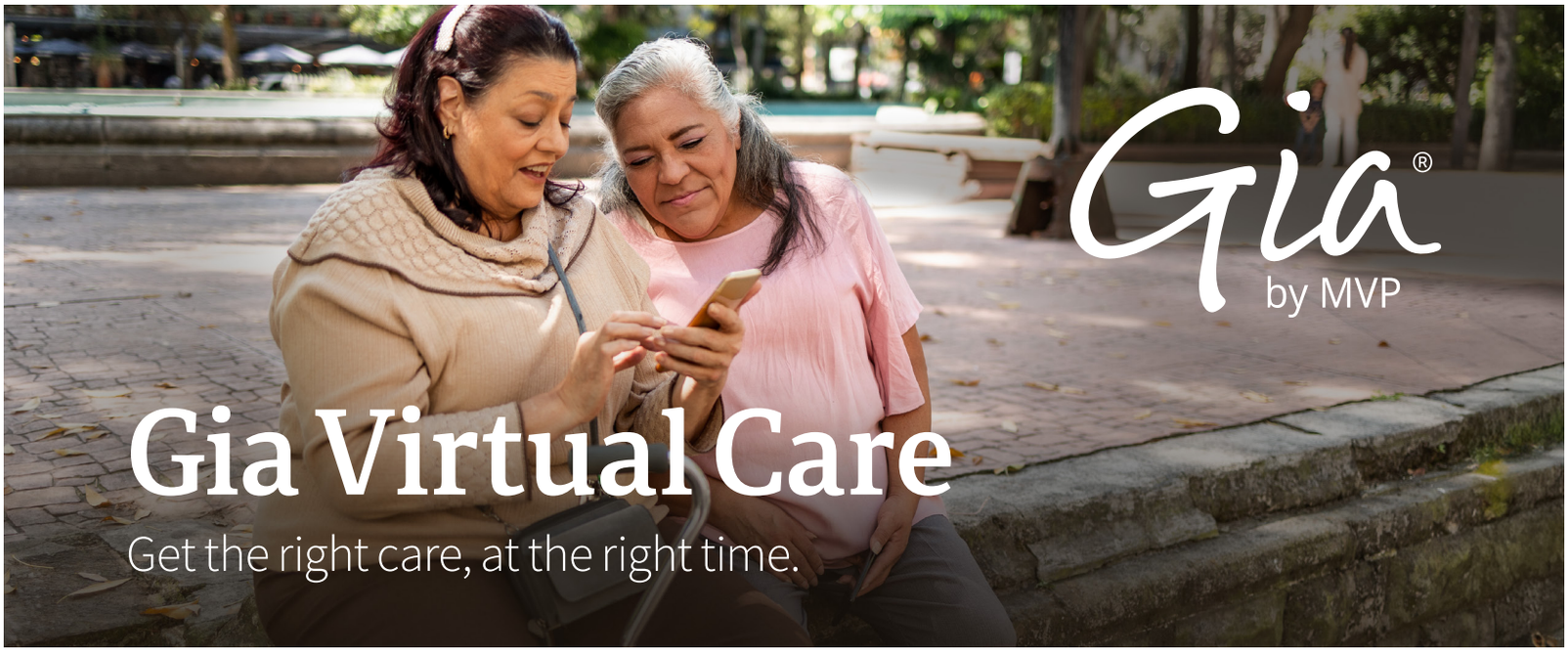
Visit **mvphealthcare.com/medicare**

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

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

MVP Health Plan, Inc. is an HMO-POS/PPO/HMO D-SNP organization with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in MVP Health Plan depends on contract renewal. For accommodations of persons with special needs at meetings, please call 1-800-324-3899 (TTY 711).

Y0051_0209_M MVPMCR0184 (01/2025)



Gia Virtual Care

Get the right care, at the right time.

Gia Virtual Care is designed to fit your schedule and lifestyle, helping you get the care you need, when and where you need it. In addition to urgent and primary care, Gia now gives you access to specialty providers through its expanded virtual care options.

Schedule a visit when you:

- Prefer virtual care
- Cannot get in with your doctor quickly
- Are out of town
- Have a new health concern and are not sure where to start
- Are transitioning home from the hospital
- Do not have transportation, cannot take time off work, or do not have childcare

Get Started

Sign in to Gia at **my.mvphealthcare.com** or scan the QR code to download the *Gia by MVP* mobile app.

For serious and life-threatening emergencies, please dial 911.

Y0051_0753_C MVPCLIN0094 (10/2025)

24/7 Care

Adult and Pediatric Urgent Care provides virtual diagnosis, treatment, prescriptions, and referrals from Gia providers for common illnesses, infections, pain, and more.

Primary Care services include chronic condition management, screenings, medications, and more. Get a check-up with a primary care provider, along with health screenings and lab test orders. Available to MVP members age 18 and older.

Behavioral Health

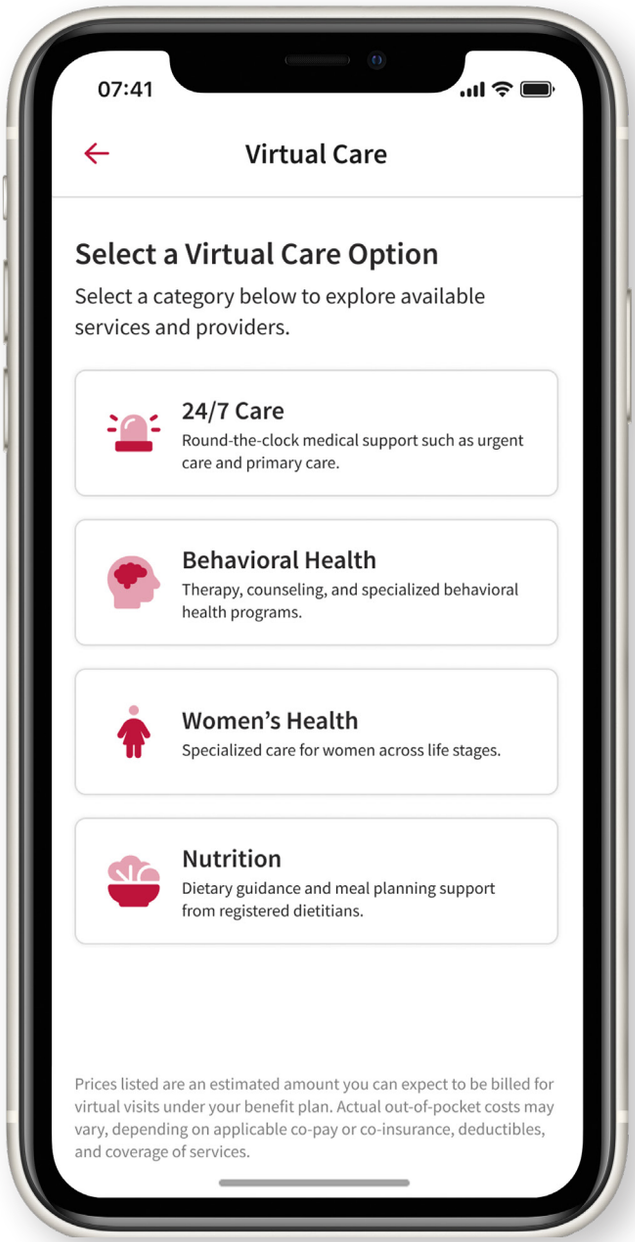
MVP has several virtual-only behavioral health providers in our network to help you get the mental and emotional care you may need. Services include therapy, medication management, and addiction treatment. Age restrictions may apply for some services.

Women's Health

Specialized care and guidance for women navigating different life stages. Services include pregnancy support and menopause care. Not all services are available under all MVP plans.

Nutrition

Connect with a certified nutritionist from myVisitNow for a personalized nutrition plan based on your health needs. Nutritionists are available seven days a week and offer guidance on weight management, food allergies, meal planning, and more. Available to members of all ages.



Members without an MVP Medical plan do not have access to Gia.

MVP® HEALTH CARE

MVP HEALTH CARE | TruHearing

1-855-544-7163 | (TTY 711)

Joan is wearing TruHearing Advanced hearing aids.

Hearing aid savings made simple.

MVP Health Care® (MVP) partners with TruHearing® so you'll have special savings on high-quality prescription hearing aids. Don't miss another moment. It's easy to get started.

Your flexible 2026 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 offered by TruHearing.

You have the choice between a **co-pay** on TruHearing hearing aids;

Hearing aid	Avg retail price per aid	Savings per aid	**Co-pay per aid**
TruHearing Premium	$3,250	$2,251	**$999**
TruHearing Advanced	$2,720	$2,021	**$699**

Rechargeable battery option available on select styles at no additional cost. Hearing aids must be purchased from TruHearing.

OR apply a **$600 allowance per ear** toward hearing aids from all major brands.

Exam: $0 co-pay

Exam must be performed by a TruHearing network provider.

Start by calling TruHearing.

1-855-544-7163 | (TTY 711)

Hours: Monday–Friday, 8 am-8 pm

Your hearing aid purchase includes

60-day, risk-free trial

1 year of follow-up visits

3-year supply of batteries per non-rechargeable hearing aid

3-year full manufacturer warranty

TruHearing makes it easy.

Scan with your smartphone to see how it works.
TruHearing.com/how-it-works

1. Call 1-855-544-7163

2. Schedule an exam

3. Go to your exam

4. Order hearing aids

5. Fitting and follow-up

Call TruHearing to get started.

1-855-544-7163 | (TTY 711)

Hours: Monday–Friday, 8 am-8 pm

Learn more: TruHearing.com/MVP

MVP Health Care®
2026 Medicare Part D Formulary
(List of Covered Drugs)
For Medicare Advantage plan coverage through a former employer.

Please Read: This document contains information about the drugs we cover in this plan. This Formulary was updated on September 1, 2025. For more recent information or questions, please contact the MVP Medicare Customer Care Center.

Additional Resources to Help: Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** for additional information.
TTY users should call 711. Hours are seven days a week, 8 am-8 pm Eastern Time.
April 1-September 30, call Monday-Friday, 8 am-8 pm.

Visit **mvphealthcare.com/partdformulary** for the most up-to-date Formulary listing.

Formulary ID 26113, Version 6
Updated 09/2025
Y0051_0701_C

MVP® HEALTH CARE

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 list of the drugs (Formulary) for our plan which is current as of September 1, 2025. For an updated comprehensive 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, 2027, and from time to time during the year.

What is the MVP Health Care Medicare Part D Abridged 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.

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.

Immediate Substitutions of certain new versions of brand name drugs and original biological products

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the MVP Medicare Part D Formulary?

Some of these drug types may be new to you. For more information, see the section below titled *"What are original biological products and how are they related to biosimilars?"*

Drugs Removed from the Market

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our Formulary and later 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 a one month supply of the drug (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 2025 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 1, 2025. 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, visit **mvphealthcare.com/partdformulary.**

Or you may request an errata sheet (a copy of the 2026 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 82. The Index provides an alphabetical list of all 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for 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?" on the next page for information about how to request an exception

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Plan. MVP pays for certain OTC drugs. MVP will provide these OTC drugs at no cost to you. The cost to MVP of these OTC drugs will not count toward your total Part D drug costs.

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.

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

1. You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP to make an exception and cover your drug. See next section for information about how to request an exception.

How Do I Request an Exception to the MVP Medicare Part D Formulary?

You can ask MVP 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.

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

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

For each of your drugs that is not on our Formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After

your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our Formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

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

For More Information

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

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

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

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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

The information in the Requirements/Limits column tells you if MVP has any special requirements for coverage of your drug.

Abbreviations and Definitions of Formulary Terms

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

Not Available at Mail Order (NM)
Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

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

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

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

Dispensing Limits (DL)
For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)
Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)
Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP 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.

Tier Descriptions

Tier 1–Preferred Generic Drugs–$0 cost
Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

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

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

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

Tier 5–Specialty Drugs
Tier 5 includes high cost specialty generic and brand name drugs that cost $950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

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

Plan-covered insulin drugs have a $35 maximum co-pay regardless of tier, and are not subject to the deductible.

MVP_CY26_5T_GS_CORE eff 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	4	
probenecid TABS 500mg	3	
MISCELLANEOUS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml	3	QL (10 mL / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	4	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NM, PA
atovaquone SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO CAPS 50mg	5	PA
ivermectin TABS 3mg	3	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	3	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	4	
methenamine hippurate TABS 1gm	3	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine TABS 25mg	5	QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	5	
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NM, PA
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
fluconazole TABS 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	QL (120 caps / 30 days)
ketoconazole TABS 200mg	3	
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	5	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	4	PA
voriconazole SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days)
voriconazole TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	NM
darunavir TABS 600mg	4	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	4	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
EDURANT PED TBSO 2.5mg	5	NM
efavirenz TABS 600mg	4	NM
emtricitabine CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine TABS 100mg, 200mg	5	NM
fosamprenavir calcium TABS 700mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
maraviroc TABS 150mg, 300mg	5	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	4	NM
nevirapine TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
ritonavir TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
tenofovir disoproxil fumarate TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
zidovudine CAPS 100mg	4	NM
zidovudine SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg	4	NM
lopinavir-ritonavir tab 200-50 mg	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	3	

Drug Name	Drug Tier	Requirements/Limits
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
entecavir TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
clarithromycin TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NM

Drug Name	Drug Tier	Requirements/Limits
BENDEKA SOLN 100mg/4ml	5	NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	
cyclophosphamide SOLR 1gm, 500mg	4	
cyclophosphamide SOLR 2gm	5	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	PA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	
oxaliplatin SOLR 50mg, 100mg	5	
VIVIMUSTA SOLN 100mg/4ml	5	NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml	4	NM
gemcitabine hcl SOLN 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	5	NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	
TABLOID TABS 40mg	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
fulvestrant SOSY 250mg/5ml	5	
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM
mesna TABS 400mg	5	
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	

Drug Name	Drug Tier	Requirements/Limits
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	
paclitaxel inj 100mg	5	NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
bortezomib SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
gefitinib TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECENTRIQ INJ HYBREZA	5	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 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	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
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	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	2	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
epinephrine (anaphylaxis) SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NM, PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	QL (1 pack / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR KIT 45mg, 60mg	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
memantine hcl TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	4	
NAMZARIC CAP 7-10MG	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	2	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	3	QL (270 tabs / 30 days)
clozapine TABS 200mg	3	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg	2	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	4	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days)
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days)
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM
epitol TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg; TABS 600mg, 800mg	2	

Drug Name	Drug Tier	Requirements/Limits
gabapentin SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
LEVETIRACETAM TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
perampanel TABS 2mg	4	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	2	
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	5	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	5	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	3	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
temazepam CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM
dihydroergotamine mesylate SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	4	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	3	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	3	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 1.62%	4	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin propanediol TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	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, 25mg	3	QL (30 tabs / 30 days), ST
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 (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
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		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	ST

Drug Name	Drug Tier	Requirements/Limits
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg	4	
risedronate sodium TBEC 35mg	4	ST
TERIPARATIDE SOPN 560mcg/2.24ml	5	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NM, PA
zoledronic acid CONC 4mg/5ml	4	NM
zoledronic acid SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	

Drug Name	Drug Tier	Requirements/Limits
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	3	
emzahh TABS .35mg	2	
enilloring	3	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina	2	

Drug Name	Drug Tier	Requirements/Limits
feirza 1.5/30	2	
feirza 1/20	2	
finzala	2	
galbriela	2	
hailey 1.5/30	2	
hailey 24 fe	2	
haloette	3	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	

Drug Name	Drug Tier	Requirements/Limits
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	

Drug Name	Drug Tier	Requirements/Limits
nylia 7/7/7	2	
ocella	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine	2	

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
abigale	3	
abigale lo	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol 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	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
betaine powder for oral solution	5	NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
cinacalcet hcl TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM, PA
JYNARQUE TABS 15mg, 30mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
lanreotide acetate SOLN 120mg/0.5ml	5	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM
mifepristone (hyperglycemia) TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
tolvaptan TBPK 15mg	5	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NM, PA
PROGESTINS		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	3	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	5	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	4	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
RELISTOR SOLN 12mg/0.6ml	5	QL (28 vials / 28 days), PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA

Drug Name	Drug Tier	Requirements/Limits
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
silodosin CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
tadalafil TABS 5mg	3	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
IMPOTENCE AGENTS		
avanafil TABS 50mg, 100mg, 200mg	2	ED, QL (4 tabs / 30 days)
CAVERJECT SOLR 20mcg, 40mcg	4	ED, QL (6 vials / 30 days)
CAVERJECT IMPULSE KIT 10mcg	4	ED, QL (6 each / 30 days)
CAVERJECT IMPULSE KIT 20mcg	4	ED, QL (6 kits / 30 days)
CIALIS TABS 10mg, 20mg	4	ED, QL (4 tabs / 30 days)
EDEX KIT 10mcg	4	ED, QL (6 each / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 20mcg, 40mcg	4	ED, QL (6 kits / 30 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	4	ED, QL (6 sup / 30 days)
sildenafil citrate TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
STENDRA TABS 50mg, 100mg, 200mg	4	ED, QL (4 tabs / 30 days)
tadalafil TABS 10mg, 20mg	2	ED, QL (4 tabs / 30 days)
vardenafil hcl 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		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	3	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	3	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride CP24 60mg	4	QL (30 caps / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban TABS 2.5mg	3	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
l-glutamine (sickle cell) PACK 5gm	5	NM, PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 200mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
BENLYSTA SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	B/D, NM
everolimus (immunosuppressant) TABS .25mg	4	B/D, NM
gengraf CAPS 25mg, 100mg	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	5	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	

Drug Name	Drug Tier	Requirements/Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
lactated ringer's solution	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
multiple electrolytes ph 5.5	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neo-polycin hc ophth oint 1%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	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%	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	

Drug Name	Drug Tier	Requirements/Limits
neo-polycin 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polycin ophth oint	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NM
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml	2	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
desloratadine TABS 5mg	3	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate (nasal) SUSP 50mcg/act	4	QL (2 bottles / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	3	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	3	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	3	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac	3	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	3	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77%	3	QL (100 gm / 30 days)
ciclopirox SHAM 1%	3	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
econazole nitrate CREA 1%	3	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	
calcipotriene CREA .005%; OINT .005%	4	QL (120 gm / 30 days)
calcipotriene SOLN .005%	3	QL (120 mL / 30 days)
calcitrene OINT .005%	4	QL (120 gm / 30 days)
ENSTILAR AER	5	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	5	
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	4	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	4	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (120 gm / 30 days)
clodan SHAM .05%	4	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	3	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	3	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15%	4	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	5	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	3	

Drug Name	Drug Tier	Requirements/Limits
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	3	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Index

A

C

G

L

T

This Formulary was updated on September 1, 2025. For more recent information 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

Visit **mvphealthcare.com/partdformulary** for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

2026 MVP Health Care Medicare Part D Formulary Updates

The following medications will be covered as of January 1, 2026:

BOSENTAN TABLETS 32MG with PA
ERZOFRI INJECTIONS 117/0.75ML, 156MG/ML, 234/1.5ML, 351/2.25ML, 39/0.25ML, & 78/0.5ML
FANAPT PAK PACK B with PA
FIDAXOMICIN TABLETS 200MG
HERNEXEOS TABLETS 60MG with PA
IBTROZI CAPSULES 200MG with PA
KERENDIA TABLETS 40MG
LEVONOR/ETHI ESTRADIOL TABLETS
MODEYSO CAPSULES 125MG with PA
MYRBETRIQ SUS 8MG/ML, 25MG & 50MG TABLETS
PENMENVY INJECTION
PREZCOBIX TABLETS 675/150MG
PYZCHIVA INJECTION 45/0.5ML & 90/1ML with PA
RIVAROXABAN SUSPENSION 1MG/ML
SACUB/VALSAR TABLETS 24-26MG, 49-51MG, 97-103MG
TOLVAPTAN TABLETS 15MG & 30MG with PA
ZYPREXA RELP INJECTIONS 210MG, 300MG, & 405MG with PA

The following medications will not be covered as of January 1, 2026. Talk to your doctor about a different medication that may be right for you.

ABELCET INJECTION 5MG/ML
ENTRESTO TABLETS 24-26MG, 49-51MG, & 97-103MG
EPITOL TABLETS 200MG
EPRONTIA SOLUTION 25MG/ML
IXCHIQ INJECTION
JYNARQUE TABLETS 15MG & 30MG
KELNOR 1/50 TABLETS
REGRANEX GEL 0.01%
XARELTO SUSPENSION 1MG/ML

Questions?

If you are not a current MVP Medicare Advantage plan member, speak with an MVP Medicare Advisor:

1-800-324-3899
(TTY: 711)
Seven days a week, 8 am–8 pm
April 1–September 30, Monday–Friday, 8 am–8 pm Eastern Time

If you are an MVP Medicare Advantage plan member, call the MVP Medicare Customer Care Center:

1-800-665-7924
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MVP HEALTH CARE
625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

Preferred Gold with Part D (HMO-POS) – Buy-Up
2026 Employer Group Benefits

BENEFITS	YOU PAY
DOCTORS VISITS	
Primary Care	$10
Specialist	$15
Chiropractor	$15
Allergy Injection (allergy serum covered)	$10 Primary care; $15 Specialist
Acupuncture (10 visits)	50%
PREVENTIVE CARE	
Annual Wellness Exam	Covered in full
Medicare-covered screenings - mammogram, prostate, Pap tests, bone mass measurement	Covered in full (Office visit copay may apply)
Pneumonia and Flu Shots	Covered in full (Office visit copay may apply)
HOSPITAL SERVICES	
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)	Covered in full
Observation Stays	Covered in full
OUTPATIENT SERVICES	
Ambulatory Surgical Center - same day surgery & other services	Covered in full
Outpatient Hospital - same day surgery & other services	Covered in full
Home Health Services	Covered in full
Hospice	Covered by Medicare
EMERGENCY CARE – worldwide coverage	
Emergency Room Care	$65
Urgently Needed Care	$15
Ambulance Transportation	$75
DIAGNOSTIC SERVICES - office visit copay may apply	
X-rays (Radiology)	$15
Lab Tests	$0
CT Scans, PET Scans, MRIs, Nuclear Medicine	$30
REHABILITATION	
Skilled Nursing Facility	$0 each day, days 1-20; $140 each day, days 21-100
Physical, Occupational, and Speech Therapy (therapy caps apply)	$15
OUT-OF-NETWORK AND TRAVEL COVERAGE (POS)	
Care from providers (doctors, hospitals and other facilities) that are not part of MVP's network. (Not all services are covered out of network).	No Deductible. Member pays 30%. $5000 maximum annual benefit.

MEMBER PROTECTION	YOU PAY
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)	$4000

BENEFITS	YOU PAY
ADDITIONAL COVERAGE	
Diabetic Glucose Strips and supplies- must be preferred brands*	$0
Durable Medical Equipment (DME)	20%
Part B Drugs Purchased at Pharmacy	$15
Part B Drugs Professionally Administered (chemotherapy)	$15
Radiation Therapy	$0
Outpatient Dialysis	$0
Eyewear Allowance Dental Coverage Hearing Aid Allowance	$100 eyewear allowance every two years Medicare-covered dental benefits only TruHearing Advanced $699/TruHearing Premium $999 copay per ear, 2 per year or $600 allowance per ear, 2 per year through TruHearing catalog

ENHANCED PRESCRIPTION DRUG COVERAGE – No Deductible		
Initial Coverage Stage	**Retail Pharmacy (30-day supply)**	**Mail Order (up to 90-day supply)**
Tier 1 - Preferred generic drugs	$0 copayment	$0 copayment
Tier 2 - Generic drugs	$5 copayment	$10 copayment
Tier 3 - Preferred brand-name drugs	$15 copayment	$30 copayment
Tier 4 - Non-preferred drugs	$30 copayment	$60 copayment
Tier 5 - Specialty drugs	$30 copayment	Not Available
Catastrophic Coverage Stage	When you have paid $2,100 out-of-pocket, your cost for covered Part D drugs is reduced to $0.	
Additional Coverage	Your plan also covers the following: Erectile dysfunction drugs. Insulin drugs have a $35 maximum copay for a 30-day supply. Tier 1 drugs are available up to a 100-day supply.	

WELL-BEING PROGRAMS	
24-Hour Nurse Line	Nurse available 24 hours per day, 7 days per week to answer health questions via telephone or email.
SilverSneakers Fitness Program	Free fitness center membership--visit any participating fitness center or join online classes from home.

Exclusions & Non-covered Services

Neither MVP nor Original Medicare will pay for certain items or services, including cosmetic surgery, custodial care, and experimental procedures and items. For a complete list of excluded services, refer to your Evidence of Coverage (your contract). Unless expressly indicated in the contract, all non-medically necessary services are not covered. Even if you receive the services at an emergency facility, the excluded services are still not covered.

This information is a brief summary, not a comprehensive description of benefits. Some services may require prior authorization from MVP. For more information, refer to your Evidence of Coverage (your contract).

*Preferred Brand Diabetic Test Strips: Accu-chek, FreeStyle, and Prodigy

MVP HEALTH CARE
625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

Preferred Gold with Part D (HMO-POS) – Buy-Up
2026 Employer Group Benefits

BENEFITS	YOU PAY
DOCTORS VISITS	
Primary Care	$10
Specialist	$15
Chiropractor	$15
Allergy Injection (allergy serum covered)	$10 Primary care; $15 Specialist
Acupuncture (10 visits)	50%
PREVENTIVE CARE	
Annual Wellness Exam	Covered in full
Medicare-covered screenings - mammogram, prostate, Pap tests, bone mass measurement	Covered in full (Office visit copay may apply)
Pneumonia and Flu Shots	Covered in full (Office visit copay may apply)
HOSPITAL SERVICES	
Inpatient Acute Hospital Stays Inpatient Mental Health Care (190 days per lifetime)	Covered in full
Observation Stays	Covered in full
OUTPATIENT SERVICES	
Ambulatory Surgical Center - same day surgery & other services	Covered in full
Outpatient Hospital - same day surgery & other services	Covered in full
Home Health Services	Covered in full
Hospice	Covered by Medicare
EMERGENCY CARE – worldwide coverage	
Emergency Room Care	$65
Urgently Needed Care	$15
Ambulance Transportation	$75
DIAGNOSTIC SERVICES - office visit copay may apply	
X-rays (Radiology)	$15
Lab Tests	$0
CT Scans, PET Scans, MRIs, Nuclear Medicine	$30
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