



Tufts Health Plan Senior Care Options (HMO-SNP) | Lista de medicamentos cubiertos (Formulario) 2021

Tufts Health Plan Senior Care Options

LEA LO SIGUIENTE: Este documento contiene información sobre los medicamentos que cubrimos en este plan

21576 Versión 6

Este formulario se actualizó el 1/9/2020. Para obtener información más reciente o hacer otras preguntas, comuníquese con Relaciones con el Cliente de Tufts Health Plan Senior Care Options al **1-855-670-5934** o al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m. los 7 días de la semana, desde el 1 de octubre al 31 de marzo y de lunes a viernes del 1 de abril al 30 de septiembre, o visite **www.thpmp.org/sco**.

Tufts Health Plan Senior Care Options (HMO-SNP) | *Lista de medicamentos cubiertos (Formulario) 2021*

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (que también se conoce como Lista de medicamentos). La lista indica qué medicamentos de venta con receta cubre Tufts Health Plan Senior Care Options. La Lista de medicamentos también indica si hay reglas especiales o restricciones en los medicamentos que cubre Tufts Health Plan Senior Care Options.

Nuestra información de contacto, junto con la fecha más reciente de actualización de la Lista de medicamentos, aparece en la tapa y contratapa. Los términos clave y sus definiciones aparecen en el último capítulo de la *Evidencia de cobertura*.



Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana de 8:00 a. m. a 8:00 p. m., desde el 1 de octubre al 31 de marzo y de lunes a viernes del 1 de abril al 30 de septiembre. La llamada es gratis. **Para obtener más información**, visite www.thpmp.org/sco-member.

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A. Descargos de responsabilidad

Esta es una lista de los medicamentos que los miembros pueden recibir en *Tufts Health Plan Senior Care Options*.

- ❖ Tufts Health Plan es un plan HMO-SNP con un contrato con Medicare y un contrato con el programa de Medicaid del Commonwealth of Massachusetts. La inscripción en Tufts Health Plan depende de la renovación del contrato. Tufts Health Plan Senior Care Options es un programa voluntario de MassHealth (Medicaid) en asociación con la Oficina Central de Salud y Servicios Humanos (EOHHS, Executive Office of Health and Human Services) y los Centros de Servicios de Medicare y Medicaid (CMS, Centers for Medicare & Medicaid Services).
- ❖ Puede revisar en línea en cualquier momento la última versión de la *Lista de medicamentos cubiertos* de Tufts Health Plan Senior Care Options en www.thmp.org/sco-member o puede llamar al 1-855-670-5934 (TTY: 711).
- ❖ Puede obtener gratis este documento o en otros formatos, como en letra grande, braille o audio. Llame los 7 días de la semana de 8:00 a. m. a 8:00 p. m., desde el 1 de octubre al 31 de marzo y de lunes a viernes del 1 de abril al 30 de septiembre. La llamada es gratis.

Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. (del 1 de abril al 30 de septiembre, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.). La llamada es gratis. **Para obtener más información**, visite www.thmp.org/sco-member.



Tufts Health Plan cumple con las leyes federales vigentes sobre derechos civiles y no discrimina por motivo de raza, color, origen étnico, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata en forma diferente por su raza, color, nacionalidad, edad, discapacidad ni sexo.

Tufts Health Plan:

- Entrega ayuda y servicios gratis a personas con discapacidades para que se comuniquen en forma eficaz con nosotros, como los siguientes:
 - Información por escrito en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Presta servicios lingüísticos gratis para personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Tufts Health Plan al 1-855-670-5934 (TTY: 711).

Si cree que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de alguna otra manera por motivos de raza, color, origen étnico, edad, discapacidad o sexo, puede presentar una queja formal a:

Tufts Health Plan, a la atención de:

Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Teléfono: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 617-972-9048
Correo electrónico: OCRCoordinator@tufts-health.com

Puede presentar una queja formal en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el coordinador de derechos civiles de Tufts Health Plan está disponible para ayudarlo.

También puede presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos en forma electrónica a través del portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

www.thpmp.org/sco-member | 1-855-670-5934 (TTY: 711)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-670-5934 (رقم هاتف الصم والبكم: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-670-5934 (TTY 711)。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-855-670-5934 (TTY: 711) با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-670-5934 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-670-5934 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-670-5934 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-670-5934 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-670-5934 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-670-5934 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwođęę, t'áá jiikeh, éí ná hóló, koji' hódíílnih 1800-701-9000 (TTY: 711.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-670-5934 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-670-5934 (TTY: 711).

Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. (del 1 de abril al 30 de septiembre, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.). La llamada es gratis. **Para obtener más información,** visite www.thmp.org/sco-member.



B. Preguntas frecuentes (FAQ, Frequently asked questions)

Aquí encontrará las respuestas a las preguntas que tiene sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las FAQ para obtener más información o buscar una pregunta y su respuesta respectiva.

B1. ¿Qué medicamentos de venta con receta figuran en la *Lista de medicamentos cubiertos*? (Abreviamos la *Lista de medicamentos cubiertos* como la “Lista de medicamentos”).

Los medicamentos que aparecen en la *Lista de medicamentos cubiertos* que comienza en la página 19 son los que cubre Tufts Health Plan Senior Care Options. Los medicamentos están disponibles en farmacias dentro de nuestra red. Una farmacia estará en nuestra red si tenemos un contrato con ella para trabajar con nosotros y prestarle servicios a usted. Designamos a estas farmacias como “farmacias de la red”.

- Tufts Health Plan Senior Care Options cubrirá todos los medicamentos que sean médicamente necesarios y que figuren en la lista si ocurre lo siguiente:
 - su médico u otro profesional que emitió la receta dice que los necesita para recuperarse o mantenerse saludable,
 - Tufts Health Plan Senior Care Options acepta que el medicamento es médicamente necesario para usted, y
 - usted surte la receta en una farmacia de la red de Tufts Health Plan Senior Care Options.
- En algunos casos, tiene que hacer algo antes de recibir un medicamento. Vea la pregunta B4 para obtener más información.

También puede consultar una lista actualizada de medicamentos que cubrimos en nuestro sitio web en www.thmp.org/sco-member o llamar a Relaciones con el Cliente al 1-855-670-5934 (TTY: 711).

B2. ¿Cambia alguna vez la Lista de medicamentos?

Sí, y Tufts Health Plan Senior Care Options debe seguir las normas de Medicare y MassHealth cuando realiza cambios. Podemos añadir o retirar medicamentos de la lista durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir que se necesita o no se necesita una autorización previa para un medicamento. (La autorización previa es un permiso que da Tufts Health Plan Senior Care Options antes de que pueda comprar un medicamento).
- Añadir o cambiar la cantidad de medicamentos que puede recibir (se llama límites de cantidad).
- Añadir o cambiar las restricciones de terapia escalonada en un medicamento. (Terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas de medicamentos, consulte la pregunta B4.

Si toma un medicamento que estaba cubierto a **principios** del año, por lo general no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que suceda lo siguiente:

- aparezca en el mercado un medicamento nuevo y más barato que funcione tan bien como el que figura ahora en la Lista de medicamentos, **o**
- nos enteramos de que un medicamento no es seguro, **o**
- se retiró un medicamento del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando cambia la Lista de medicamentos.

- Puede revisar en línea en cualquier momento la última versión de la Lista de medicamentos de Tufts Health Plan Senior Care Options en www.thmp.org/sco-member.
- También puede llamar a Relaciones con el Cliente al 1-855-670-5934 (TTY: 711) para consultar por la Lista de medicamentos actual.

Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. (del 1 de abril al 30 de septiembre, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.). La llamada es gratis. **Para obtener más información**, visite www.thmp.org/sco-member.



B3. ¿Qué sucede si hay un cambio en la Lista de medicamentos?

Algunos cambios de la Lista de medicamentos ocurrirán **inmediatamente**. Por ejemplo:

- **Un nuevo medicamento genérico sale al mercado.** A veces, aparece en el mercado un nuevo medicamento genérico que funciona tan bien como el de marca que figura en la Lista de medicamentos. Cuando eso sucede, podemos retirar el medicamento de marca y añadir el nuevo genérico, pero el costo por el nuevo medicamento será el mismo, \$0. Cuando agreguemos el nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas de cobertura o límites.
 - Tal vez no le avisemos antes de hacer este cambio, pero le enviaremos información sobre el cambio específico que hagamos una vez que esto suceda.
 - Usted o su médico puede solicitar una excepción de estos cambios. Le enviaremos un aviso con los pasos que puede tomar para solicitar una excepción. Vea las preguntas B10 a B12 para obtener más información sobre las excepciones.
- **Se retiró un medicamento del mercado.** Si la Administración de Alimentos y Medicamentos (FDA, Food and Drug Administration) de EE. UU. dice que un medicamento que usted está tomando no es seguro o el fabricante lo retira del mercado, lo sacaremos de la Lista de medicamentos. Si usted está tomando ese medicamento, se lo informaremos. Luego puede conversar con su médico o con otro profesional que recetó el medicamento. Esta persona puede ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar.

Podemos hacer otros cambios que afecten los medicamentos que usted toma. Le informaremos con anticipación de estos otros cambios en la Lista de medicamentos. Estos cambios podrían suceder si ocurre lo siguiente:

- La FDA entrega nuevas directrices o si hay nuevas directrices clínicas con respecto a un medicamento.
- Añadimos un medicamento genérico que es nuevo en el mercado, **y**
 - reemplazamos un medicamento de marca que está actualmente en la Lista de medicamentos, **o**
 - cambiamos las reglas de cobertura o límites del medicamento de marca.

Cuando estos cambios ocurran, haremos lo siguiente:

- Le informaremos al menos con 30 días de anticipación del cambio en la Lista de medicamentos, **o**
- Le haremos saber y le daremos un suministro del medicamento para 30 días después de que solicite resurtir la receta.

Esto le dará tiempo para conversar con el médico u otro profesional que emite la receta. Pueden ayudarlo a decidir lo siguiente:

- si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar, o
- solicitar una excepción de estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Hay restricciones o límites en la cobertura de medicamentos o se deben tomar medidas para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede recibir. En algunos casos, usted, su médico u otro profesional que emite la receta tienen que hacer algo antes de recibir el medicamento. Por ejemplo:

- **Autorización previa:** En el caso de algunos medicamentos, usted, su médico u otro profesional que emite la receta deben obtener la autorización de Tufts Health Plan Senior Care Options antes de surtir su receta. La autorización previa es diferente de un referido. Tufts Health Plan Senior Care Options podría no cubrir el medicamento si no obtiene primero la autorización previa.
- **Límites de cantidad:** En ocasiones, Tufts Health Plan Senior Care Options restringe la cantidad de un medicamento que usted puede adquirir.
- **Terapia escalonada:** A veces, Tufts Health Plan Senior Care Options necesita que usted haga una terapia escalonada. Esto significa que tendrá que probar los medicamentos en un orden determinado para su afección. Podría tener que probar un medicamento antes de que cubramos otro. Si su médico cree que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Medicamento con suministro para cierta cantidad de días no extensible:** Para ciertos medicamentos, Tufts Health Plan Senior Care Options restringe las cantidades hasta un suministro de 30 días por receta.

Para saber si su medicamento tiene requisitos o límites adicionales, consulte las tablas que figuran desde la página 19. También puede visitar nuestro sitio web en www.thmp.org/sco-member para obtener más información. Hemos publicado en línea un documento que explica nuestras restricciones a la autorización previa y a la terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción de estos límites. Esto le dará tiempo para conversar con el médico u otro profesional que emite la receta. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si podría solicitar una excepción. Vea las preguntas B10-B12 para obtener más información sobre las excepciones.

Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. (del 1 de abril al 30 de septiembre, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.). La llamada es gratis. **Para obtener más información**, visite www.thmp.org/sco-member.



B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay medidas que debo tomar para recibirlo?

La *Lista de medicamentos cubiertos* en la página 19 tiene una columna titulada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Tufts Health Plan Senior Care Options cambia sus reglas sobre cómo cubre algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones a la terapia escalonada)?

En algunos casos, le avisaremos anticipadamente si añadimos o cambiamos la aprobación previa, los límites de cantidad o las restricciones a la terapia escalonada de un medicamento. Vea la pregunta B3 para obtener más información sobre el aviso anticipado y las situaciones en las que no podamos notificarle anticipadamente cuando cambien nuestras reglas sobre los medicamentos incluidos en la lista.

B7. ¿Cómo puedo encontrar un medicamento en la lista?

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, **o**
- Puede buscar por afección.

Para buscar **alfabéticamente**, ubique su medicamento en la sección Índice de medicamentos cubiertos. La sección está en la página 101.

Para buscar **por afección**, vaya a la sección titulada “Lista de medicamentos por afección” en la página 17. Los medicamentos en esta sección están agrupados en categorías según las afecciones para los que se usan como tratamiento. Por ejemplo, si tiene una afección del corazón, debería buscar en la categoría “Agentes cardiovasculares”. Ahí es donde encontrará medicamentos que tratan afecciones del corazón.

B8. ¿Qué sucede si el medicamento que quiero tomar no está en la lista?

Si no ve su medicamento en la lista, llame a Relaciones con el Cliente al 1-855-670-5934 (TTY: 711) y pregunte por él. Si se entera que Tufts Health Plan Senior Care Options no cubrirá el medicamento, puede hacer una de las siguientes cosas:

- Pedir a Relaciones con el Cliente una lista de medicamentos similares al que desea tomar. Luego, muestre la lista a su médico u otro profesional que emite la receta. Ellos pueden recetar un medicamento de la lista que es similar al que desea tomar, **o**
- Puede solicitar al plan de salud que haga una excepción para cubrir su medicamento. Vea las preguntas B10-B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un miembro nuevo de Tufts Health Plan Senior Care Options y no puedo encontrar mi medicamento en la lista o tengo un problema para conseguirlo?

Podemos ayudar. Podemos cubrir un suministro temporal para 30 días de su medicamento durante los primeros 90 días desde que se convirtió en miembro de Tufts Health Plan Senior Care Options. Esto le dará tiempo para conversar con el médico u otro profesional que emite la receta. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si podría solicitar una excepción.

Si la receta está indicada para menos días, permitiremos que se surta varias veces hasta un máximo de 30 días de medicamento.

Cubriremos un suministro de 30 días de su medicamento si sucede lo siguiente:

- Usted está tomando un medicamento que no aparece en nuestra lista, **o**
- Nuestras reglas del plan de salud no permiten que usted reciba la cantidad recetada, **o**
- El medicamento necesita la autorización previa de Tufts Health Plan Senior Care Options, **o**
- Usted está tomando un medicamento que es parte de una restricción a una terapia escalonada.

Si usted está tomando un medicamento que Tufts Health Plan Senior Care Options no considera que sea un medicamento de Part D, tiene derecho a recibir un suministro único de dicho medicamento para 72 horas.

Si está en una casa de reposo o en un centro de cuidados de largo plazo y necesita un medicamento que no está en la lista o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan por más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro inmediatamente:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que su receta sea por menos días), si es o no un nuevo miembro de Tufts Health Plan Senior Care Options.
- Esta es una adición al suministro temporal durante los primeros 90 días desde que se convirtió en miembro de Tufts Health Plan Senior Care Options.

Como miembro actual, si lo ingresan o le dan el alta de un centro de largo plazo y se cambia su medicamento en forma no planificada, puede solicitar que aprobemos una renovación temporal única del medicamento no cubierto para que tenga tiempo de analizar un plan de transición con el médico. El médico también puede solicitar una excepción a la cobertura para el medicamento no cubierto según la revisión de necesidad médica a continuación del proceso estándar de

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excepción que se describió anteriormente. La “primera renovación” temporal será por lo general un suministro de 31 días, pero se podría extender para darles tiempo a usted y al médico para administrar las complicaciones de varios medicamentos o cuando las circunstancias especiales lo justifiquen. Llame al departamento de Relaciones con el Cliente de Tufts Health Plan Senior Care Options para solicitar una renovación temporal de la receta.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar a Tufts Health Plan Senior Care Options que haga una excepción para cubrir un medicamento que no figura en la lista.

También nos puede solicitar que cambiemos las reglas que aplicamos a su medicamento.

- Por ejemplo, Health Plan Senior Care Options puede restringir la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, nos puede solicitar que lo cambiemos y cubramos una mayor cantidad.
- Otros ejemplos: Puede solicitarnos que retiremos las restricciones a la terapia escalonada o a los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Relaciones con el Cliente. Un representante de Relaciones con el Cliente trabajará con usted y su médico para ayudarlo a solicitar una excepción. También puede leer el Capítulo 9 de la *Evidencia de cobertura* para obtener más información sobre las excepciones.

B12. ¿Cuánto se tarda en conseguir una excepción?

En primer lugar, tenemos que recibir una declaración de la persona que emite la receta y que apoye su solicitud de excepción. Para una decisión más rápida, incluya esta información médica de su médico u otro profesional que emita recetas cuando solicite la excepción. Después de que recibamos dicha declaración, tomaremos una decisión sobre su solicitud de excepción dentro de un plazo de 72 horas.

Si usted o el profesional que emite la receta cree que su salud puede verse afectada si tiene que esperar 72 horas por una decisión, puede solicitar una excepción expedita. Esta es una decisión más rápida. Si el profesional que emite la receta apoya su solicitud, tomaremos una decisión dentro de un plazo de 24 horas después de haber recibido la declaración de apoyo de dicho profesional.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que el medicamento de marca y no tienen nombres conocidos. Los medicamentos genéricos son autorizados por la Administración de Alimentos y Medicamentos (FDA, Food and Drug Administration) de EE. UU.

Tufts Health Plan Senior Care Options cubre tanto los medicamentos de marca como los genéricos.

B14. ¿Qué son los medicamentos OTC?

OTC es la sigla en inglés de “over-the-counter”, que significa que un medicamento se vende sin una receta. Tufts Health Plan Senior Care Options cubre algunos medicamentos OTC cuando figuran en las recetas emitidas por el médico.

Puede leer la Lista de medicamentos estándar de venta sin receta de MassHealth para ver qué medicamentos OTC tienen cobertura.

Además de la Lista de medicamentos OTC de MassHealth Standard (Medicaid), Tufts Health Plan Senior Care Options proporciona cobertura para los siguientes medicamentos de acuerdo con su beneficio de Medicare:

- Benzonatato
- Condroitina/MSM
- Coenzima Q10
- Fexofenadina
- Kits de preparación Fleet (sin enema)
- Glucosamina/Condroitina/MSM
- Glucosamina/MSM
- Citrato de magnesio
- Metilsulfonilmetano (MSM)
- Mucinex 600 mg
- Omega 3/aceite de pescado
- Robitussin Cough + Chest Congestion DM, jarabe (líquido)

B15. ¿Cubre Tufts Health Plan Senior Care Options los productos OTC que no son medicamentos?

Tufts Health Plan Senior Care Options cubre algunos productos OTC que no son medicamentos cuando figuran en las recetas emitidas por el médico.

Algunos ejemplos de productos OTC que no son medicamentos son las curitas y gaza.

Puede leer la Lista de medicamentos de Tufts Health Plan Senior Care Options para ver qué productos OTC que no son medicamentos tienen cobertura.

B16. ¿Cubre Tufts Health Plan Senior Care Options suministros prolongados de medicamentos de venta con receta?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro hasta para 90 días de sus medicamentos de venta con receta, el cual se enviará directamente a su casa. Usted tiene \$0 de copago.
- **Programas de farmacias minoristas de suministro para 90 días.** Algunas farmacias minoristas también pueden ofrecer un suministro hasta para 90 días de medicamentos de venta con receta que están cubiertos. Usted tiene \$0 de copago.

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B17. ¿Mi farmacia local puede enviar a mi casa los productos de mi receta?

Es posible que su farmacia local entregue en su casa los productos de su receta. Puede llamar a la farmacia para averiguar si ofrecen entregas a domicilio.

B18. ¿Cuál es mi copago?

Los miembros de Tufts Health Plan Senior Care Options no tienen copagos para los medicamentos recetados y sin receta (OTC, Over-The-Counter), así como productos que no son medicamentos siempre y cuando los miembros sigan las reglas del plan. Vea las preguntas B14 y B15 para obtener más información sobre los medicamentos de venta sin receta y los productos que no son medicamentos.

Los niveles son los grupos de medicamentos en nuestra Lista de medicamentos.

- Los medicamentos del Nivel 1 (Genérico preferido) tienen \$0 de copago.
- Los medicamentos del Nivel 2 (Genérico) tienen \$0 de copago.
- Los medicamentos del Nivel 3 (Marca preferida) tienen \$0 de copago.
- Los medicamentos del Nivel 4 (Medicamento no preferido) tienen \$0 de copago.
- Los medicamentos del Nivel 5 (Nivel de especialidad) tienen \$0 de copago.
- Los medicamentos del Nivel 6 (Vacunas) tienen \$0 de copago.

Los medicamentos OTC tienen un copago de \$0.

Si tiene preguntas, llame a Relaciones con el Cliente al 1-855-670-5934 (TTY: 711).

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le entrega información sobre los medicamentos que cubre Tufts Health Plan Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice de medicamentos cubiertos que comienza en la página 101. El índice indica en orden alfabético todos los medicamentos que cubre Tufts Health Plan Senior Care Options.

C1. Lista de medicamentos por afección

Los medicamentos en esta sección están agrupados en categorías según las afecciones para las que se usan como tratamiento. Por ejemplo, si tiene una afección del corazón, debería buscar en la categoría “Agentes cardiovasculares”. Ahí es donde encontrará medicamentos que tratan afecciones del corazón.

También aparece el significado de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

B vs D: Part B o D de Medicare.

Estos medicamentos necesitan una autorización previa para determinar la cobertura adecuada según Part B o Part D de Medicare.

QL: Se aplican límites de cantidad (QL, Quantity Limit).

Debido a posibles inquietudes sobre la seguridad y uso, Tufts Health Plan Senior Care Options ha colocado limitaciones para surtir una cantidad pequeña de medicamentos de venta con receta. Esto significa que la farmacia solo surtirá cierta cantidad de un medicamento en un período específico. Estas cantidades se basan en estándares reconocidos de atención, como las recomendaciones de uso de la Administración de Alimentos y Medicamentos de los Estados Unidos.

HI: Medicamento de infusión en el hogar (HI, Home Infusion).

Este medicamento recetado está cubierto según nuestro beneficio médico.

LA: Medicamento de acceso limitado (LA, Limited Access).

Esta receta puede estar disponible solo en ciertas farmacias.

PA: Se necesita autorización previa (PA, Prior Authorization).

El proceso de autorización previa fomenta que se receten en forma racional los medicamentos que impliquen inquietudes importantes financieras o de seguridad. Un médico puede presentar una solicitud de cobertura según la necesidad médica de un miembro por un medicamento en especial.

Esta sección continúa en la página siguiente.

Si tiene preguntas, llame a Tufts Health Plan Senior Care Options al 1-855-670-5934 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. (del 1 de abril al 30 de septiembre, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.). La llamada es gratis. **Para obtener más información**, visite www.thmp.org/sco-member.



STPA: Se aplica una autorización previa de terapia escalonada (STPA, Step Therapy Prior Authorization).

La terapia escalonada es una forma automática de autorización previa que utiliza los antecedentes de reclamaciones para la aprobación de un medicamento en el punto de venta. Los programas de terapia escalonada fomentan el uso clínicamente demostrado de terapias de primera línea y están diseñados para garantizar que se usen primero los agentes más económicos y adecuados para la terapia, antes de que se puedan cubrir otros tratamientos.

Los miembros que toman actualmente medicamentos que cumplen los criterios iniciales para una terapia escalonada podrán surtir automáticamente sus recetas de medicamentos escalonados. Si el miembro no cumple los criterios iniciales para una terapia escalonada, se rechazará la receta en el punto de venta con un mensaje que indicará que se necesita una autorización previa (PA). Los médicos pueden presentar solicitudes de autorización previa a Tufts Health Plan Senior Care Options para los miembros que no cumplen los criterios de terapia escalonada en el punto de venta según el proceso de revisión médica.

Trasplante:

El medicamento está cubierto según Part B cuando se usa para un trasplante de órgano cubierto por Medicare.

Medicamento de Part B:

No se necesita un copago y el costo del medicamento no se aplica a su beneficio de Part D.

NEDS: Medicamento con suministro para una cantidad no extensible de días.

En un esfuerzo por contener los costos de medicamentos, se limitarán ciertos medicamentos de alto costo a un suministro de hasta 30 días por renovación.

SP: Disponible mediante un proveedor de una farmacia de especialidad designada.

Tiene la opción de obtener este medicamento mediante un proveedor de farmacia de especialidad designada. Estas farmacias se especializan en surtir una cantidad seleccionada de medicamentos directamente a nuestros miembros. También ofrecen entregas gratuitas a su hogar, apoyo educativo por teléfono las 24 horas del día, los 7 días de la semana, apoyo del personal de enfermería y los farmacéuticos y trabajarán atentamente con el médico. Los medicamentos incluyen, entre otros, aquellos que se usan en el tratamiento de esclerosis múltiple, hepatitis C, artritis reumatoide y cánceres tratados con medicamentos por vía oral.

SP-CVS specialty: 1-800-237-2767

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos genéricos se indican en letra cursiva y en minúsculas (por ejemplo, *omeprazol*), mientras que los medicamentos de marca aparecen en letras mayúsculas (por ejemplo, COUMADIN). La información en la columna "Medidas necesarias, restricciones o límites de uso" le indica si Tufts Health Plan Senior Care Options tiene reglas para cubrir su medicamento.

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat troche</i>	\$0 (Tier-2)	
CRESEMBA ORAL CAPSULE	\$0 (Tier-5)	NEDS
<i>fluconazole oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>fluconazole oral tablet</i>	\$0 (Tier-2)	
<i>flucytosine oral capsule</i>	\$0 (Tier-5)	NEDS
<i>griseofulvin microsize oral suspension</i>	\$0 (Tier-2)	
<i>griseofulvin microsize oral tablet</i>	\$0 (Tier-2)	
<i>griseofulvin ultramicrosize oral tablet</i>	\$0 (Tier-2)	
<i>itraconazole oral capsule</i>	\$0 (Tier-2)	
<i>itraconazole oral solution</i>	\$0 (Tier-3)	
<i>ketoconazole oral tablet</i>	\$0 (Tier-2)	
<i>micafungin sodium intravenous solution reconstituted</i>	\$0 (Tier-3)	
NOXAFIL ORAL SUSPENSION	\$0 (Tier-5)	NEDS
<i>nystatin oral tablet</i>	\$0 (Tier-2)	
<i>posaconazole oral tablet delayed release</i>	\$0 (Tier-5)	NEDS
<i>terbinafine hcl oral tablet</i>	\$0 (Tier-1)	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	\$0 (Tier-5)	NEDS
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier-5)	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier-4)	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE	\$0 (Tier-4)	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	\$0 (Tier-5)	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	
ALINIA ORAL TABLET	\$0 (Tier-4)	
ARIKAYCE INHALATION SUSPENSION	\$0 (Tier-5)	B vs D; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	\$0 (Tier-4)	
<i>ivermectin oral tablet</i>	\$0 (Tier-2)	
<i>linezolid oral suspension reconstituted</i>	\$0 (Tier-5)	NEDS
<i>linezolid oral tablet</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methenamine hippurate oral tablet</i>	\$0 (Tier-2)	
<i>metronidazole oral capsule</i>	\$0 (Tier-2)	
<i>metronidazole oral tablet</i>	\$0 (Tier-2)	
MONUROL ORAL PACKET	\$0 (Tier-4)	
<i>neomycin sulfate oral tablet</i>	\$0 (Tier-1)	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$0 (Tier-2)	
<i>nitrofurantoin monohydrate macro oral capsule</i>	\$0 (Tier-2)	
<i>praziquantel oral tablet</i>	\$0 (Tier-3)	
SIVEXTRO ORAL TABLET	\$0 (Tier-5)	NEDS
STROMECTOL ORAL TABLET	\$0 (Tier-3)	
<i>trimethoprim oral tablet</i>	\$0 (Tier-1)	
<i>vancomycin hcl oral capsule</i>	\$0 (Tier-3)	
<i>vancomycin hcl oral solution reconstituted</i>	\$0 (Tier-4)	
XENLETA ORAL TABLET	\$0 (Tier-5)	NEDS
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier-5)	NEDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier-5)	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	\$0 (Tier-5)	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	\$0 (Tier-4)	
BENZNIDAZOLE ORAL TABLET	\$0 (Tier-4)	
<i>chloroquine phosphate oral tablet</i>	\$0 (Tier-2)	
COARTEM ORAL TABLET	\$0 (Tier-3)	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	\$0 (Tier-4)	
DARAPRIM ORAL TABLET	\$0 (Tier-3)	
<i>hydroxychloroquine sulfate oral tablet</i>	\$0 (Tier-2)	
KRINTAFEL ORAL TABLET	\$0 (Tier-3)	
<i>mefloquine hcl oral tablet</i>	\$0 (Tier-2)	
<i>paromomycin sulfate oral capsule</i>	\$0 (Tier-2)	
PENTAM INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>pentamidine isethionate inhalation solution reconstituted</i>	\$0 (Tier-3)	B vs D
<i>pentamidine isethionate injection solution reconstituted</i>	\$0 (Tier-3)	
<i>primaquine phosphate oral tablet</i>	\$0 (Tier-2)	
<i>pyrimethamine oral tablet</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinine sulfate oral capsule</i>	\$0 (Tier-2)	
<i>tinidazole oral tablet</i>	\$0 (Tier-2)	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$0 (Tier-3)	
<i>abacavir sulfate oral tablet</i>	\$0 (Tier-2)	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$0 (Tier-3)	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$0 (Tier-5)	NEDS
<i>acyclovir oral capsule</i>	\$0 (Tier-1)	
<i>acyclovir oral suspension</i>	\$0 (Tier-3)	
<i>acyclovir oral tablet</i>	\$0 (Tier-2)	
<i>adefovir dipivoxil oral tablet</i>	\$0 (Tier-5)	NEDS
<i>amantadine hcl oral capsule</i>	\$0 (Tier-2)	
<i>amantadine hcl oral syrup</i>	\$0 (Tier-2)	
<i>amantadine hcl oral tablet</i>	\$0 (Tier-2)	
APTIVUS ORAL CAPSULE	\$0 (Tier-5)	NEDS
APTIVUS ORAL SOLUTION	\$0 (Tier-5)	NEDS
<i>atazanavir sulfate oral capsule</i>	\$0 (Tier-4)	
ATRIPLA ORAL TABLET	\$0 (Tier-5)	NEDS
BIKTARVY ORAL TABLET	\$0 (Tier-5)	NEDS
CIMDUO ORAL TABLET	\$0 (Tier-5)	NEDS
COMPLERA ORAL TABLET	\$0 (Tier-5)	NEDS
CRIXIVAN ORAL CAPSULE	\$0 (Tier-3)	
DELSTRIGO ORAL TABLET	\$0 (Tier-3)	
DESCOVY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>didanosine oral capsule delayed release</i>	\$0 (Tier-2)	
DOVATO ORAL TABLET	\$0 (Tier-5)	NEDS
EDURANT ORAL TABLET	\$0 (Tier-5)	NEDS
<i>efavirenz oral capsule</i>	\$0 (Tier-3)	
<i>efavirenz oral tablet</i>	\$0 (Tier-5)	NEDS
EMTRIVA ORAL CAPSULE	\$0 (Tier-3)	
EMTRIVA ORAL SOLUTION	\$0 (Tier-3)	
<i>entecavir oral tablet</i>	\$0 (Tier-3)	
EPCLUSA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	\$0 (Tier-3)	
EVOTAZ ORAL TABLET	\$0 (Tier-5)	NEDS
<i>famciclovir oral tablet</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosamprenavir calcium oral tablet</i>	\$0 (Tier-5)	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	\$0 (Tier-5)	NEDS
HARVONI ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (Tier-3)	
INTELENCE ORAL TABLET 200 MG	\$0 (Tier-5)	NEDS
INTRON A INJECTION SOLUTION	\$0 (Tier-3)	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty
INVIRASE ORAL TABLET	\$0 (Tier-5)	NEDS
ISENTRESS HD ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	\$0 (Tier-3)	
ISENTRESS ORAL TABLET	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier-5)	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier-3)	QL (720 EA per 30 days)
JULUCA ORAL TABLET	\$0 (Tier-5)	NEDS
KALETRA ORAL TABLET 100-25 MG	\$0 (Tier-3)	
KALETRA ORAL TABLET 200-50 MG	\$0 (Tier-5)	NEDS
<i>lamivudine oral solution</i>	\$0 (Tier-2)	
<i>lamivudine oral tablet</i>	\$0 (Tier-2)	
<i>lamivudine-zidovudine oral tablet</i>	\$0 (Tier-2)	
LEXIVA ORAL SUSPENSION	\$0 (Tier-3)	
<i>lopinavir-ritonavir oral solution</i>	\$0 (Tier-3)	
MAVYRET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nevirapine oral suspension</i>	\$0 (Tier-2)	
<i>nevirapine oral tablet</i>	\$0 (Tier-2)	
NORVIR ORAL PACKET	\$0 (Tier-3)	
NORVIR ORAL SOLUTION	\$0 (Tier-3)	
ODEFSEY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>oseltamivir phosphate oral capsule</i>	\$0 (Tier-1)	
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	\$0 (Tier-5)	NEDS
PREVYMIS ORAL TABLET	\$0 (Tier-5)	PA; NEDS
PREZCOBIX ORAL TABLET	\$0 (Tier-5)	NEDS
PREZISTA ORAL SUSPENSION	\$0 (Tier-5)	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	\$0 (Tier-5)	NEDS
PREZISTA ORAL TABLET 75 MG	\$0 (Tier-4)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	\$0 (Tier-5)	NEDS
<i>ribavirin oral capsule</i>	\$0 (Tier-2)	SP-CVS specialty
<i>ribavirin oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	\$0 (Tier-2)	
<i>ritonavir oral tablet</i>	\$0 (Tier-3)	
SELZENTRY ORAL SOLUTION	\$0 (Tier-3)	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier-3)	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	\$0 (Tier-2)	
STRIBILD ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI LO ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI ORAL TABLET	\$0 (Tier-5)	NEDS
SYMTUZA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	\$0 (Tier-3)	
TIVICAY ORAL TABLET 10 MG	\$0 (Tier-3)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier-5)	NEDS
TRIUMEQ ORAL TABLET	\$0 (Tier-5)	NEDS
TRUVADA ORAL TABLET	\$0 (Tier-5)	NEDS
TYBOST ORAL TABLET	\$0 (Tier-3)	
<i>valacyclovir hcl oral tablet</i>	\$0 (Tier-3)	
<i>valganciclovir hcl oral solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>valganciclovir hcl oral tablet</i>	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VEMLIDY ORAL TABLET	\$0 (Tier-5)	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	
VIDEX ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier-5)	NEDS
VIREAD ORAL POWDER	\$0 (Tier-5)	NEDS
VIREAD ORAL TABLET	\$0 (Tier-5)	NEDS
VOSEVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	QL (2 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	QL (2 EA per 7 days)
ZIAGEN ORAL TABLET	\$0 (Tier-3)	
<i>zidovudine oral capsule</i>	\$0 (Tier-2)	
<i>zidovudine oral syrup</i>	\$0 (Tier-2)	
<i>zidovudine oral tablet</i>	\$0 (Tier-2)	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	\$0 (Tier-1)	
<i>amoxicillin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet chewable</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	\$0 (Tier-2)	
<i>ampicillin oral capsule</i>	\$0 (Tier-1)	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>cefaclor oral capsule</i>	\$0 (Tier-2)	
<i>cefaclor oral suspension reconstituted</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefadroxil oral capsule</i>	\$0 (Tier-1)	
<i>cefadroxil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefadroxil oral tablet</i>	\$0 (Tier-2)	
<i>cefdinir oral capsule</i>	\$0 (Tier-2)	
<i>cefdinir oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefixime oral capsule</i>	\$0 (Tier-3)	
<i>cefixime oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral tablet</i>	\$0 (Tier-2)	
<i>cefprozil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefprozil oral tablet</i>	\$0 (Tier-2)	
<i>cefuroxime axetil oral tablet</i>	\$0 (Tier-2)	
<i>cephalexin oral capsule</i>	\$0 (Tier-1)	
<i>cephalexin oral suspension reconstituted</i>	\$0 (Tier-3)	
<i>cephalexin oral tablet</i>	\$0 (Tier-2)	
<i>dicloxacillin sodium oral capsule</i>	\$0 (Tier-3)	
<i>penicillin v potassium oral solution reconstituted</i>	\$0 (Tier-1)	
<i>penicillin v potassium oral tablet</i>	\$0 (Tier-1)	
SUPRAX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	
SUPRAX ORAL TABLET CHEWABLE	\$0 (Tier-4)	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral packet</i>	\$0 (Tier-2)	
<i>azithromycin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>azithromycin oral tablet</i>	\$0 (Tier-1)	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>clarithromycin oral suspension reconstituted</i>	\$0 (Tier-3)	
<i>clarithromycin oral tablet</i>	\$0 (Tier-2)	
<i>clindamycin hcl oral capsule</i>	\$0 (Tier-1)	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$0 (Tier-3)	
DIFICID ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	\$0 (Tier-2)	
<i>erythrocine stearate oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral capsule delayed release particles</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin base oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral tablet delayed release</i>	\$0 (Tier-3)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (Tier-3)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0 (Tier-2)	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	\$0 (Tier-3)	
<i>isoniazid oral syrup</i>	\$0 (Tier-2)	
<i>isoniazid oral tablet</i>	\$0 (Tier-1)	
PASER ORAL PACKET	\$0 (Tier-4)	
<i>pretomanid oral tablet</i>	\$0 (Tier-4)	
PRIFTIN ORAL TABLET	\$0 (Tier-3)	
<i>pyrazinamide oral tablet</i>	\$0 (Tier-2)	
<i>rifabutin oral capsule</i>	\$0 (Tier-2)	
<i>rifampin oral capsule</i>	\$0 (Tier-3)	
SIRTURO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TRECTOR ORAL TABLET	\$0 (Tier-4)	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	HI; Part B; NEDS
BAXDELA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>ciprofloxacin hcl oral tablet</i>	\$0 (Tier-1)	
<i>levofloxacin oral solution</i>	\$0 (Tier-3)	
<i>levofloxacin oral tablet</i>	\$0 (Tier-1)	
<i>moxifloxacin hcl oral tablet</i>	\$0 (Tier-3)	
<i>ofloxacin oral tablet</i>	\$0 (Tier-2)	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	\$0 (Tier-2)	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$0 (Tier-1)	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	\$0 (Tier-4)	
<i>doxycycline hyclate oral capsule 100 mg</i>	\$0 (Tier-3)	
<i>doxycycline hyclate oral capsule 50 mg</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline hyclate oral tablet delayed release</i>	\$0 (Tier-3)	
<i>doxycycline monohydrate oral capsule</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral tablet 150 mg</i>	\$0 (Tier-3)	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>minocycline hcl oral capsule</i>	\$0 (Tier-2)	
<i>minocycline hcl oral tablet</i>	\$0 (Tier-4)	
<i>mondoxyne nl oral capsule</i>	\$0 (Tier-1)	
NUZYRA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tetracycline hcl oral capsule</i>	\$0 (Tier-3)	
VIBRAMYCIN ORAL SYRUP	\$0 (Tier-4)	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	\$0 (Tier-2)	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
BRILINTA ORAL TABLET	\$0 (Tier-3)	
<i>cilostazol oral tablet</i>	\$0 (Tier-1)	
<i>clopidogrel bisulfate oral tablet</i>	\$0 (Tier-1)	
<i>dipyridamole oral tablet</i>	\$0 (Tier-3)	
<i>prasugrel hcl oral tablet</i>	\$0 (Tier-3)	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
PROMACTA ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PROMACTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier-3)	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	\$0 (Tier-5)	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	\$0 (Tier-3)	
ELIQUIS ORAL TABLET	\$0 (Tier-3)	
<i>enoxaparin sodium subcutaneous solution</i>	\$0 (Tier-3)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier-5)	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier-2)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$0 (Tier-5)	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0 (Tier-3)	
<i>jantoven oral tablet</i>	\$0 (Tier-1)	
PRADAXA ORAL CAPSULE	\$0 (Tier-4)	
<i>warfarin sodium oral tablet</i>	\$0 (Tier-1)	
XARELTO ORAL TABLET	\$0 (Tier-3)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	\$0 (Tier-5)	NEDS
OXBRYTA ORAL TABLET	\$0 (Tier-5)	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	\$0 (Tier-2)	
STIMATE NASAL SOLUTION	\$0 (Tier-4)	SP-CVS specialty
TAVALISSE ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CANCER DRUGS		
INJECTABLE AGENTS		
SYLATRON SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
ORAL AGENTS		
<i>abiraterone acetate oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	\$0 (Tier-3)	Part B
ALUNBRIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	\$0 (Tier-1)	
AYVAKIT ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>bexarotene oral capsule</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty
BOSULIF ORAL TABLET 100 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
BRUKINSA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
CABOMETYX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>capecitabine oral tablet</i>	\$0 (Tier-5)	Part B; SP-CVS specialty; NEDS
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COPIKTRA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
COTELLIC ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>cyclophosphamide oral capsule</i>	\$0 (Tier-3)	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	\$0 (Tier-3)	
EMCYT ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	\$0 (Tier-2)	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	\$0 (Tier-2)	
FARYDAK ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	\$0 (Tier-2)	
GILOTRIF ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GLEOSTINE ORAL CAPSULE	\$0 (Tier-4)	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	\$0 (Tier-3)	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	\$0 (Tier-2)	
IBRANCE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	\$0 (Tier-5)	PA; NEDS
IDHIFA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
IMBRUVICA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
INLYTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
JAKAFI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>letrozole oral tablet</i>	\$0 (Tier-1)	
LEUKERAN ORAL TABLET	\$0 (Tier-3)	
LONSURF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	\$0 (Tier-3)	
MATULANE ORAL CAPSULE	\$0 (Tier-5)	NEDS
<i>megestrol acetate oral tablet</i>	\$0 (Tier-1)	
MEKINIST ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>melphalan oral tablet</i>	\$0 (Tier-2)	Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mercaptopurine oral tablet</i>	\$0 (Tier-2)	
MYLERAN ORAL TABLET	\$0 (Tier-3)	Part B
NERLYNX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	\$0 (Tier-5)	NEDS
NINLARO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PEMAZYRE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	\$0 (Tier-5)	NEDS
QINLOCK ORAL TABLET	\$0 (Tier-5)	PA; NEDS
RETEVMO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
REVLIMID ORAL CAPSULE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	\$0 (Tier-3)	
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty
TABRECTA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TAFINLAR ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TALZENNA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tamoxifen citrate oral tablet</i>	\$0 (Tier-2)	
TARGRETIN ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>temozolomide oral capsule</i>	\$0 (Tier-3)	Part B; SP-CVS specialty
THALOMID ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>toremifene citrate oral tablet</i>	\$0 (Tier-3)	
<i>tretinoin oral capsule</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
TUKYSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TURALIO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
TYKERB ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	\$0 (Tier-3)	PA
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier-5)	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
VERZENIO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
VITRAKVI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VOTRIENT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XTANDI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
ZELBORAF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZOLINZA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 500MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	\$0 (Tier-2)	
MESNEX ORAL TABLET	\$0 (Tier-5)	NEDS
XURIDEN ORAL PACKET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	\$0 (Tier-1)	
<i>captopril oral tablet</i>	\$0 (Tier-4)	
<i>enalapril maleate oral tablet</i>	\$0 (Tier-2)	
<i>fosinopril sodium oral tablet</i>	\$0 (Tier-1)	
<i>lisinopril oral tablet</i>	\$0 (Tier-1)	
<i>moexipril hcl oral tablet</i>	\$0 (Tier-3)	
<i>perindopril erbumine oral tablet</i>	\$0 (Tier-3)	
<i>quinapril hcl oral tablet</i>	\$0 (Tier-1)	
<i>ramipril oral capsule</i>	\$0 (Tier-1)	
<i>trandolapril oral tablet</i>	\$0 (Tier-2)	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>doxazosin mesylate oral tablet</i>	\$0 (Tier-1)	
<i>prazosin hcl oral capsule</i>	\$0 (Tier-1)	
<i>terazosin hcl oral capsule</i>	\$0 (Tier-2)	
ANGINA		
CORLANOR ORAL SOLUTION	\$0 (Tier-4)	
CORLANOR ORAL TABLET	\$0 (Tier-4)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier-1)	
<i>isosorbide dinitrate oral tablet 40 mg</i>	\$0 (Tier-3)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isosorbide mononitrate oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NITRO-BID TRANSDERMAL OINTMENT	\$0 (Tier-4)	
<i>nitroglycerin sublingual tablet sublingual</i>	\$0 (Tier-2)	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0 (Tier-2)	
<i>nitroglycerin translingual solution</i>	\$0 (Tier-3)	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-3)	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$0 (Tier-3)	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	\$0 (Tier-2)	
<i>irbesartan oral tablet</i>	\$0 (Tier-2)	
<i>losartan potassium oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan medoxomil oral tablet</i>	\$0 (Tier-3)	
<i>telmisartan oral tablet</i>	\$0 (Tier-3)	
<i>valsartan oral tablet</i>	\$0 (Tier-2)	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl oral tablet</i>	\$0 (Tier-2)	
<i>digitek oral tablet</i>	\$0 (Tier-1)	
<i>digox oral tablet</i>	\$0 (Tier-1)	
<i>digoxin oral solution</i>	\$0 (Tier-1)	
<i>digoxin oral tablet</i>	\$0 (Tier-1)	
<i>disopyramide phosphate oral capsule</i>	\$0 (Tier-4)	
<i>dofetilide oral capsule</i>	\$0 (Tier-4)	
<i>flecainide acetate oral tablet</i>	\$0 (Tier-2)	
LANOXIN ORAL TABLET	\$0 (Tier-4)	
<i>mexiletine hcl oral capsule</i>	\$0 (Tier-2)	
MULTAQ ORAL TABLET	\$0 (Tier-4)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-4)	
<i>propafenone hcl oral tablet</i>	\$0 (Tier-2)	
<i>quinidine gluconate er oral tablet extended release</i>	\$0 (Tier-2)	
<i>quinidine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>sorine oral tablet</i>	\$0 (Tier-2)	
<i>sotalol hcl (af) oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sotalol hcl oral tablet</i>	\$0 (Tier-1)	
SOTYLIZE ORAL SOLUTION	\$0 (Tier-4)	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$0 (Tier-1)	
<i>amlodipine besylate-valsartan oral tablet</i>	\$0 (Tier-2)	
<i>amlodipine-atorvastatin oral tablet</i>	\$0 (Tier-4)	
<i>amlodipine-olmesartan oral tablet</i>	\$0 (Tier-3)	
<i>amlodipine-valsartan-hctz oral tablet</i>	\$0 (Tier-3)	
<i>atenolol-chlorthalidone oral tablet</i>	\$0 (Tier-1)	
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>candesartan cilexetil-hctz oral tablet</i>	\$0 (Tier-1)	
<i>captopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
ENTRESTO ORAL TABLET	\$0 (Tier-3)	
<i>fosinopril sodium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>losartan potassium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>olmesartan medoxomil-hctz oral tablet</i>	\$0 (Tier-3)	
<i>olmesartan-amlodipine-hctz oral tablet</i>	\$0 (Tier-3)	
<i>propranolol-hctz oral tablet</i>	\$0 (Tier-2)	
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
TEKTURNA HCT ORAL TABLET	\$0 (Tier-3)	
<i>telmisartan-amlodipine oral tablet</i>	\$0 (Tier-1)	
<i>telmisartan-hctz oral tablet</i>	\$0 (Tier-3)	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
BETA AND ALPHA BLOCKERS		
<i>carvedilol oral tablet</i>	\$0 (Tier-1)	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>labetalol hcl oral tablet</i>	\$0 (Tier-2)	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$0 (Tier-2)	
<i>atenolol oral tablet</i>	\$0 (Tier-1)	
<i>betaxolol hcl oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol fumarate oral tablet</i>	\$0 (Tier-2)	
BYSTOLIC ORAL TABLET	\$0 (Tier-4)	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier-1)	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$0 (Tier-3)	
<i>nadolol oral tablet</i>	\$0 (Tier-3)	
<i>pindolol oral tablet</i>	\$0 (Tier-3)	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>propranolol hcl oral solution</i>	\$0 (Tier-2)	
<i>propranolol hcl oral tablet</i>	\$0 (Tier-1)	
<i>timolol maleate oral tablet</i>	\$0 (Tier-2)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	\$0 (Tier-1)	
<i>cartia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl oral tablet</i>	\$0 (Tier-1)	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>felodipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isradipine oral capsule</i>	\$0 (Tier-4)	
<i>matzim la oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nicardipine hcl oral capsule</i>	\$0 (Tier-4)	
<i>nifedipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine oral capsule</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nimodipine oral capsule</i>	\$0 (Tier-2)	
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
NYMALIZE ORAL SOLUTION	\$0 (Tier-5)	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>tiadylt er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>verapamil hcl er oral tablet extended release</i>	\$0 (Tier-1)	
<i>verapamil hcl oral tablet</i>	\$0 (Tier-1)	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</i>	\$0 (Tier-1)	
<i>clonidine transdermal patch weekly</i>	\$0 (Tier-3)	
<i>midodrine hcl oral tablet</i>	\$0 (Tier-2)	
NORTHERA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	\$0 (Tier-3)	
DIURETICS		
<i>amiloride hcl oral tablet</i>	\$0 (Tier-2)	
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>bumetanide oral tablet</i>	\$0 (Tier-3)	
CAROSPIR ORAL SUSPENSION	\$0 (Tier-4)	
<i>chlorthalidone oral tablet</i>	\$0 (Tier-1)	
<i>eplerenone oral tablet</i>	\$0 (Tier-2)	
<i>ethacrynic acid oral tablet</i>	\$0 (Tier-4)	
<i>furosemide oral solution</i>	\$0 (Tier-1)	
<i>furosemide oral tablet</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral capsule</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>indapamide oral tablet</i>	\$0 (Tier-1)	
<i>metolazone oral tablet</i>	\$0 (Tier-2)	
<i>spironolactone oral tablet</i>	\$0 (Tier-1)	
<i>spironolactone-hctz oral tablet</i>	\$0 (Tier-2)	
<i>torseamide oral tablet</i>	\$0 (Tier-2)	
<i>triamterene-hctz oral capsule</i>	\$0 (Tier-1)	
<i>triamterene-hctz oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	\$0 (Tier-1)	
<i>cholestyramine light oral powder</i>	\$0 (Tier-3)	
<i>cholestyramine oral packet</i>	\$0 (Tier-3)	
<i>colesevelam hcl oral packet</i>	\$0 (Tier-3)	
<i>colesevelam hcl oral tablet</i>	\$0 (Tier-3)	
<i>colestipol hcl oral packet</i>	\$0 (Tier-2)	
<i>colestipol hcl oral tablet</i>	\$0 (Tier-2)	
<i>ezetimibe oral tablet</i>	\$0 (Tier-3)	
<i>ezetimibe-simvastatin oral tablet</i>	\$0 (Tier-3)	
<i>fenofibrate micronized oral capsule</i>	\$0 (Tier-3)	
<i>fenofibrate oral capsule</i>	\$0 (Tier-2)	
<i>fenofibrate oral tablet</i>	\$0 (Tier-2)	
<i>fenofibric acid oral capsule delayed release</i>	\$0 (Tier-3)	
FLOLIPID ORAL SUSPENSION	\$0 (Tier-3)	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>fluvastatin sodium oral capsule</i>	\$0 (Tier-3)	
<i>gemfibrozil oral tablet</i>	\$0 (Tier-1)	
JUXTAPID ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>lovastatin oral tablet</i>	\$0 (Tier-1)	
NEXLETOL ORAL TABLET	\$0 (Tier-3)	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$0 (Tier-3)	
<i>niacor oral tablet</i>	\$0 (Tier-2)	
<i>omega-3-acid ethyl esters oral capsule</i>	\$0 (Tier-3)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	PA
<i>pravastatin sodium oral tablet</i>	\$0 (Tier-2)	
<i>prevalite oral packet</i>	\$0 (Tier-3)	
<i>rosuvastatin calcium oral tablet</i>	\$0 (Tier-2)	
<i>simvastatin oral tablet</i>	\$0 (Tier-1)	
VASCEPA ORAL CAPSULE	\$0 (Tier-3)	
POTASSIUM REPLACEMENT		
<i>klor-con 10 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con m10 oral tablet extended release</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>klor-con m20 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con oral packet</i>	\$0 (Tier-1)	
<i>klor-con oral tablet extended release</i>	\$0 (Tier-1)	
K-TAB ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>potassium chloride crys er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral capsule extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride oral packet</i>	\$0 (Tier-1)	
<i>potassium chloride oral solution</i>	\$0 (Tier-1)	
VASODILATORS		
BIDIL ORAL TABLET	\$0 (Tier-3)	
<i>hydralazine hcl oral tablet</i>	\$0 (Tier-1)	
<i>minoxidil oral tablet</i>	\$0 (Tier-1)	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	\$0 (Tier-2)	
BD DISP NEEDLE	\$0 (Tier-3)	
BD INSULIN SYRINGE	\$0 (Tier-3)	
BD INSULIN SYRINGE U-500	\$0 (Tier-3)	
<i>comfort assist insulin syringe</i>	\$0 (Tier-2)	
<i>cvs gauze sterile pad</i>	\$0 (Tier-2)	
DEXCOM RECEIVER DEVICE	\$0 (Tier-3)	Part B; PA
DEXCOM SENSOR	\$0 (Tier-3)	Part B; PA
DEXCOM TRANSMITTER	\$0 (Tier-3)	Part B; PA
<i>exel comfort point pen needle</i>	\$0 (Tier-2)	
FREESTYLE LIBRE READER DEVICE	\$0 (Tier-3)	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	\$0 (Tier-3)	Part B; PA
<i>gauze pads pad</i>	\$0 (Tier-2)	
<i>global alcohol prep ease pad</i>	\$0 (Tier-2)	
<i>insulin syringe</i>	\$0 (Tier-2)	
INSULIN SYRINGE	\$0 (Tier-3)	
MEDTRONIC GUARDIAN SENSOR	\$0 (Tier-3)	Part B; PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEDTRONIC GUARDIAN TRANSMITTER	\$0 (Tier-3)	Part B; PA
<i>lancets</i>	\$0 (Tier-2)	Part B
ONETOUCH TEST STRIPS	\$0 (Tier-3)	Part B
<i>preferred plus insulin syringe</i>	\$0 (Tier-2)	
RELI-ON INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE PEN NEEDLES	\$0 (Tier-3)	
TRUEPLUS INSULIN SYRINGE	\$0 (Tier-3)	
TRUEPLUS PEN NEEDLES	\$0 (Tier-3)	
GLUCOSE ELEVATING		
<i>diazoxide oral suspension</i>	\$0 (Tier-3)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
GLUCAGON EMERGENCY INJECTION KIT	\$0 (Tier-3)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN R INJECTION SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
LANTUS SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
LEVEMIR SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TRESIBA SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
NON-INSULIN INJECTABLES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	\$0 (Tier-3)	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	\$0 (Tier-3)	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-4)	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-4)	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
ORAL AGENTS		
<i>acarbose oral tablet</i>	\$0 (Tier-1)	
CYCLOSET ORAL TABLET	\$0 (Tier-3)	
FARXIGA ORAL TABLET	\$0 (Tier-3)	
<i>glimepiride oral tablet</i>	\$0 (Tier-1)	
<i>glipizide er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>glipizide oral tablet</i>	\$0 (Tier-1)	
<i>glipizide-metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>glyburide micronized oral tablet</i>	\$0 (Tier-1)	PA
<i>glyburide oral tablet</i>	\$0 (Tier-2)	PA
<i>glyburide-metformin oral tablet</i>	\$0 (Tier-2)	PA
GLYXAMBI ORAL TABLET	\$0 (Tier-3)	
JANUMET ORAL TABLET	\$0 (Tier-3)	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
JANUVIA ORAL TABLET	\$0 (Tier-3)	
JARDIANCE ORAL TABLET	\$0 (Tier-3)	
JENTADUETO ORAL TABLET	\$0 (Tier-3)	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	\$0 (Tier-1)	
<i>metformin hcl oral solution</i>	\$0 (Tier-3)	
<i>metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>miglitol oral tablet</i>	\$0 (Tier-3)	
<i>nateglinide oral tablet</i>	\$0 (Tier-3)	
<i>pioglitazone hcl oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$0 (Tier-3)	
<i>repaglinide oral tablet</i>	\$0 (Tier-1)	
RIOMET ORAL SOLUTION	\$0 (Tier-3)	
RYBELSUS ORAL TABLET	\$0 (Tier-3)	
SYNJARDY ORAL TABLET	\$0 (Tier-3)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
TRADJENTA ORAL TABLET	\$0 (Tier-3)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
EAR, NOSE AND THROAT		
EAR		
<i>acetic acid otic solution</i>	\$0 (Tier-2)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier-3)	
<i>ciprofloxacin hcl otic solution</i>	\$0 (Tier-2)	
<i>flac otic oil</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide otic oil</i>	\$0 (Tier-3)	
<i>hydrocortisone-acetic acid otic solution</i>	\$0 (Tier-2)	
<i>ofloxacin otic solution</i>	\$0 (Tier-3)	
MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	\$0 (Tier-3)	
<i>chlorhexidine gluconate mouth/throat solution</i>	\$0 (Tier-1)	
<i>pilocarpine hcl oral tablet</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide mouth/throat paste</i>	\$0 (Tier-2)	
NOSE		
<i>azelastine hcl nasal solution</i>	\$0 (Tier-2)	QL (120 ML per 90 days)
<i>cyproheptadine hcl oral syrup</i>	\$0 (Tier-2)	
<i>cyproheptadine hcl oral tablet</i>	\$0 (Tier-2)	
<i>desloratadine oral tablet</i>	\$0 (Tier-2)	
<i>desloratadine oral tablet dispersible</i>	\$0 (Tier-4)	
<i>flunisolide nasal solution</i>	\$0 (Tier-3)	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	\$0 (Tier-1)	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>hydroxyzine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>hydroxyzine pamoate oral capsule</i>	\$0 (Tier-2)	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	\$0 (Tier-2)	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	\$0 (Tier-2)	QL (90 ML per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levocetirizine dihydrochloride oral solution</i>	\$0 (Tier-2)	
<i>levocetirizine dihydrochloride oral tablet</i>	\$0 (Tier-2)	
<i>mometasone furoate nasal suspension</i>	\$0 (Tier-3)	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	\$0 (Tier-3)	QL (91.5 GM per 90 days)
EYE		
ALLERGY		
ALOCRILOPHTHALMIC SOLUTION	\$0 (Tier-4)	
ALOMIDOPHTHALMIC SOLUTION	\$0 (Tier-4)	
<i>azelastine hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium ophthalmic solution</i>	\$0 (Tier-1)	
<i>epinastine hcl ophthalmic solution</i>	\$0 (Tier-4)	
LASTACAFTOPHTHALMIC SOLUTION	\$0 (Tier-4)	
<i>olopatadine hcl ophthalmic solution</i>	\$0 (Tier-3)	
ANTI-INFECTIVES		
AZASITEOPHTHALMIC SOLUTION	\$0 (Tier-4)	
<i>bacitracin ophthalmic ointment</i>	\$0 (Tier-4)	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	\$0 (Tier-2)	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$0 (Tier-2)	
BESIVANCEOPHTHALMIC SUSPENSION	\$0 (Tier-3)	
BLEPHAMIDOPHTHALMIC SUSPENSION	\$0 (Tier-4)	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-4)	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$0 (Tier-1)	
<i>erythromycin ophthalmic ointment</i>	\$0 (Tier-2)	
<i>gatifloxacin ophthalmic solution</i>	\$0 (Tier-2)	
<i>gentak ophthalmic ointment</i>	\$0 (Tier-2)	
<i>gentamicin sulfate ophthalmic solution</i>	\$0 (Tier-2)	
<i>levofloxacin ophthalmic solution</i>	\$0 (Tier-2)	
<i>moxifloxacin hcl ophthalmic solution</i>	\$0 (Tier-3)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-2)	
<i>ofloxacin ophthalmic solution</i>	\$0 (Tier-2)	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium ophthalmic ointment</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium ophthalmic solution</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide-prednisolone ophthalmic solution</i>	\$0 (Tier-2)	
TOBRADEX OPHTHALMIC OINTMENT	\$0 (Tier-3)	
TOBRADEX ST OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>tobramycin ophthalmic solution</i>	\$0 (Tier-2)	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$0 (Tier-2)	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$0 (Tier-3)	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	
<i>diclofenac sodium ophthalmic solution</i>	\$0 (Tier-2)	
DUREZOL OPHTHALMIC EMULSION	\$0 (Tier-3)	
FLAREX OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>fluorometholone ophthalmic suspension</i>	\$0 (Tier-2)	
<i>flurbiprofen sodium ophthalmic solution</i>	\$0 (Tier-1)	
FML FORTE OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
FML OPHTHALMIC OINTMENT	\$0 (Tier-3)	
ILEVRO OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
INVELTYS OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>ketorolac tromethamine ophthalmic solution</i>	\$0 (Tier-2)	
<i>loteprednol etabonate ophthalmic suspension</i>	\$0 (Tier-3)	
MAXIDEX OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-2)	
PRED MILD OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-3)	
<i>prednisolone acetate ophthalmic suspension</i>	\$0 (Tier-3)	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLENSA OPHTHALMIC SOLUTION	\$0 (Tier-4)	
ZYLET OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	\$0 (Tier-2)	
ZIRGAN OPHTHALMIC GEL	\$0 (Tier-4)	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
<i>acetazolamide oral tablet</i>	\$0 (Tier-2)	
ALPHAGAN P OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>apraclonidine hcl ophthalmic solution</i>	\$0 (Tier-2)	
AZOPT OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>betaxolol hcl ophthalmic solution</i>	\$0 (Tier-3)	
BETIMOL OPHTHALMIC SOLUTION	\$0 (Tier-4)	
BETOPTIC-S OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>bimatoprost ophthalmic solution</i>	\$0 (Tier-2)	
<i>brimonidine tartrate ophthalmic solution</i>	\$0 (Tier-2)	
<i>carteolol hcl ophthalmic solution</i>	\$0 (Tier-2)	
COMBIGAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>dorzolamide hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$0 (Tier-2)	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$0 (Tier-3)	
IOPIDINE OPHTHALMIC SOLUTION	\$0 (Tier-4)	
<i>latanoprost ophthalmic solution</i>	\$0 (Tier-2)	
<i>levobunolol hcl ophthalmic solution</i>	\$0 (Tier-1)	
LUMIGAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>methazolamide oral tablet</i>	\$0 (Tier-4)	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RHOPRESSA OPHTHALMIC SOLUTION	\$0 (Tier-3)	
ROCKLATAN OPHTHALMIC SOLUTION	\$0 (Tier-4)	
SIMBRINZA OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>timolol maleate ophthalmic gel forming solution</i>	\$0 (Tier-3)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	\$0 (Tier-3)	
<i>travoprost (bak free) ophthalmic solution</i>	\$0 (Tier-3)	
VYZULTA OPHTHALMIC SOLUTION	\$0 (Tier-3)	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution</i>	\$0 (Tier-2)	
CYSTARAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
EYLEA INTRAVITREAL SOLUTION	\$0 (Tier-5)	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION	\$0 (Tier-5)	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
NATACYN OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
OXERVATE OPHTHALMIC SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RESTASIS OPHTHALMIC EMULSION	\$0 (Tier-3)	
GASTROINTESTINAL DRUGS		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier-5)	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier-3)	B vs D
<i>dronabinol oral capsule</i>	\$0 (Tier-3)	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	B vs D
<i>granisetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>meclizine hcl oral tablet</i>	\$0 (Tier-2)	
<i>metoclopramide hcl oral solution</i>	\$0 (Tier-2)	
<i>metoclopramide hcl oral tablet</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ondansetron hcl oral solution</i>	\$0 (Tier-2)	B vs D
<i>ondansetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>ondansetron oral tablet dispersible</i>	\$0 (Tier-2)	B vs D
<i>prochlorperazine maleate oral tablet</i>	\$0 (Tier-1)	
<i>prochlorperazine rectal suppository</i>	\$0 (Tier-3)	
<i>promethazine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>promethazine hcl oral tablet</i>	\$0 (Tier-2)	PA
SANCUSO TRANSDERMAL PATCH	\$0 (Tier-5)	NEDS
<i>scopolamine transdermal patch 72 hour</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	B vs D
VARUBI ORAL TABLET	\$0 (Tier-4)	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	\$0 (Tier-5)	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-3)	
CYSTAGON ORAL CAPSULE	\$0 (Tier-4)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-4)	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alose tron hcl oral tablet</i>	\$0 (Tier-5)	NEDS
CHOLBAM ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>constulose oral solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium oral concentrate</i>	\$0 (Tier-5)	NEDS
<i>dicyclomine hcl oral capsule</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral solution</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral tablet</i>	\$0 (Tier-2)	
<i>enulose oral solution</i>	\$0 (Tier-2)	
GATTEX SUBCUTANEOUS KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>gavilyte-g oral solution reconstituted</i>	\$0 (Tier-2)	
<i>generlac oral solution</i>	\$0 (Tier-2)	
<i>glycopyrrolate oral tablet</i>	\$0 (Tier-2)	
KRISTALOSE ORAL PACKET	\$0 (Tier-3)	
<i>lactulose oral packet</i>	\$0 (Tier-3)	
<i>lactulose oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral tablet</i>	\$0 (Tier-2)	
<i>loperamide hcl oral capsule</i>	\$0 (Tier-2)	
<i>megestrol acetate oral suspension</i>	\$0 (Tier-2)	
MOVANTI K ORAL TABLET	\$0 (Tier-3)	
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$0 (Tier-4)	
MYTESI ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	PA
OICALIVA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OSMOPREP ORAL TABLET	\$0 (Tier-4)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0 (Tier-2)	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0 (Tier-2)	
<i>propantheline bromide oral tablet</i>	\$0 (Tier-2)	
RELISTOR ORAL TABLET	\$0 (Tier-5)	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0 (Tier-4)	
<i>trilyte oral solution reconstituted</i>	\$0 (Tier-2)	
UCERIS RECTAL FOAM	\$0 (Tier-4)	
<i>ursodiol oral capsule</i>	\$0 (Tier-2)	
<i>ursodiol oral tablet</i>	\$0 (Tier-4)	
XERMELO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	\$0 (Tier-3)	
<i>cimetidine hcl oral solution</i>	\$0 (Tier-2)	
<i>cimetidine oral tablet</i>	\$0 (Tier-3)	
DEXILANT ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-4)	
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0 (Tier-3)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier-4)	
<i>famotidine oral tablet</i>	\$0 (Tier-1)	
<i>lansoprazole oral capsule delayed release</i>	\$0 (Tier-3)	
<i>lansoprazole oral tablet delayed release dispersible</i>	\$0 (Tier-4)	
<i>methscopolamine bromide oral tablet</i>	\$0 (Tier-4)	
<i>misoprostol oral tablet</i>	\$0 (Tier-2)	
<i>nizatidine oral capsule</i>	\$0 (Tier-2)	
<i>nizatidine oral solution</i>	\$0 (Tier-2)	
<i>omeprazole oral capsule delayed release</i>	\$0 (Tier-1)	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$0 (Tier-5)	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	\$0 (Tier-5)	NEDS
<i>pantoprazole sodium oral tablet delayed release</i>	\$0 (Tier-2)	
PYLERA ORAL CAPSULE	\$0 (Tier-3)	
<i>rabeprazole sodium oral tablet delayed release</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sucralfate oral suspension</i>	\$0 (Tier-3)	
<i>sucralfate oral tablet</i>	\$0 (Tier-2)	
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	\$0 (Tier-3)	
<i>balsalazide disodium oral capsule</i>	\$0 (Tier-2)	
<i>budesonide er oral tablet extended release 24 hour</i>	\$0 (Tier-5)	NEDS
<i>budesonide 3 mg oral capsule delayed release</i>	\$0 (Tier-3)	
<i>hydrocortisone rectal enema</i>	\$0 (Tier-2)	
LINZESS ORAL CAPSULE	\$0 (Tier-4)	
<i>mesalamine er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>mesalamine oral capsule delayed release</i>	\$0 (Tier-3)	
<i>mesalamine oral tablet delayed release</i>	\$0 (Tier-3)	
<i>mesalamine rectal enema</i>	\$0 (Tier-2)	
<i>mesalamine rectal suppository</i>	\$0 (Tier-4)	
ROWASA RECTAL KIT	\$0 (Tier-4)	
<i>sulfasalazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfasalazine oral tablet delayed release</i>	\$0 (Tier-2)	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	\$0 (Tier-4)	PA
<i>acyclovir sodium intravenous solution</i>	\$0 (Tier-2)	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
<i>amikacin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>amphotericin b intravenous solution reconstituted</i>	\$0 (Tier-2)	PA
<i>ampicillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>azithromycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>aztreonam injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bumetanide injection solution</i>	\$0 (Tier-2)	
<i>casprofungin acetate intravenous solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefepime hcl injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefotetan disodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefoxitin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefoxitin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftazidime injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ciprofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>colistimethate sodium (cba) injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>daptomycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>ertapenem sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>fluconazole in sodium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>furosemide injection solution</i>	\$0 (Tier-2)	
<i>gentamicin in saline intravenous solution</i>	\$0 (Tier-2)	HI; Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>heparin sodium (porcine) injection solution</i>	\$0 (Tier-2)	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>levofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>levofloxacin intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>linezolid intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>meropenem intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>methotrexate sodium (pf) injection solution</i>	\$0 (Tier-2)	B vs D; SP-CVS specialty
<i>methotrexate sodium injection solution</i>	\$0 (Tier-2)	B vs D; SP-CVS specialty
<i>metronidazole in nacl intravenous solution</i>	\$0 (Tier-2)	
<i>moxifloxacin hcl in nacl intravenous solution</i>	\$0 (Tier-2)	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>nafcillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>nafcillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g pot in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g potassium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>polymyxin b sulfate injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>rifampin intravenous solution reconstituted</i>	\$0 (Tier-2)	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>streptomycin sulfate intramuscular solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tigecycline intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>tobramycin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>vancomycin hcl intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>voriconazole intravenous solution reconstituted</i>	\$0 (Tier-2)	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	HI; Part B; NEDS
ELECTROLYTES		
<i>dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>kcl in dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
<i>kcl-lactated ringers-d5w intravenous solution</i>	\$0 (Tier-2)	
<i>magnesium sulfate injection solution</i>	\$0 (Tier-2)	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>potassium chloride in dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride in nacl intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>sodium chloride intravenous solution</i>	\$0 (Tier-2)	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
INTRALIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
NUTRILIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
PLENAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PREMASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROSOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
<i>tpn electrolytes intravenous concentrate</i>	\$0 (Tier-2)	B vs D
<i>tpn electrolytes intravenous solution</i>	\$0 (Tier-2)	B vs D
TRAVASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
HORMONES		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	\$0 (Tier-4)	
<i>dexamethasone intensol oral concentrate</i>	\$0 (Tier-2)	
<i>dexamethasone oral elixir</i>	\$0 (Tier-2)	
<i>dexamethasone oral tablet</i>	\$0 (Tier-1)	
<i>dexamethasone oral tablet therapy pack</i>	\$0 (Tier-2)	
<i>fludrocortisone acetate oral tablet</i>	\$0 (Tier-2)	
<i>hydrocortisone oral tablet</i>	\$0 (Tier-2)	
MEDROL ORAL TABLET	\$0 (Tier-4)	Transplant
<i>methylprednisolone oral tablet</i>	\$0 (Tier-2)	Transplant

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone oral tablet therapy pack</i>	\$0 (Tier-2)	Transplant
MILLIPRED ORAL TABLET	\$0 (Tier-4)	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	\$0 (Tier-4)	Transplant
<i>prednisolone oral solution</i>	\$0 (Tier-2)	Transplant
<i>prednisolone sodium phosphate oral solution</i>	\$0 (Tier-2)	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	\$0 (Tier-2)	Transplant
PREDNISONO INTENSOL ORAL CONCENTRATE	\$0 (Tier-4)	Transplant
<i>prednisone oral solution</i>	\$0 (Tier-2)	Transplant
<i>prednisone oral tablet</i>	\$0 (Tier-1)	Transplant
<i>prednisone oral tablet therapy pack</i>	\$0 (Tier-2)	Transplant
ANDROGENS		
ANADROL-50 ORAL TABLET	\$0 (Tier-4)	
AVEED INTRAMUSCULAR SOLUTION	\$0 (Tier-4)	
<i>danazol oral capsule</i>	\$0 (Tier-4)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	\$0 (Tier-4)	
METHITEST ORAL TABLET	\$0 (Tier-4)	
<i>methyltestosterone oral capsule</i>	\$0 (Tier-5)	NEDS
<i>oxandrolone oral tablet</i>	\$0 (Tier-2)	
<i>testosterone cypionate intramuscular solution</i>	\$0 (Tier-3)	
<i>testosterone enanthate intramuscular solution</i>	\$0 (Tier-2)	
<i>testosterone transdermal gel</i>	\$0 (Tier-3)	
<i>testosterone transdermal solution</i>	\$0 (Tier-2)	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD SUBCUTANEOUS KIT	\$0 (Tier-3)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	\$0 (Tier-5)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier-3)	
<i>leuprolide acetate injection kit</i>	\$0 (Tier-2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
SYNAREL NASAL SOLUTION	\$0 (Tier-5)	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-5)	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levo-t oral tablet</i>	\$0 (Tier-1)	
<i>levothyroxine sodium oral tablet</i>	\$0 (Tier-1)	
<i>levoxyl oral tablet</i>	\$0 (Tier-2)	
<i>liothyronine sodium oral tablet</i>	\$0 (Tier-2)	
<i>methimazole oral tablet</i>	\$0 (Tier-1)	
<i>propylthiouracil oral tablet</i>	\$0 (Tier-2)	
SYNTHROID ORAL TABLET	\$0 (Tier-4)	
TIROSINT ORAL CAPSULE	\$0 (Tier-4)	
TIROSINT-SOL ORAL SOLUTION	\$0 (Tier-4)	
<i>unithroid oral tablet</i>	\$0 (Tier-1)	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-6)	
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
BCG VACCINE INJECTION INJECTABLE	\$0 (Tier-6)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
BIVIGAM INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
DAPTACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	\$0 (Tier-6)	
ENGERIX-B INJECTION SUSPENSION	\$0 (Tier-6)	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
HAVRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
HIBERIX INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-6)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
INFANRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
IPOL INJECTION INJECTABLE	\$0 (Tier-6)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
KINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-6)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-6)	
OCTAGAM INTRAVENOUS SOLUTION	\$0 (Tier-3)	PA; HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0 (Tier-6)	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	Part B
PRIVIGEN INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
RECOMBIVAX HB INJECTION SUSPENSION	\$0 (Tier-6)	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
ROTATEQ ORAL SOLUTION	\$0 (Tier-6)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
<i>tdvax intramuscular suspension</i>	\$0 (Tier-6)	
TENIVAC INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0 (Tier-6)	
VAQTA INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
VARIVAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-6)	
VARIZIG INTRAMUSCULAR SOLUTION	\$0 (Tier-6)	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-6)	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-5)	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine modified oral solution</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine oral capsule</i>	\$0 (Tier-2)	B vs D
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
<i>engraf oral capsule</i>	\$0 (Tier-2)	B vs D
<i>engraf oral solution</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral capsule</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0 (Tier-5)	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	\$0 (Tier-4)	B vs D
PROGRAF ORAL PACKET 0.2 MG	\$0 (Tier-4)	B vs D
PROGRAF ORAL PACKET 1 MG	\$0 (Tier-5)	B vs D; NEDS
<i>sirolimus oral solution</i>	\$0 (Tier-3)	B vs D
<i>sirolimus oral tablet</i>	\$0 (Tier-2)	B vs D
<i>tacrolimus oral capsule</i>	\$0 (Tier-2)	B vs D
ZORTRESS ORAL TABLET	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate injection solution</i>	\$0 (Tier-2)	SP-CVS specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAMAX ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole oral tablet</i>	\$0 (Tier-3)	
TIGLUTIK ORAL SUSPENSION	\$0 (Tier-5)	NEDS
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection solution</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (20.1 ML per 28 days); NEDS
CUSHING'S SYNDROME		
ISTURISA ORAL TABLET 1 MG	\$0 (Tier-5)	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	\$0 (Tier-5)	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORKAMBI ORAL TABLET	\$0 (Tier-5)	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	\$0 (Tier-5)	NEDS
<i>tobramycin inhalation nebulization solution</i>	\$0 (Tier-5)	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; QL (84 EA per 28 days); NEDS
CYSTINURIA		
CYSTADANE ORAL POWDER	\$0 (Tier-5)	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	\$0 (Tier-5)	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	\$0 (Tier-4)	
<i>deferasirox oral tablet</i>	\$0 (Tier-5)	NEDS
<i>deferasirox oral tablet soluble</i>	\$0 (Tier-5)	NEDS
FERRIPROX ORAL SOLUTION	\$0 (Tier-5)	NEDS
FERRIPROX ORAL TABLET	\$0 (Tier-5)	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	\$0 (Tier-5)	PA; NEDS
EMFLAZA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	\$0 (Tier-5)	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
<i>nitisinone oral capsule</i>	\$0 (Tier-5)	PA; NEDS
NITYR ORAL TABLET	\$0 (Tier-5)	PA; NEDS
ORFADIN ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
ORFADIN ORAL SUSPENSION	\$0 (Tier-5)	PA; NEDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	\$0 (Tier-2)	
<i>calcitriol oral solution</i>	\$0 (Tier-2)	
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0 (Tier-4)	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	\$0 (Tier-5)	NEDS
<i>doxercalciferol oral capsule</i>	\$0 (Tier-4)	
<i>paricalcitol oral capsule</i>	\$0 (Tier-2)	
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
RUZURGI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$0 (Tier-5)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	\$0 (Tier-5)	SP-CVS specialty; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-5)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
<i>guanidine hcl oral tablet</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$0 (Tier-4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide oral solution</i>	\$0 (Tier-3)	
<i>pyridostigmine bromide oral tablet</i>	\$0 (Tier-2)	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; NEDS
LUCEMYRA ORAL TABLET	\$0 (Tier-5)	QL (224 EA per 14 days); NEDS
<i>naloxone hcl injection solution</i>	\$0 (Tier-2)	
<i>naloxone hcl injection solution cartridge</i>	\$0 (Tier-2)	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0 (Tier-2)	
NARCAN NASAL LIQUID	\$0 (Tier-3)	QL (4 EA per 30 days)
PHENYLKETONURIA		
KUVAN ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	\$0 (Tier-5)	NEDS
DIBENZYLINE ORAL CAPSULE	\$0 (Tier-4)	
<i>phenoxybenzamine hcl oral capsule</i>	\$0 (Tier-3)	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	\$0 (Tier-2)	
<i>calcium acetate (phos binder) oral tablet</i>	\$0 (Tier-2)	
<i>sevelamer carbonate oral packet</i>	\$0 (Tier-3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sevelamer carbonate oral tablet</i>	\$0 (Tier-3)	
<i>sevelamer hcl oral tablet</i>	\$0 (Tier-3)	
POTASSIUM BINDER		
<i>kionex oral suspension</i>	\$0 (Tier-2)	
LOKELMA ORAL PACKET	\$0 (Tier-4)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier-2)	
<i>sodium polystyrene sulfonate oral suspension</i>	\$0 (Tier-1)	
<i>sps oral suspension</i>	\$0 (Tier-2)	
VELTASSA ORAL PACKET	\$0 (Tier-4)	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	\$0 (Tier-5)	PA; NEDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0 (Tier-3)	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	\$0 (Tier-3)	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	\$0 (Tier-3)	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	\$0 (Tier-3)	
NICOTROL NS NASAL SOLUTION	\$0 (Tier-4)	
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	\$0 (Tier-5)	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>dutasteride oral capsule</i>	\$0 (Tier-2)	
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$0 (Tier-3)	
<i>finasteride oral tablet</i>	\$0 (Tier-1)	
<i>silodosin oral capsule</i>	\$0 (Tier-3)	
<i>tadalafil oral tablet</i>	\$0 (Tier-3)	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	\$0 (Tier-2)	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sodium phenylbutyrate oral powder</i>	\$0 (Tier-5)	NEDS
<i>sodium phenylbutyrate oral tablet</i>	\$0 (Tier-5)	NEDS
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	\$0 (Tier-3)	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>desmopressin ace spray refrig nasal solution</i>	\$0 (Tier-2)	
<i>desmopressin acetate oral tablet</i>	\$0 (Tier-2)	
ELMIRON ORAL CAPSULE	\$0 (Tier-4)	
<i>flavoxate hcl oral tablet</i>	\$0 (Tier-2)	
JYNARQUE ORAL TABLET	\$0 (Tier-5)	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>oxybutynin chloride oral syrup</i>	\$0 (Tier-1)	
<i>oxybutynin chloride oral tablet</i>	\$0 (Tier-1)	
<i>potassium citrate er oral tablet extended release</i>	\$0 (Tier-2)	
SAMSCA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>solifenacin succinate oral tablet</i>	\$0 (Tier-3)	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>tolterodine tartrate oral tablet</i>	\$0 (Tier-3)	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>tropium chloride er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>tropium chloride oral tablet</i>	\$0 (Tier-3)	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WILSON'S DISEASE		
<i>clovique oral capsule</i>	\$0 (Tier-5)	NEDS
<i>penicillamine oral capsule</i>	\$0 (Tier-5)	NEDS
<i>penicillamine oral tablet</i>	\$0 (Tier-3)	
<i>trientine hcl oral capsule</i>	\$0 (Tier-5)	NEDS
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	\$0 (Tier-1)	
<i>donepezil hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ergoloid mesylates oral tablet</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide oral solution</i>	\$0 (Tier-3)	
<i>galantamine hydrobromide oral tablet</i>	\$0 (Tier-2)	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>memantine hcl oral solution</i>	\$0 (Tier-3)	
<i>memantine hcl oral tablet</i>	\$0 (Tier-2)	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier-4)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>rivastigmine tartrate oral capsule</i>	\$0 (Tier-2)	
<i>rivastigmine transdermal patch 24 hour</i>	\$0 (Tier-2)	
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$0 (Tier-4)	
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier-5)	NEDS
<i>eletriptan hydrobromide oral tablet</i>	\$0 (Tier-3)	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$0 (Tier-4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIGERGOT RECTAL SUPPOSITORY	\$0 (Tier-5)	NEDS
<i>naratriptan hcl oral tablet</i>	\$0 (Tier-4)	
NAYZILAM NASAL SOLUTION	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$0 (Tier-2)	
<i>rizatriptan benzoate oral tablet dispersible</i>	\$0 (Tier-2)	
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier-3)	
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier-2)	
<i>sumatriptan succinate oral tablet</i>	\$0 (Tier-2)	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier-2)	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier-2)	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	\$0 (Tier-3)	
<i>sumatriptan-naproxen sodium oral tablet</i>	\$0 (Tier-3)	
<i>zolmitriptan oral tablet</i>	\$0 (Tier-4)	
<i>zolmitriptan oral tablet dispersible</i>	\$0 (Tier-2)	
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-5)	NEDS
<i>benztropine mesylate oral tablet</i>	\$0 (Tier-1)	PA
<i>bromocriptine mesylate oral capsule</i>	\$0 (Tier-2)	
<i>bromocriptine mesylate oral tablet</i>	\$0 (Tier-2)	
<i>cabergoline oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa er oral tablet extended release</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa oral tablet dispersible</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$0 (Tier-2)	
DUOPA ENTERAL SUSPENSION	\$0 (Tier-4)	
<i>entacapone oral tablet</i>	\$0 (Tier-2)	
INBRIJA INHALATION CAPSULE	\$0 (Tier-5)	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-4)	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>pramipexole dihydrochloride oral tablet</i>	\$0 (Tier-1)	
<i>rasagiline mesylate oral tablet</i>	\$0 (Tier-4)	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>ropinirole hcl oral tablet</i>	\$0 (Tier-1)	
RYTARY ORAL CAPSULE EXTENDED RELEASE	\$0 (Tier-4)	
<i>selegiline hcl oral capsule</i>	\$0 (Tier-2)	
<i>selegiline hcl oral tablet</i>	\$0 (Tier-2)	
<i>tolcapone oral tablet</i>	\$0 (Tier-5)	NEDS
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier-1)	PA
<i>trihexyphenidyl hcl oral tablet</i>	\$0 (Tier-1)	PA
PSEUDOBLBAR AFFECT		
NUEDEXTA ORAL CAPSULE	\$0 (Tier-3)	PA
SEIZURES		
APTIOM ORAL TABLET	\$0 (Tier-4)	
BANZEL ORAL SUSPENSION	\$0 (Tier-4)	
BANZEL ORAL TABLET	\$0 (Tier-4)	
BRIVIACT ORAL SOLUTION	\$0 (Tier-5)	PA; NEDS
BRIVIACT ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
<i>carbamazepine er oral tablet extended release 12 hour</i>	\$0 (Tier-3)	
<i>carbamazepine oral suspension</i>	\$0 (Tier-4)	
<i>carbamazepine oral tablet</i>	\$0 (Tier-1)	
<i>carbamazepine oral tablet chewable</i>	\$0 (Tier-2)	
CELONTIN ORAL CAPSULE	\$0 (Tier-4)	
<i>clobazam oral suspension</i>	\$0 (Tier-3)	
<i>clobazam oral tablet</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	\$0 (Tier-1)	
<i>clonazepam oral tablet dispersible</i>	\$0 (Tier-3)	
DIASTAT ACUDIAL RECTAL GEL	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIASTAT PEDIATRIC RECTAL GEL	\$0 (Tier-3)	
<i>diazepam oral concentrate</i>	\$0 (Tier-2)	
<i>diazepam oral solution</i>	\$0 (Tier-2)	
<i>diazepam oral tablet</i>	\$0 (Tier-2)	
<i>diazepam rectal gel</i>	\$0 (Tier-2)	
DILANTIN INFATABS ORAL TABLET CHEWABLE	\$0 (Tier-3)	
DILANTIN ORAL CAPSULE	\$0 (Tier-3)	
DILANTIN ORAL SUSPENSION	\$0 (Tier-3)	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$0 (Tier-2)	
<i>divalproex sodium oral tablet delayed release</i>	\$0 (Tier-2)	
EPIDIOLEX ORAL SOLUTION	\$0 (Tier-4)	PA; SP-CVS specialty
<i>epitol oral tablet</i>	\$0 (Tier-1)	
<i>ethosuximide oral capsule</i>	\$0 (Tier-2)	
<i>ethosuximide oral solution</i>	\$0 (Tier-2)	
<i>felbamate oral suspension</i>	\$0 (Tier-2)	
<i>felbamate oral tablet</i>	\$0 (Tier-2)	
FYCOMPA ORAL SUSPENSION	\$0 (Tier-4)	PA
FYCOMPA ORAL TABLET	\$0 (Tier-4)	PA
<i>gabapentin oral capsule</i>	\$0 (Tier-1)	
<i>gabapentin oral solution</i>	\$0 (Tier-2)	
<i>gabapentin oral tablet</i>	\$0 (Tier-1)	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>lamotrigine oral tablet</i>	\$0 (Tier-1)	
<i>lamotrigine oral tablet chewable</i>	\$0 (Tier-2)	
<i>lamotrigine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-blue oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-green oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-orange oral kit</i>	\$0 (Tier-2)	
<i>levetiracetam er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>levetiracetam oral solution</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam oral tablet</i>	\$0 (Tier-2)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>oxcarbazepine oral suspension</i>	\$0 (Tier-2)	
<i>oxcarbazepine oral tablet</i>	\$0 (Tier-2)	
PEGANONE ORAL TABLET	\$0 (Tier-4)	
<i>phenobarbital oral elixir</i>	\$0 (Tier-2)	PA
<i>phenobarbital oral tablet</i>	\$0 (Tier-2)	PA
<i>phenytoin oral suspension</i>	\$0 (Tier-2)	
<i>phenytoin oral tablet chewable</i>	\$0 (Tier-2)	
<i>phenytoin sodium extended oral capsule</i>	\$0 (Tier-2)	
<i>pregabalin oral capsule</i>	\$0 (Tier-3)	
<i>pregabalin oral solution</i>	\$0 (Tier-3)	
<i>primidone oral tablet</i>	\$0 (Tier-2)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	\$0 (Tier-4)	
<i>roweepra oral tablet</i>	\$0 (Tier-2)	
<i>roweepra xr oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$0 (Tier-4)	
SYMPAZAN ORAL FILM	\$0 (Tier-4)	
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>tiagabine hcl oral tablet 16 mg</i>	\$0 (Tier-5)	NEDS
<i>topiramate er oral capsule er 24 hour sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral capsule sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral tablet</i>	\$0 (Tier-1)	
<i>valproic acid oral capsule</i>	\$0 (Tier-2)	
<i>valproic acid oral solution</i>	\$0 (Tier-2)	
VALTOCO 10 MG DOSE NASAL LIQUID	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	\$0 (Tier-5)	NEDS
<i>vigabatrin oral tablet</i>	\$0 (Tier-5)	NEDS
<i>vigadrone oral packet</i>	\$0 (Tier-5)	NEDS
VIMPAT ORAL SOLUTION	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	\$0 (Tier-4)	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XCOPRI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (Tier-4)	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0 (Tier-5)	PA; NEDS
<i>zonisamide oral capsule</i>	\$0 (Tier-2)	
SPASTICITY		
<i>baclofen oral tablet</i>	\$0 (Tier-1)	
<i>cyclobenzaprine hcl oral tablet</i>	\$0 (Tier-3)	PA
<i>dantrolene sodium oral capsule</i>	\$0 (Tier-2)	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>tizanidine hcl oral capsule 6 mg</i>	\$0 (Tier-3)	
<i>tizanidine hcl oral tablet</i>	\$0 (Tier-2)	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	\$0 (Tier-4)	B vs D
<i>azathioprine oral tablet</i>	\$0 (Tier-2)	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	\$0 (Tier-2)	
<i>methotrexate oral tablet</i>	\$0 (Tier-2)	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	\$0 (Tier-5)	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	\$0 (Tier-4)	B vs D
XATMEP ORAL SOLUTION	\$0 (Tier-4)	B vs D
XELJANZ ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	\$0 (Tier-1)	
<i>colchicine oral capsule</i>	\$0 (Tier-3)	
<i>colchicine oral tablet</i>	\$0 (Tier-2)	
<i>colchicine-probenecid oral tablet</i>	\$0 (Tier-2)	
<i>febuxostat oral tablet</i>	\$0 (Tier-3)	STPA
GLOPERBA ORAL SOLUTION	\$0 (Tier-4)	
<i>probenecid oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAIN, NSAID ANALGESICS		
<i>celecoxib oral capsule</i>	\$0 (Tier-3)	
<i>diclofenac potassium oral tablet</i>	\$0 (Tier-3)	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>diclofenac sodium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>diclofenac-misoprostol oral tablet delayed release</i>	\$0 (Tier-4)	
<i>diflunisal oral tablet</i>	\$0 (Tier-3)	
<i>etodolac er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>etodolac oral capsule</i>	\$0 (Tier-3)	
<i>etodolac oral tablet</i>	\$0 (Tier-2)	
<i>fenoprofen calcium oral capsule</i>	\$0 (Tier-4)	
<i>fenoprofen calcium oral tablet</i>	\$0 (Tier-2)	
<i>flurbiprofen oral tablet</i>	\$0 (Tier-2)	
<i>ibuprofen oral suspension</i>	\$0 (Tier-2)	
<i>ibuprofen oral tablet</i>	\$0 (Tier-1)	
INDOCIN ORAL SUSPENSION	\$0 (Tier-4)	
<i>indomethacin er oral capsule extended release</i>	\$0 (Tier-3)	
<i>indomethacin oral capsule</i>	\$0 (Tier-1)	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$0 (Tier-4)	
<i>ketoprofen oral capsule</i>	\$0 (Tier-2)	
<i>meclofenamate sodium oral capsule</i>	\$0 (Tier-4)	
<i>mefenamic acid oral capsule</i>	\$0 (Tier-2)	
<i>meloxicam oral tablet</i>	\$0 (Tier-1)	
<i>nabumetone oral tablet</i>	\$0 (Tier-2)	
<i>naproxen dr oral tablet delayed release</i>	\$0 (Tier-2)	
<i>naproxen oral suspension</i>	\$0 (Tier-2)	
<i>naproxen oral tablet</i>	\$0 (Tier-1)	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-5)	NEDS
<i>naproxen sodium oral tablet</i>	\$0 (Tier-1)	
<i>oxaprozin oral tablet</i>	\$0 (Tier-4)	
<i>piroxicam oral capsule</i>	\$0 (Tier-3)	
<i>sulindac oral tablet</i>	\$0 (Tier-2)	
<i>tolmetin sodium oral capsule</i>	\$0 (Tier-4)	
<i>tolmetin sodium oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAIN, OPIOID AND OTHER ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$0 (Tier-3)	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier-2)	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	\$0 (Tier-3)	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	\$0 (Tier-3)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	\$0 (Tier-2)	QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	\$0 (Tier-2)	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	\$0 (Tier-5)	QL (240 EA per 30 days); NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier-2)	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier-2)	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	\$0 (Tier-2)	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	\$0 (Tier-2)	QL (900 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	\$0 (Tier-2)	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	\$0 (Tier-2)	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>disulfiram oral tablet</i>	\$0 (Tier-2)	
<i>naltrexone hcl oral tablet</i>	\$0 (Tier-2)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier-5)	NEDS
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier-5)	SP-CVS specialty; NEDS
ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alprazolam intensol oral concentrate</i>	\$0 (Tier-2)	
<i>alprazolam oral tablet</i>	\$0 (Tier-1)	
<i>alprazolam oral tablet dispersible</i>	\$0 (Tier-3)	
<i>bupirone hcl oral tablet</i>	\$0 (Tier-1)	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	\$0 (Tier-2)	
<i>clorazepate dipotassium oral tablet</i>	\$0 (Tier-4)	
<i>lorazepam oral concentrate</i>	\$0 (Tier-2)	
<i>lorazepam oral tablet</i>	\$0 (Tier-1)	
<i>oxazepam oral capsule</i>	\$0 (Tier-3)	
ATTENTION DEFICIT DISORDER		
<i>amphetamine er oral suspension extended release</i>	\$0 (Tier-3)	
<i>amphetamine sulfate oral tablet</i>	\$0 (Tier-3)	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>amphetamine-dextroamphetamine oral tablet</i>	\$0 (Tier-3)	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	\$0 (Tier-4)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
DESOXYN ORAL TABLET	\$0 (Tier-4)	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>dexmethylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>dextroamphetamine sulfate oral solution</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate oral tablet</i>	\$0 (Tier-3)	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>methamphetamine hcl oral tablet</i>	\$0 (Tier-2)	PA
METHYLIN ORAL SOLUTION	\$0 (Tier-3)	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral solution</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet chewable</i>	\$0 (Tier-2)	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	\$0 (Tier-4)	
<i>relexxii oral tablet extended release</i>	\$0 (Tier-2)	
VYVANSE ORAL CAPSULE	\$0 (Tier-4)	PA
VYVANSE ORAL TABLET CHEWABLE	\$0 (Tier-4)	PA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>lithium carbonate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>lithium carbonate oral capsule</i>	\$0 (Tier-1)	
<i>lithium carbonate oral tablet</i>	\$0 (Tier-1)	
<i>lithium oral solution</i>	\$0 (Tier-1)	
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$0 (Tier-2)	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-3)	
<i>risperidone oral solution</i>	\$0 (Tier-2)	
<i>risperidone oral tablet</i>	\$0 (Tier-1)	
<i>risperidone oral tablet dispersible</i>	\$0 (Tier-2)	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>amoxapine oral tablet</i>	\$0 (Tier-2)	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	\$0 (Tier-4)	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	\$0 (Tier-5)	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>bupropion hcl oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram hydrobromide oral solution</i>	\$0 (Tier-2)	
<i>citalopram hydrobromide oral tablet</i>	\$0 (Tier-1)	
<i>clomipramine hcl oral capsule</i>	\$0 (Tier-2)	PA
<i>desipramine hcl oral tablet</i>	\$0 (Tier-2)	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>doxepin hcl oral capsule</i>	\$0 (Tier-3)	
<i>doxepin hcl oral concentrate</i>	\$0 (Tier-2)	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	\$0 (Tier-4)	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	\$0 (Tier-4)	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	\$0 (Tier-3)	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-5)	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	\$0 (Tier-4)	
<i>escitalopram oxalate oral tablet</i>	\$0 (Tier-1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier-4)	STPA
<i>fluoxetine hcl oral capsule</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral capsule delayed release</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral solution</i>	\$0 (Tier-3)	
<i>fluoxetine hcl oral tablet</i>	\$0 (Tier-4)	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$0 (Tier-4)	
<i>fluvoxamine maleate oral tablet</i>	\$0 (Tier-2)	
<i>imipramine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>imipramine pamoate oral capsule</i>	\$0 (Tier-4)	PA
<i>maprotiline hcl oral tablet</i>	\$0 (Tier-3)	
MARPLAN ORAL TABLET	\$0 (Tier-4)	
<i>mirtazapine oral tablet</i>	\$0 (Tier-2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mirtazapine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>nefazodone hcl oral tablet</i>	\$0 (Tier-2)	
<i>nortriptyline hcl oral capsule</i>	\$0 (Tier-1)	
<i>nortriptyline hcl oral solution</i>	\$0 (Tier-1)	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>paroxetine hcl oral tablet</i>	\$0 (Tier-1)	
<i>paroxetine mesylate oral capsule</i>	\$0 (Tier-1)	
PAXIL ORAL SUSPENSION	\$0 (Tier-4)	
PEXEVA ORAL TABLET	\$0 (Tier-4)	STPA
<i>phenelzine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>protriptyline hcl oral tablet</i>	\$0 (Tier-2)	
<i>sertraline hcl oral concentrate</i>	\$0 (Tier-2)	
<i>sertraline hcl oral tablet</i>	\$0 (Tier-1)	
<i>tranylcypromine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>trazodone hcl oral tablet</i>	\$0 (Tier-1)	
<i>trimipramine maleate oral capsule</i>	\$0 (Tier-2)	PA
TRINTELLIX ORAL TABLET	\$0 (Tier-4)	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>venlafaxine hcl oral tablet</i>	\$0 (Tier-2)	
VIIBRYD ORAL TABLET	\$0 (Tier-4)	
VIIBRYD STARTER PACK ORAL KIT	\$0 (Tier-4)	
INSOMNIA		
<i>doxepin hcl oral tablet</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	\$0 (Tier-2)	
<i>eszopiclone oral tablet</i>	\$0 (Tier-3)	
<i>flurazepam hcl oral capsule</i>	\$0 (Tier-2)	
HETLIOZ ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>ramelteon oral tablet</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$0 (Tier-2)	
<i>triazolam oral tablet</i>	\$0 (Tier-2)	
<i>zaleplon oral capsule</i>	\$0 (Tier-2)	
<i>zolpidem tartrate er oral tablet extended release</i>	\$0 (Tier-4)	
<i>zolpidem tartrate oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$0 (Tier-3)	
NARCOLEPSY		
<i>armodafinil oral tablet</i>	\$0 (Tier-3)	PA
<i>modafinil oral tablet</i>	\$0 (Tier-4)	PA
SUNOSI ORAL TABLET	\$0 (Tier-4)	PA
WAKIX ORAL TABLET	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	\$0 (Tier-5)	LA; NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-5)	NEDS
ABILIFY MYCITE ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	\$0 (Tier-3)	
<i>aripiprazole oral tablet</i>	\$0 (Tier-3)	
<i>aripiprazole oral tablet dispersible</i>	\$0 (Tier-3)	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
CAPLYTA ORAL CAPSULE	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral tablet</i>	\$0 (Tier-4)	
<i>clozapine oral tablet</i>	\$0 (Tier-2)	
<i>clozapine oral tablet dispersible</i>	\$0 (Tier-2)	
FANAPT ORAL TABLET	\$0 (Tier-4)	STPA
FANAPT TITRATION PACK ORAL TABLET	\$0 (Tier-4)	STPA
<i>fluphenazine decanoate injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral concentrate</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral elixir</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral tablet</i>	\$0 (Tier-2)	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-4)	
<i>haloperidol decanoate intramuscular solution</i>	\$0 (Tier-2)	
<i>haloperidol lactate injection solution</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol lactate oral concentrate</i>	\$0 (Tier-1)	
<i>haloperidol oral tablet</i>	\$0 (Tier-1)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-5)	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier-3)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier-4)	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier-4)	STPA; QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	\$0 (Tier-2)	
<i>molindone hcl oral tablet</i>	\$0 (Tier-3)	
NUPLAZID ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	\$0 (Tier-2)	
<i>olanzapine oral tablet</i>	\$0 (Tier-2)	
<i>olanzapine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>paliperidone er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>perphenazine oral tablet</i>	\$0 (Tier-3)	
<i>perphenazine-amitriptyline oral tablet</i>	\$0 (Tier-3)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
<i>pimozide oral tablet</i>	\$0 (Tier-4)	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier-2)	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 (Tier-4)	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier-5)	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	\$0 (Tier-5)	STPA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	\$0 (Tier-4)	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-5)	NEDS
<i>thioridazine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>thiothixene oral capsule</i>	\$0 (Tier-3)	
<i>trifluoperazine hcl oral tablet</i>	\$0 (Tier-2)	
VERSACLOZ ORAL SUSPENSION	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0 (Tier-4)	
<i>ziprasidone hcl oral capsule</i>	\$0 (Tier-2)	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	\$0 (Tier-3)	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	

RESPIRATORY DRUGS

ASTHMA

ADVAIR HFA INHALATION AEROSOL	\$0 (Tier-3)	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$0 (Tier-4)	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier-1)	QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier-1)	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier-1)	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>albuterol sulfate oral syrup</i>	\$0 (Tier-1)	
<i>albuterol sulfate oral tablet</i>	\$0 (Tier-3)	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	\$0 (Tier-4)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>budesonide inhalation suspension</i>	\$0 (Tier-2)	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	\$0 (Tier-3)	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$0 (Tier-2)	QL (3 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	\$0 (Tier-2)	B vs D
<i>ipratropium-albuterol inhalation solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	\$0 (Tier-3)	QL (90 GM per 90 days)
<i>metaproterenol sulfate oral syrup</i>	\$0 (Tier-2)	
<i>montelukast sodium oral packet</i>	\$0 (Tier-2)	
<i>montelukast sodium oral tablet</i>	\$0 (Tier-1)	
<i>montelukast sodium oral tablet chewable</i>	\$0 (Tier-2)	
PERFORMIST INHALATION NEBULIZATION SOLUTION	\$0 (Tier-3)	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (6 EA per 90 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	\$0 (Tier-3)	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
SPIRIVA HANDHALER INHALATION CAPSULE	\$0 (Tier-3)	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-4)	QL (180 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>terbutaline sulfate oral tablet</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>theophylline oral solution</i>	\$0 (Tier-2)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	\$0 (Tier-3)	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-5)	NEDS
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>ambrisentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	\$0 (Tier-4)	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	\$0 (Tier-3)	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENTAVIS INHALATION SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	\$0 (Tier-2)	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	\$0 (Tier-3)	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	\$0 (Tier-4)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-4)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	\$0 (Tier-3)	
<i>metronidazole external cream</i>	\$0 (Tier-2)	
<i>metronidazole external gel</i>	\$0 (Tier-2)	
<i>metronidazole external lotion</i>	\$0 (Tier-4)	
ACNE VULGARIS		
<i>adapalene external cream</i>	\$0 (Tier-2)	PA
<i>adapalene external gel</i>	\$0 (Tier-4)	PA
<i>adapalene external solution</i>	\$0 (Tier-3)	PA
<i>adapalene-benzoyl peroxide external gel</i>	\$0 (Tier-3)	PA
<i>amnestem oral capsule</i>	\$0 (Tier-2)	
ATRALIN EXTERNAL GEL	\$0 (Tier-4)	PA
<i>avita external cream</i>	\$0 (Tier-2)	PA
<i>avita external gel</i>	\$0 (Tier-2)	PA
AZELEX EXTERNAL CREAM	\$0 (Tier-4)	
<i>benzoyl peroxide-erythromycin external gel</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>claravis oral capsule</i>	\$0 (Tier-4)	
<i>clindamycin phos-benzoyl perox external gel</i>	\$0 (Tier-4)	
<i>clindamycin phosphate external foam</i>	\$0 (Tier-4)	
<i>clindamycin phosphate external gel</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external lotion</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external solution</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external swab</i>	\$0 (Tier-2)	
<i>ery external pad</i>	\$0 (Tier-2)	
<i>erythromycin external gel</i>	\$0 (Tier-2)	
<i>erythromycin external solution</i>	\$0 (Tier-2)	
EVOCLIN EXTERNAL FOAM	\$0 (Tier-4)	
FABIOR EXTERNAL FOAM	\$0 (Tier-4)	PA
<i>isotretinoin oral capsule</i>	\$0 (Tier-4)	
RETIN-A EXTERNAL CREAM	\$0 (Tier-4)	PA
RETIN-A EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO PUMP EXTERNAL GEL	\$0 (Tier-4)	PA
<i>tretinoin external cream</i>	\$0 (Tier-2)	PA
<i>tretinoin external gel</i>	\$0 (Tier-4)	PA
<i>tretinoin microsphere external gel</i>	\$0 (Tier-4)	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN EXTERNAL CREAM	\$0 (Tier-4)	
CORTISPORIN EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>gentamicin sulfate external cream</i>	\$0 (Tier-3)	
<i>gentamicin sulfate external ointment</i>	\$0 (Tier-3)	
<i>mupirocin calcium external cream</i>	\$0 (Tier-3)	QL (180 GM per 30 days)
<i>mupirocin external ointment</i>	\$0 (Tier-2)	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	\$0 (Tier-2)	
<i>ssd external cream</i>	\$0 (Tier-2)	
XEPI EXTERNAL CREAM	\$0 (Tier-4)	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	\$0 (Tier-4)	
<i>ala-cort external cream</i>	\$0 (Tier-1)	
<i>alclometasone dipropionate external cream</i>	\$0 (Tier-4)	
<i>alclometasone dipropionate external ointment</i>	\$0 (Tier-2)	
<i>amcinonide external cream</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amcinonide external lotion</i>	\$0 (Tier-2)	
<i>amcinonide external ointment</i>	\$0 (Tier-4)	
APEXICON E EXTERNAL CREAM	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external cream</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external gel</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external lotion</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external ointment</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external cream</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external ointment</i>	\$0 (Tier-4)	
<i>betamethasone valerate external cream</i>	\$0 (Tier-2)	
<i>betamethasone valerate external foam</i>	\$0 (Tier-4)	
<i>betamethasone valerate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone valerate external ointment</i>	\$0 (Tier-2)	
CAPEX EXTERNAL SHAMPOO	\$0 (Tier-4)	
<i>clobetasol propionate e external cream</i>	\$0 (Tier-3)	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	\$0 (Tier-4)	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	\$0 (Tier-3)	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	\$0 (Tier-4)	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	\$0 (Tier-4)	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	\$0 (Tier-4)	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	\$0 (Tier-4)	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	\$0 (Tier-3)	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	\$0 (Tier-4)	
<i>clodan external shampoo</i>	\$0 (Tier-3)	
CORDRAN EXTERNAL TAPE	\$0 (Tier-4)	
<i>desonide external cream</i>	\$0 (Tier-4)	
<i>desonide external lotion</i>	\$0 (Tier-4)	
<i>desonide external ointment</i>	\$0 (Tier-4)	
<i>desoximetasone external cream</i>	\$0 (Tier-4)	
<i>desoximetasone external gel</i>	\$0 (Tier-4)	
<i>desoximetasone external liquid</i>	\$0 (Tier-4)	
<i>desoximetasone external ointment</i>	\$0 (Tier-4)	
<i>diflorasone diacetate external cream</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diflorasone diacetate external ointment</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide external cream</i>	\$0 (Tier-3)	
<i>fluocinolone acetonide external ointment</i>	\$0 (Tier-3)	
<i>fluocinolone acetonide external solution</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide scalp external oil</i>	\$0 (Tier-3)	
<i>fluocinonide emulsified base external cream</i>	\$0 (Tier-4)	
<i>fluocinonide external cream</i>	\$0 (Tier-4)	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$0 (Tier-4)	
<i>fluocinonide external ointment</i>	\$0 (Tier-4)	
<i>fluocinonide external solution</i>	\$0 (Tier-4)	
<i>flurandrenolide external cream</i>	\$0 (Tier-3)	
<i>flurandrenolide external lotion</i>	\$0 (Tier-3)	
<i>flurandrenolide external ointment</i>	\$0 (Tier-4)	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	\$0 (Tier-2)	
<i>fluticasone propionate external lotion</i>	\$0 (Tier-4)	
<i>fluticasone propionate external ointment</i>	\$0 (Tier-2)	
<i>halcinonide external cream</i>	\$0 (Tier-3)	
<i>halobetasol propionate external cream</i>	\$0 (Tier-4)	
<i>halobetasol propionate external ointment</i>	\$0 (Tier-4)	
HALOG EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>hydrocortisone butyrate external cream</i>	\$0 (Tier-4)	
<i>hydrocortisone butyrate external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone butyrate external ointment</i>	\$0 (Tier-4)	
<i>hydrocortisone butyrate external solution</i>	\$0 (Tier-4)	
<i>hydrocortisone external cream</i>	\$0 (Tier-1)	
<i>hydrocortisone external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone external ointment</i>	\$0 (Tier-1)	
<i>hydrocortisone valerate external cream</i>	\$0 (Tier-4)	
<i>hydrocortisone valerate external ointment</i>	\$0 (Tier-4)	
KENALOG EXTERNAL AEROSOL SOLUTION	\$0 (Tier-4)	
<i>mometasone furoate external cream</i>	\$0 (Tier-1)	
<i>mometasone furoate external ointment</i>	\$0 (Tier-1)	
<i>mometasone furoate external solution</i>	\$0 (Tier-2)	
<i>nolix external cream</i>	\$0 (Tier-3)	
<i>nolix external lotion</i>	\$0 (Tier-3)	
PANDEL EXTERNAL CREAM	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednicarbate external cream</i>	\$0 (Tier-4)	
<i>prednicarbate external ointment</i>	\$0 (Tier-2)	
TOVET EXTERNAL FOAM	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	\$0 (Tier-4)	
<i>triamcinolone acetonide external cream</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external lotion</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external ointment 0.05 %</i>	\$0 (Tier-3)	
TRIANEX EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>triderm external cream</i>	\$0 (Tier-2)	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	\$0 (Tier-2)	
<i>ciclopirox external shampoo</i>	\$0 (Tier-4)	
<i>ciclopirox external solution</i>	\$0 (Tier-3)	
<i>ciclopirox olamine external cream</i>	\$0 (Tier-2)	
<i>ciclopirox olamine external suspension</i>	\$0 (Tier-2)	
<i>clotrimazole external cream</i>	\$0 (Tier-3)	
<i>clotrimazole external solution</i>	\$0 (Tier-2)	
<i>clotrimazole-betamethasone external cream</i>	\$0 (Tier-3)	
<i>clotrimazole-betamethasone external lotion</i>	\$0 (Tier-4)	
<i>econazole nitrate external cream</i>	\$0 (Tier-3)	
<i>ketokonazole external cream</i>	\$0 (Tier-3)	QL (120 GM per 30 days)
<i>ketokonazole external foam</i>	\$0 (Tier-4)	
<i>ketokonazole external shampoo</i>	\$0 (Tier-2)	
KETODAN EXTERNAL FOAM	\$0 (Tier-4)	
<i>luliconazole external cream</i>	\$0 (Tier-3)	
MENTAX EXTERNAL CREAM	\$0 (Tier-4)	
<i>naftifine hcl external cream 1 %</i>	\$0 (Tier-4)	
<i>naftifine hcl external cream 2 %</i>	\$0 (Tier-3)	
<i>nyamyc external powder</i>	\$0 (Tier-2)	
<i>nystatin external cream</i>	\$0 (Tier-2)	
<i>nystatin external ointment</i>	\$0 (Tier-2)	
<i>nystatin external powder</i>	\$0 (Tier-2)	
<i>nystatin mouth/throat suspension</i>	\$0 (Tier-2)	
<i>nystatin-triamcinolone external cream</i>	\$0 (Tier-3)	
<i>nystatin-triamcinolone external ointment</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystop external powder</i>	\$0 (Tier-2)	
<i>oxiconazole nitrate external cream</i>	\$0 (Tier-4)	QL (90 GM per 30 days)
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule 10 mg, 25 mg</i>	\$0 (Tier-4)	
<i>acitretin oral capsule 17.5 mg</i>	\$0 (Tier-5)	NEDS
<i>calcipotriene external cream</i>	\$0 (Tier-3)	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	\$0 (Tier-4)	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	\$0 (Tier-4)	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	\$0 (Tier-5)	NEDS
<i>calcipotriene-betameth diprop external suspension</i>	\$0 (Tier-5)	NEDS
<i>calcitriol external ointment</i>	\$0 (Tier-3)	
<i>methoxsalen rapid oral capsule</i>	\$0 (Tier-5)	NEDS
<i>tazarotene external cream</i>	\$0 (Tier-3)	PA
TAZORAC EXTERNAL CREAM	\$0 (Tier-4)	PA
TAZORAC EXTERNAL GEL	\$0 (Tier-4)	PA
SCABIES AND PEDICULOSIS		
<i>lindane external shampoo</i>	\$0 (Tier-2)	
<i>malathion external lotion</i>	\$0 (Tier-2)	
<i>permethrin external cream</i>	\$0 (Tier-3)	
SKLICE EXTERNAL LOTION	\$0 (Tier-4)	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	\$0 (Tier-3)	
<i>ammonium lactate external lotion</i>	\$0 (Tier-2)	
ANUSOL-HC EXTERNAL CREAM	\$0 (Tier-4)	
ANUSOL-HC RECTAL CREAM	\$0 (Tier-4)	
<i>diclofenac epolamine transdermal patch</i>	\$0 (Tier-3)	PA; QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	\$0 (Tier-3)	QL (960 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	\$0 (Tier-3)	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	\$0 (Tier-2)	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	\$0 (Tier-5)	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
EUCRISA EXTERNAL OINTMENT	\$0 (Tier-4)	PA
<i>fluorouracil external cream</i>	\$0 (Tier-2)	
<i>fluorouracil external solution</i>	\$0 (Tier-4)	
<i>hydrocortisone ace-pramoxine external cream</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$0 (Tier-2)	
<i>lidocaine external ointment</i>	\$0 (Tier-3)	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	\$0 (Tier-3)	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	\$0 (Tier-2)	QL (100 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	\$0 (Tier-2)	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	\$0 (Tier-2)	
<i>lidocaine-prilocaine external cream</i>	\$0 (Tier-3)	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	\$0 (Tier-3)	
PANRETIN EXTERNAL GEL	\$0 (Tier-5)	NEDS
PICATO EXTERNAL GEL	\$0 (Tier-4)	
<i>pimecrolimus external cream</i>	\$0 (Tier-3)	
<i>procto-med hc external cream</i>	\$0 (Tier-2)	
<i>procto-med hc rectal cream</i>	\$0 (Tier-2)	
<i>procto-pak external cream</i>	\$0 (Tier-2)	
<i>procto-pak rectal cream</i>	\$0 (Tier-2)	
<i>proctosol hc external cream</i>	\$0 (Tier-2)	
<i>proctosol hc rectal cream</i>	\$0 (Tier-2)	
<i>proctozone-hc external cream</i>	\$0 (Tier-2)	
<i>proctozone-hc rectal cream</i>	\$0 (Tier-2)	
PRUDOXIN EXTERNAL CREAM	\$0 (Tier-4)	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	\$0 (Tier-4)	QL (30 GM per 30 days)
REGRANEX EXTERNAL GEL	\$0 (Tier-3)	
SANTYL EXTERNAL OINTMENT	\$0 (Tier-3)	
<i>selenium sulfide external lotion</i>	\$0 (Tier-2)	
<i>sodium chloride irrigation solution</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium (acne) external lotion</i>	\$0 (Tier-2)	
SULFAMYLON EXTERNAL CREAM	\$0 (Tier-4)	
SULFAMYLON EXTERNAL PACKET	\$0 (Tier-4)	
<i>tacrolimus external ointment</i>	\$0 (Tier-3)	
TARGRETIN EXTERNAL GEL	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	\$0 (Tier-5)	NEDS
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir external cream</i>	\$0 (Tier-3)	
CONDYLOX EXTERNAL GEL	\$0 (Tier-4)	
DENAVIR EXTERNAL CREAM	\$0 (Tier-5)	NEDS
<i>imiquimod external cream</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imiquimod pump external cream</i>	\$0 (Tier-4)	
<i>podofilox external solution</i>	\$0 (Tier-2)	
WOMEN'S HEALTH		
CONTRACEPTIVES		
<i>amethia oral tablet</i>	\$0 (Tier-2)	
ANNOVERA VAGINAL RING	\$0 (Tier-4)	QL (1 EA per 365 days)
<i>apri oral tablet</i>	\$0 (Tier-2)	
<i>aranelle oral tablet</i>	\$0 (Tier-2)	
<i>ashlyna oral tablet</i>	\$0 (Tier-2)	
<i>aubra oral tablet</i>	\$0 (Tier-2)	
<i>aviane oral tablet</i>	\$0 (Tier-2)	
<i>balziva oral tablet</i>	\$0 (Tier-2)	
<i>briellyn oral tablet</i>	\$0 (Tier-2)	
<i>camila oral tablet</i>	\$0 (Tier-2)	
<i>deblitane oral tablet</i>	\$0 (Tier-2)	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>eluryng vaginal ring</i>	\$0 (Tier-3)	
<i>emoquette oral tablet</i>	\$0 (Tier-2)	
<i>errin oral tablet</i>	\$0 (Tier-2)	
<i>estradiol-norethindrone acet oral tablet</i>	\$0 (Tier-2)	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	\$0 (Tier-3)	
<i>falmina oral tablet</i>	\$0 (Tier-2)	
<i>introvale oral tablet</i>	\$0 (Tier-2)	
<i>junel 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 24 oral tablet</i>	\$0 (Tier-2)	
<i>kariva oral tablet</i>	\$0 (Tier-2)	
<i>kelnor 1/35 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>lessina oral tablet</i>	\$0 (Tier-2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levonest oral tablet</i>	\$0 (Tier-2)	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0 (Tier-2)	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0 (Tier-2)	
<i>levora 0.15/30 (28) oral tablet</i>	\$0 (Tier-2)	
LO LOESTRIN FE ORAL TABLET	\$0 (Tier-4)	
<i>marlissa oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>necon 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nikki oral tablet</i>	\$0 (Tier-2)	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	\$0 (Tier-2)	
<i>nortrel 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (21) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 7/7/7 oral tablet</i>	\$0 (Tier-2)	
ORIAHNN ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
<i>orsythia oral tablet</i>	\$0 (Tier-2)	
<i>portia-28 oral tablet</i>	\$0 (Tier-2)	
<i>sharobel oral tablet</i>	\$0 (Tier-2)	
<i>tarina fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>tri-previfem oral tablet</i>	\$0 (Tier-2)	
<i>tri-sprintec oral tablet</i>	\$0 (Tier-2)	
<i>trivora (28) oral tablet</i>	\$0 (Tier-2)	
<i>velivet oral tablet</i>	\$0 (Tier-2)	
<i>vyfemla oral tablet</i>	\$0 (Tier-2)	
<i>zovia 1/35e (28) oral tablet</i>	\$0 (Tier-2)	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	\$0 (Tier-2)	
<i>alendronate sodium oral tablet</i>	\$0 (Tier-1)	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
ANGELIQ ORAL TABLET	\$0 (Tier-4)	
<i>calcitonin (salmon) nasal solution</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
CRINONE VAGINAL GEL	\$0 (Tier-3)	PA
DELESTROGEN INTRAMUSCULAR OIL	\$0 (Tier-4)	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	\$0 (Tier-3)	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
DIVIGEL TRANSDERMAL GEL	\$0 (Tier-4)	
<i>dotti transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
DUAVEE ORAL TABLET	\$0 (Tier-4)	
ELESTRIN TRANSDERMAL GEL	\$0 (Tier-4)	
<i>estradiol oral tablet</i>	\$0 (Tier-1)	PA
<i>estradiol transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
<i>estradiol transdermal patch weekly</i>	\$0 (Tier-2)	PA
<i>estradiol vaginal cream</i>	\$0 (Tier-3)	
<i>estradiol vaginal tablet</i>	\$0 (Tier-3)	
<i>estradiol valerate intramuscular oil</i>	\$0 (Tier-2)	
ESTRING VAGINAL RING	\$0 (Tier-3)	
EVAMIST TRANSDERMAL SOLUTION	\$0 (Tier-4)	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	\$0 (Tier-4)	PA
FEMRING VAGINAL RING	\$0 (Tier-3)	
FORTEO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	\$0 (Tier-3)	PA
<i>ibandronate sodium oral tablet</i>	\$0 (Tier-2)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	\$0 (Tier-4)	
IMVEXXY STARTER PACK VAGINAL INSERT	\$0 (Tier-4)	
<i>jinteli oral tablet</i>	\$0 (Tier-2)	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate oral tablet</i>	\$0 (Tier-1)	
MENEST ORAL TABLET	\$0 (Tier-4)	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	\$0 (Tier-4)	PA
<i>norethindrone acetate oral tablet</i>	\$0 (Tier-2)	
<i>norethindrone-eth estradiol oral tablet</i>	\$0 (Tier-2)	PA
ORILISSA ORAL TABLET 150 MG	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	\$0 (Tier-4)	PA
PREMARIN VAGINAL CREAM	\$0 (Tier-4)	
PREMPHASE ORAL TABLET	\$0 (Tier-4)	PA
PREMPRO ORAL TABLET	\$0 (Tier-4)	PA
<i>progesterone micronized oral capsule</i>	\$0 (Tier-2)	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA
<i>raloxifene hcl oral tablet</i>	\$0 (Tier-2)	
<i>risedronate sodium oral tablet</i>	\$0 (Tier-3)	
<i>risedronate sodium oral tablet delayed release</i>	\$0 (Tier-3)	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>yuvafem vaginal tablet</i>	\$0 (Tier-3)	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	\$0 (Tier-2)	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	\$0 (Tier-4)	
<i>clindamycin phosphate vaginal cream</i>	\$0 (Tier-2)	
GYNAZOLE-1 VAGINAL CREAM	\$0 (Tier-4)	
<i>metronidazole vaginal gel</i>	\$0 (Tier-3)	
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier-2)	
SOLOSEC ORAL PACKET	\$0 (Tier-4)	
<i>terconazole vaginal cream</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>terconazole vaginal suppository</i>	\$0 (Tier-2)	
<i>vandazole vaginal gel</i>	\$0 (Tier-3)	
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	\$0 (Tier-4)	
OSPHENA ORAL TABLET	\$0 (Tier-4)	

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VYVANSE.....	80	<i>ziprasidone hcl</i>	85		
VYZULTA.....	48	<i>ziprasidone mesylate</i>	85		
WAKIX.....	83	ZIRGAN.....	47		



Este formulario se actualizó el 1/9/2020. Para obtener información más reciente o hacer otras preguntas, comuníquese con Relaciones con el Cliente de Tufts Health Plan Senior Care Options al **1-855-670-5934** o al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m. los 7 días de la semana, desde el 1 de octubre al 31 de marzo y de lunes a viernes del 1 de abril al 30 de septiembre, o visite **www.thpmp.org/sco**.



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