

PLANES DE TUFTS MEDICARE PREFERRED HMO | 2018

# Tufts Medicare Preferred HMO

## Formulario 2018 (Lista de medicamentos cubiertos)

**LEER:** Este documento contiene información sobre los medicamentos que cubre este plan.

Este formulario se actualizó en septiembre de 2017. Para obtener más información actualizada o para realizar otras preguntas, comuníquese con nosotros al 1-800-701-9000 o, para usuarios de TTY, al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (desde el 1 de octubre hasta el 14 de febrero, los representantes están disponibles los 7 días de la semana, de 8:00 a. m. a 8:00 p. m.). Fuera del horario de atención y los días feriados, deje un mensaje y un representante le devolverá la llamada el siguiente día hábil. O visite [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).

**Nota para los miembros actuales:** Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

# TUFTS MEDICARE PREFERRED HMO

## Formulario 2018 (Lista de medicamentos cubiertos)

Cuando en esta lista de medicamentos (formulario) se mencione “nosotros”, “nos” o “nuestro”, se hace referencia a Tufts Health Plan Medicare Preferred. Cuando se mencione el “plan” o “nuestro plan”, se hace referencia a Tufts Medicare Preferred HMO.

Este documento incluye una lista de medicamentos (formulario) de nuestro plan que entra en vigencia a partir de septiembre de 2017. Para recibir un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y en la contratapa.

En general, usted deberá usar farmacias de la red para hacer uso de los beneficios de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los coseguros/copagos pueden cambiar el 1 de enero de 2019 y ocasionalmente durante el año.

### ¿Qué es el formulario de Tufts Medicare Preferred HMO?

Un formulario es una lista de medicamentos cubiertos seleccionados por Tufts Medicare Preferred HMO con asesoramiento de un equipo de proveedores de atención médica que describe los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. Tufts Medicare Preferred HMO generalmente cubrirá los medicamentos enumerados en nuestro formulario en tanto el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red de Tufts Medicare Preferred HMO y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte la Evidencia de cobertura.

### ¿El formulario (lista de medicamentos) puede cambiar?

En general, si usted está tomando un medicamento de nuestro formulario 2018 que estaba cubierto a principio de año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2018, excepto que se encuentre disponible un medicamento genérico nuevo y menos costoso o que se publique información adversa nueva sobre la seguridad o efectividad del medicamento. Otros tipos de cambios en el formulario, como la eliminación de un medicamento del formulario, no afectarán a los miembros que están tomando el medicamento actualmente. Permanecerá disponible al mismo costo compartido para aquellos miembros que lo toman durante el resto del año de cobertura. Creemos que es importante que tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en que pueda ahorrar dinero o en los que podamos garantizar su seguridad.

Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa, límites de cantidad o restricciones en las terapias escalonadas para un medicamento o si movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados por el cambio al menos 60 días antes de que el cambio entre en vigencia o en el momento en que el miembro solicite un reabastecimiento del medicamento, momento en el que el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos (FDA) considera que algún medicamento del formulario no es seguro o si el fabricante del medicamento lo retira del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario e informaremos a los miembros que toman ese medicamento. El formulario adjunto entra en vigencia en septiembre de 2017. Para obtener información actualizada sobre los medicamentos cubiertos por Tufts Medicare Preferred HMO, comuníquese con nosotros. Nuestra información de contacto se encuentra en la portada y en la contratapa. En caso de que se efectúe una modificación del formulario a mitad de año que no corresponda a mantenimiento, usted recibirá una notificación vía fe de erratas.

## ¿Cómo utilizo el formulario?

Existen dos maneras de encontrar su medicamento dentro del formulario:

### Afección médica

El formulario comienza en la página 1. Los medicamentos del formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los utilice. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están enumerados bajo la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque el medicamento bajo el nombre de la categoría.

### Lista alfabética

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 69. El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marcas comerciales como los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página en el que encontrará información sobre la cobertura. Vaya a la página señalada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Tufts Medicare Preferred HMO cubre tanto medicamentos de marcas comerciales como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA dado que contiene los mismos principios activos que el medicamento de marca comercial. En general, los medicamentos genéricos cuestan menos que los de marca comercial.

## ¿Existen restricciones en mi cobertura?

Algunos medicamentos cubiertos pueden tener requerimientos adicionales o límites en la cobertura. Estos requerimientos y límites pueden incluir los siguientes:

- **Autorización previa:** Tufts Medicare Preferred HMO solicita que usted o su médico proporcionen una autorización previa para determinados medicamentos. Esto significa que necesitará obtener aprobación de Tufts Medicare Preferred HMO antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Tufts Medicare Preferred HMO no cubra el medicamento.
- **Límite de cantidades:** para determinados medicamentos, Tufts Medicare Preferred HMO limita la cantidad de medicamentos que Tufts Medicare Preferred HMO cubrirá. Por ejemplo, Tufts Medicare Preferred HMO ofrece 30 comprimidos de *ROZEREM* por receta. Esto puede sumarse al suministro estándar para un mes o tres meses.
- **Terapia escalonada:** en algunos casos, Tufts Medicare Preferred HMO solicita que primero pruebe determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para tratar esa afección. Por ejemplo, si tanto el Medicamento A como el medicamento B tratan su afección médica, es posible que Tufts Medicare Preferred HMO no cubra el medicamento B hasta que usted no haya probado el Medicamento A. Si el Medicamento A no funciona para usted, Tufts Medicare Preferred HMO cubrirá el Medicamento B.
- **Suministro de medicamentos sin días extendidos:** para ciertos medicamentos, Tufts Medicare Preferred HMO limita las cantidades a un suministro para 30 días por abastecimiento.

Usted puede averiguar si su medicamento tiene requerimientos o límites adicionales en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos en nuestro sitio web. Hemos publicado en línea un documento que

explica nuestras restricciones de autorización previa y las restricciones de la terapia escalonada. También puede solicitar que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y en la contratapa.

Puede solicitar que Tufts Medicare Preferred HMO haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de Tufts Medicare Preferred HMO?” que aparece debajo para obtener más información sobre cómo solicitar una excepción.

### **¿Qué sucede si mi medicamento no está en el formulario?**

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), deberá ponerse en contacto con Relaciones con el Cliente y consultarle si su medicamento está cubierto.

Si se entera que Tufts Medicare Preferred HMO no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Relaciones con el Cliente una lista de medicamentos similares que Tufts Medicare Preferred HMO cubre. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Tufts Medicare Preferred HMO.
- Puede solicitar a Tufts Medicare Preferred HMO que haga una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción que aparece a continuación.

### **¿Cómo solicito una excepción al formulario de Tufts Medicare Preferred HMO?**

Puede solicitar a Tufts Medicare Preferred HMO que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento quedará cubierto en un nivel de costo compartido predeterminado, y no podrá pedirnos que le brindemos el medicamento en un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo si ese medicamento no se encuentra en el nivel de especialidad. Si se lo aprueba, esto bajará el costo que debe pagar por su medicamento.
- Puede solicitarnos que apliquemos una excepción a las restricciones o límites de cobertura en su medicamento. Por ejemplo, para determinados medicamentos, Tufts Medicare Preferred HMO limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que apliquemos una excepción al límite y que cubramos una cantidad mayor.

En general, Tufts Medicare Preferred HMO solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o las restricciones de utilización adicional no son tan efectivos para tratar su afección o pueden causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial de excepción al formulario, el nivel o la restricción de utilización. **Cuando solicita una excepción al formulario, el nivel o la restricción de utilización debe enviar una declaración que respalde su solicitud del profesional que haya emitido la receta o de su médico.** Generalmente, tomamos una decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo del profesional que emitió la receta. Puede solicitar una excepción urgente (rápida) si usted o su médico consideran que su salud puede verse seriamente afectada debido a la espera de 72 horas para conocer la decisión. Si se otorga la solicitud de urgencia, debemos tomar una decisión en no más de 24 horas luego de que recibamos una declaración de respaldo de su médico u otro profesional que haya emitido la receta.

## **¿Qué debo hacer antes de poder hablar con mi médico sobre modificar mis medicamentos o solicitar una excepción?**

Como miembro nuevo o anterior de nuestro plan, puede estar tomando medicamentos que no están en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para conseguirlo es limitada. Por ejemplo, puede necesitar una autorización previa de nuestra parte antes de surtir su prescripción. Debe hablar con su médico para decidir si debe comenzar a tomar un medicamento adecuado que cubramos o requerir una excepción del formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción más conveniente, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días a partir de que se une a nuestro plan.

Para cada uno de sus medicamentos que esté fuera de nuestro formulario o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días (a menos que tenga una receta que indique menos días) cuando vaya a una farmacia de la red. Luego de los primeros 30 días de suministro, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos proporcionado un suministro de transición para 98 días, consistente con el incremento de dosificación (a menos que tenga una receta que indique menos días). Cubriremos más de un reabastecimiento de estos medicamentos durante los primeros 90 días desde que se une a nuestro plan. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para conseguir los medicamentos es limitada, pero superó los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que tenga una receta por menos días) mientras obtiene una excepción al formulario.

Como miembro actual, si ingresa a un centro de cuidados a largo plazo o se le da de alta de un centro de cuidados a largo plazo y se produce un cambio no planificado de los medicamentos que ingiere, puede solicitar que aprobemos un abastecimiento temporal por única vez del medicamento no cubierto para darle tiempo para analizar un plan de transición con su médico. Su médico también puede solicitar una excepción a la cobertura para los medicamentos no cubiertos basado en una revisión de la necesidad médica a partir del proceso de excepción estándar indicado anteriormente. El “primer abastecimiento” temporal será generalmente un suministro de hasta 31 días, pero puede extenderse para brindarle tiempo a usted y a su médico para gestionar las complejidades de medicamentos múltiples o cuando está justificado por circunstancias especiales. Puede solicitar un abastecimiento de receta temporal si llama al departamento de Relaciones con el Cliente de Tufts Medicare Preferred HMO.

## **Para obtener más información**

Para obtener información más detallada sobre la cobertura de medicamentos con receta de Tufts Medicare Preferred HMO, revise la Evidencia de cobertura y otros materiales acerca del plan.

Si tiene preguntas sobre Tufts Medicare Preferred HMO, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y en la contratapa.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 711. O visite <http://www.medicare.gov>.

## **Formulario de Tufts Medicare Preferred HMO**

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Tufts Medicare Preferred HMO. Si tiene inconvenientes para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 69.

La primera columna de la tabla enumera los nombres de los medicamentos. Los medicamentos de marcas comerciales están escritos con mayúsculas (p. ej., PROAIR, HFA) y los medicamentos genéricos están enumerados en letra cursiva minúscula (p. ej., *omeprazole*).

La información de la columna de Requisitos/limitaciones especifica los requisitos especiales que Tufts Medicare Preferred HMO tiene para la cobertura de su medicamento.

### **B versus D: Medicare Parte B o D**

Estos medicamentos requieren autorización previa para determinar la cobertura adecuada de Medicare Parte B o Parte D. Es posible que algunos medicamentos de la Parte B requieran un coseguro del 20 % para los miembros de Tufts Medicare Preferred HMO Saver Rx.

### **QL: se aplica el límite de cantidad.**

Debido a las potenciales inquietudes relacionadas con la utilización o la seguridad, Tufts Medicare Preferred HMO ha establecido limitaciones de dosificación a un pequeño número de medicamentos con receta. Esto significa que la farmacia solo despachará una cierta cantidad de un medicamento en un período determinado. Estas cantidades se basan en estándares de atención médica reconocidos, como las recomendaciones de uso de la Administración de Alimentos y Medicamentos de los Estados Unidos. Si su médico considera que necesita una cantidad mayor que la que indica la limitación del programa, su médico puede presentar una solicitud de cobertura bajo el proceso de revisión médica. El proceso de revisión médica le permite a usted o a su médico solicitar a Tufts Medicare Preferred HMO que haga una excepción a nuestras reglas de cobertura. Consulte la sección “¿Cómo solicito una excepción al formulario de Tufts Medicare Preferred HMO?” que aparece en la página III para obtener más información sobre cómo solicitar una excepción.

### **HI: medicamento para infusión en el hogar.**

Este medicamento con receta puede ser cubierto por nuestros beneficios médicos. Para obtener más información, llame a Relaciones con el Cliente al 1-800-701-9000, de lunes a viernes de 8:00 a. m. a 8:00 p. m. (desde el 1 de octubre hasta el 14 de febrero, los representantes están disponibles los 7 días de la semana, de 8:00 a. m. a 8:00 p. m.). Fuera del horario de atención y los días feriados, deje un mensaje y un representante le devolverá la llamada el siguiente día hábil. Los usuarios de TTY deben llamar al 711.

### **LA: medicamento de acceso limitado.**

Esta prescripción puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte el Directorio de farmacias o llame a Relaciones con el Cliente al 1-800-701-9000, de lunes a viernes de 8:00 a. m. a 8:00 p. m. (desde el 1 de octubre hasta el 14 de febrero, los representantes están disponibles los 7 días de la semana, de 8:00 a. m. a 8:00 p. m.). Fuera del horario de atención y los días feriados, deje un mensaje y un representante le devolverá la llamada el siguiente día hábil. Los usuarios de TTY deben llamar al 711.

**PA: se requiere autorización previa.**

El proceso de autorización previa fomenta la emisión racional de recetas de medicamentos con cuidados de seguridad o financieros. Un proveedor puede presentar una solicitud de cobertura de un medicamento en particular, según la necesidad médica de un miembro. Si se aprueba, el miembro paga el coseguro del nivel designado. Existe un proceso de apelación para las solicitudes denegadas.

**STPA: se aplica la autorización previa para la terapia escalonada.**

La terapia escalonada es una forma automatizada de autorización previa que utiliza el historial de reclamos para la aprobación de un medicamento en el punto de venta. Los programas de terapia escalonada ayudan a fomentar el uso clínicamente comprobado de terapias de primera línea y están diseñados para asegurar la utilización de los agentes terapéuticamente más apropiados y asequibles primero, antes de que se cubran otros tratamientos.

Los miembros que actualmente están tomando medicamentos que cumplen con los criterios iniciales de tratamiento escalonado automáticamente podrán completar sus recetas para obtener una medicación escalonada. Si un miembro no cumple con el criterio inicial del tratamiento escalonado, la receta se rechazará en el lugar de venta con un mensaje que indique que se requiere autorización previa (PA). Los médicos pueden presentar solicitudes de autorización previa a Tufts Medicare Preferred HMO para miembros que no cumplen con los criterios de tratamiento escalonado en el lugar de venta bajo el proceso de revisión médica. El proceso de revisión médica le permite a usted o a su médico solicitar a Tufts Medicare Preferred HMO que haga una excepción a nuestras reglas de cobertura. Consulte la sección “¿Cómo solicito una excepción al formulario de Tufts Medicare Preferred HMO?” que aparece en la página III para obtener más información sobre cómo solicitar una excepción.

**Trasplante:**

Este medicamento está cubierto por la Parte B cuando se utiliza para un trasplante de órganos cubierto por Medicare. Es posible que algunos medicamentos de la Parte B requieran un coseguro del 20 % para los miembros de Tufts Medicare Preferred HMO Saver Rx.

**Brecha de cobertura:**

Para los miembros de Tufts Medicare Preferred HMO Prime Rx Plus, ofrecemos una cobertura adicional para los medicamentos del Nivel 1 y del Nivel 2 durante la brecha de cobertura. Para obtener más información acerca de esta cobertura, consulte nuestra Evidencia de cobertura

**Medicamentos de la Parte B:**

no se requiere un copago y el costo del medicamento no aplica a los beneficios de la Parte D. Es posible que algunos medicamentos de la Parte B requieran un coseguro del 20 % para los miembros de Tufts Medicare Preferred HMO Saver Rx.

**NEDS: suministro de medicamentos sin días extendidos**

En un esfuerzo por contener los costos de los medicamentos, ciertos medicamentos de gran costo quedarán limitados a un suministro para hasta 30 días por abastecimiento.

**SP: disponible a través de un proveedor de farmacia especial designado**

Tiene la opción de obtener este medicamento a través de un proveedor de farmacia especial designado. Estas farmacias se especializan en proporcionar un número selecto de medicamentos directamente a nuestros miembros. También facilitan envíos gratuitos a su hogar, soporte educativo las 24 horas, los 7 días de la semana por teléfono, apoyo de enfermeros y farmacéuticos, y trabajarán en cercanía con su médico. Los medicamentos incluyen, entre otros, medicamentos utilizados en el tratamiento de esclerosis múltiple, hepatitis C, artritis reumatoide y cánceres tratados con medicamentos orales.

Farmacia de especialidad CVS: 1-800-237-2767

## Sus costos por los medicamentos con receta

|                                                                                                                                        |                                                                                                                                                                                               |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                                        | HMO Saver Rx<br>Condados de Barnstable,<br>Bristol, Essex, Middlesex,<br>Norfolk, Plymouth, Suffolk<br>y Worcester                                                                            |                                                                     | HMO Basic Rx<br>Condados de Barnstable,<br>Bristol, Essex, Hampden,<br>Hampshire, Middlesex,<br>Norfolk, Plymouth, Suffolk<br>y Worcester |                                                                     | HMO Value Rx<br>Condados de Barnstable,<br>Bristol, Essex, Hampden,<br>Hampshire, Middlesex,<br>Norfolk, Plymouth, Suffolk<br>y Worcester |                                                                     |
| Deducible                                                                                                                              | \$400<br>(para los medicamentos del<br>Nivel 3, Nivel 4 y Nivel 5)                                                                                                                            |                                                                     | \$350<br>(para los medicamentos del<br>Nivel 3, Nivel 4 y Nivel 5)                                                                        |                                                                     | \$300<br>(para los medicamentos del<br>Nivel 3, Nivel 4 y Nivel 5)                                                                        |                                                                     |
| Copagos                                                                                                                                | Suministro<br>para 30 días<br>en farmacia<br>de venta<br>minorista                                                                                                                            | Suministro<br>para 90 días<br>en farmacia<br>de venta<br>por correo | Suministro<br>para 30 días<br>en farmacia<br>de venta<br>minorista                                                                        | Suministro<br>para 90 días<br>en farmacia<br>de venta<br>por correo | Suministro<br>para 30 días<br>en farmacia<br>de venta<br>minorista                                                                        | Suministro<br>para 90 días<br>en farmacia<br>de venta<br>por correo |
| Nivel 1                                                                                                                                | \$6                                                                                                                                                                                           | \$12                                                                | \$4                                                                                                                                       | \$8                                                                 | \$4                                                                                                                                       | \$8                                                                 |
| Nivel 2                                                                                                                                | \$12                                                                                                                                                                                          | \$24                                                                | \$8                                                                                                                                       | \$16                                                                | \$8                                                                                                                                       | \$16                                                                |
| Nivel 3                                                                                                                                | \$47                                                                                                                                                                                          | \$94                                                                | \$47                                                                                                                                      | \$94                                                                | \$47                                                                                                                                      | \$94                                                                |
| Nivel 4                                                                                                                                | \$100                                                                                                                                                                                         | \$300                                                               | \$100                                                                                                                                     | \$300                                                               | \$100                                                                                                                                     | \$300                                                               |
| Nivel 5                                                                                                                                | 25 %                                                                                                                                                                                          | N/A                                                                 | 26 %                                                                                                                                      | N/A                                                                 | 27 %                                                                                                                                      | N/A                                                                 |
| Etapas de brecha de cobertura                                                                                                          |                                                                                                                                                                                               |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
| Después de que el costo total de los medicamentos con receta alcanza los \$3750 y hasta que sus pagos alcancen los \$5000, usted paga: |                                                                                                                                                                                               |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
|                                                                                                                                        | <ul style="list-style-type: none"><li>• 44 % del costo de los medicamentos genéricos de la Parte D</li><li>• 35 % del costo de los medicamentos de marcas comerciales de la Parte D</li></ul> |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
| Etapas de cobertura en situaciones catastróficas                                                                                       |                                                                                                                                                                                               |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
| Después de la brecha de cobertura, cuando sus pagos anuales sean de más de \$5000, usted paga el costo mayor de lo siguiente:          |                                                                                                                                                                                               |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |
|                                                                                                                                        | 5 % por receta o \$3,35 por receta para los medicamentos genéricos de la Parte D, \$8,35 por receta para los medicamentos de marcas comerciales de la Parte D.                                |                                                                     |                                                                                                                                           |                                                                     |                                                                                                                                           |                                                                     |

## Sus costos por los medicamentos con receta

|                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|                                                                                                                                                                                         | <b>HMO Prime Rx</b><br>Condados de Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk y Worcester                                                          |                                                                | <b>HMO Prime Rx Plus</b><br>Condados de Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth y Suffolk                                                                                                                                                                                                                                         |                                                                |
| <b>Deducible</b>                                                                                                                                                                        | <b>\$0</b>                                                                                                                                                                                    |                                                                | <b>\$0</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                |
| <b>Copagos</b>                                                                                                                                                                          | <b>Suministro para 30 días en farmacia de venta minorista</b>                                                                                                                                 | <b>Suministro para 90 días en farmacia de venta por correo</b> | <b>Suministro para 30 días en farmacia de venta minorista</b>                                                                                                                                                                                                                                                                                                          | <b>Suministro para 90 días en farmacia de venta por correo</b> |
| <b>Nivel 1</b>                                                                                                                                                                          | \$4                                                                                                                                                                                           | \$8                                                            | \$2                                                                                                                                                                                                                                                                                                                                                                    | \$4                                                            |
| <b>Nivel 2</b>                                                                                                                                                                          | \$8                                                                                                                                                                                           | \$16                                                           | \$4                                                                                                                                                                                                                                                                                                                                                                    | \$8                                                            |
| <b>Nivel 3</b>                                                                                                                                                                          | \$47                                                                                                                                                                                          | \$94                                                           | \$30                                                                                                                                                                                                                                                                                                                                                                   | \$60                                                           |
| <b>Nivel 4</b>                                                                                                                                                                          | \$100                                                                                                                                                                                         | \$300                                                          | \$80                                                                                                                                                                                                                                                                                                                                                                   | \$240                                                          |
| <b>Nivel 5</b>                                                                                                                                                                          | 33 %                                                                                                                                                                                          | N/A                                                            | 33 %                                                                                                                                                                                                                                                                                                                                                                   | N/A                                                            |
| <b>Etapas de brecha de cobertura</b><br>Después de que el costo total de los medicamentos con receta alcanza los \$3750 y hasta que sus pagos alcancen los \$5000, usted paga:          |                                                                                                                                                                                               |                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                |
|                                                                                                                                                                                         | <ul style="list-style-type: none"><li>• 44 % del costo de los medicamentos genéricos de la Parte D</li><li>• 35 % del costo de los medicamentos de marcas comerciales de la Parte D</li></ul> |                                                                | <ul style="list-style-type: none"><li>• Copagos del Nivel 1 para medicamentos genéricos preferidos del Nivel 1</li><li>• Copagos del Nivel 2 para medicamentos genéricos del Nivel 2</li><li>• 44 % de los costos para todos los otros medicamentos genéricos de la Parte D</li><li>• 35 % del costo de los medicamentos de marcas comerciales de la Parte D</li></ul> |                                                                |
| <b>Etapas de obertura en situaciones catastróficas</b><br>Después de la brecha de cobertura, cuando sus pagos anuales sean de más de \$5000, usted paga el costo mayor de lo siguiente: |                                                                                                                                                                                               |                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                |
|                                                                                                                                                                                         | 5 % por receta o \$3,35 por receta para los medicamentos genéricos de la Parte D, \$8,35 por receta para los medicamentos de marcas comerciales de la Parte D.                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                        |                                                                |

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 ni trata de forma diferente a las personas debido a su raza, color, origen étnico, edad, discapacidad o sexo.

#### **Tufts Health Plan:**

- Brinda asistencia y servicios gratuitos a las personas con problemas para comunicarse eficazmente con nosotros, como:
  - información por escrito en otros formatos (letras grandes, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios de comunicación gratuitos para las personas cuya lengua materna no es el inglés, como:
  - intérpretes calificados;
  - información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Tufts Health Plan al 1-800-701-9000 (TTY: 711).

Si considera que Tufts Health Plan no cumplió con alguno de los servicios o lo discriminó de algún modo por cuestiones de raza, color, origen étnico, edad, discapacidad o sexo, puede presentar una queja ante:

#### **Tufts Health Plan, dirigida a:**

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Teléfono: 1-888-880-8699 int. 48000, (número de TTY: 711 o 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Correo electrónico: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com).

Puede presentar una queja personalmente o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar la queja, el coordinador de Derechos Civiles de Tufts Health Plan está disponible para brindarle ayuda.

También puede presentar una queja por derechos civiles al Departamento de Salud y Servicios Humanos de E.E. U.U., Oficina de Derechos civiles, electrónicamente a través del Portal de quejas de la oficina de Derechos Civiles: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono al:

#### **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 <http://www.hhs.gov/ocr/office/file/index.html>.

[thpmp.org](http://thpmp.org) | 1-800-701-9000

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (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 1-800-701-9000 (TTY 711)。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-701-9000 (TTY: 711) با تماس بگیرید.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

**Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (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。1-800-701-9000 (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 1-800-701-9000 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

**Navajo:** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwoḍęę, t'áá jiik'eh, 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 1-800-701-9000 (TTY: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (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 1-800-701-9000 (TTY: 711).

**Tufts Medicare Preferred HMO**  
**2018 Formulary (List of Covered Drugs)**

**Table of Contents**

|                                             |    |
|---------------------------------------------|----|
| ANTI-INFECTIVES AND INFECTIOUS DISEASE..... | 3  |
| BLOOD MODIFYING AGENTS.....                 | 9  |
| CANCER DRUGS.....                           | 10 |
| CARDIOVASCULAR AGENTS.....                  | 16 |
| DIABETES MELLITUS.....                      | 21 |
| EAR, NOSE AND THROAT.....                   | 23 |
| EYE.....                                    | 24 |
| GASTROINTESTINAL DRUGS.....                 | 27 |
| HOME INFUSION THERAPY.....                  | 29 |
| HORMONES.....                               | 34 |
| IMMUNOLOGIC AGENTS.....                     | 35 |
| MISCELLANEOUS DRUGS.....                    | 37 |
| NEUROLOGICAL DRUGS.....                     | 44 |
| PAIN AND INFLAMMATORY DISEASES.....         | 47 |
| PSYCHIATRIC.....                            | 51 |
| RESPIRATORY DRUGS.....                      | 56 |
| SKIN.....                                   | 59 |
| WOMEN'S HEALTH.....                         | 63 |



**Tufts Medicare Preferred HMO**  
**2018 Formulary (List of Covered Drugs)**

| Drug Name                                         | Drug Tier | Requirements/Limits          |
|---------------------------------------------------|-----------|------------------------------|
| <b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>     |           |                              |
| <b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>     |           |                              |
| <i>clotrimazole</i>                               | Tier-2    |                              |
| CRESEMBA                                          | Tier-5    | NEDS                         |
| <i>fluconazole</i>                                | Tier-2    |                              |
| <i>flucytosine</i>                                | Tier-5    | NEDS                         |
| <i>griseofulvin microsize</i>                     | Tier-2    |                              |
| <i>griseofulvin ultramicrosize</i>                | Tier-2    |                              |
| <i>itraconazole</i>                               | Tier-2    | PA                           |
| <i>ketoconazole</i>                               | Tier-3    |                              |
| NOXAFIL                                           | Tier-5    | NEDS                         |
| <i>nystatin</i>                                   | Tier-2    |                              |
| <i>terbinafine hcl</i>                            | Tier-1    | QL (42 EA per 42 days)       |
| <i>voriconazole oral suspension reconstituted</i> | Tier-5    | NEDS                         |
| <i>voriconazole oral tablet 200 mg</i>            | Tier-5    | QL (28 EA per 14 days); NEDS |
| <i>voriconazole oral tablet 50 mg</i>             | Tier-5    | QL (56 EA per 14 days); NEDS |
| <b>ANTI-INFECTIVES, MISCELLANEOUS</b>             |           |                              |
| ALBENZA                                           | Tier-5    | NEDS                         |
| ALINIA                                            | Tier-4    |                              |
| BILTRICIDE                                        | Tier-3    |                              |
| <i>ivermectin</i>                                 | Tier-2    |                              |
| <i>linezolid</i>                                  | Tier-5    | NEDS                         |
| <i>methenamine hippurate</i>                      | Tier-2    |                              |
| <i>metronidazole</i>                              | Tier-2    |                              |
| MONUROL                                           | Tier-4    |                              |
| <i>neomycin sulfate</i>                           | Tier-2    |                              |
| <i>nitrofurantoin macrocrystal</i>                | Tier-2    | PA; QL (90 EA per 365 days)  |
| <i>nitrofurantoin monohyd macro</i>               | Tier-2    | PA; QL (90 EA per 365 days)  |
| SIVEXTRO                                          | Tier-5    | NEDS                         |
| STROMEKTOL                                        | Tier-3    |                              |
| <i>trimethoprim</i>                               | Tier-2    |                              |
| <i>vancomycin hcl</i>                             | Tier-5    | NEDS                         |
| XIFAXAN ORAL TABLET 200 MG                        | Tier-5    | NEDS                         |

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

| Drug Name                               | Drug Tier | Requirements/Limits   |
|-----------------------------------------|-----------|-----------------------|
| XIFAXAN ORAL TABLET 550 MG              | Tier-5    | PA; NEDS              |
| <b>ANTIMALARIALS AND ANTIPROTOZOALS</b> |           |                       |
| <i>atovaquone</i>                       | Tier-5    | NEDS                  |
| <i>atovaquone-proguanil hcl</i>         | Tier-2    |                       |
| <i>chloroquine phosphate</i>            | Tier-2    |                       |
| COARTEM                                 | Tier-3    | QL (24 EA per 3 days) |
| <i>dapsone</i>                          | Tier-2    |                       |
| DARAPRIM                                | Tier-3    |                       |
| <i>hydroxychloroquine sulfate</i>       | Tier-2    |                       |
| <i>mefloquine hcl</i>                   | Tier-2    |                       |
| NEBUPENT                                | Tier-4    | B vs D                |
| <i>paromomycin sulfate</i>              | Tier-2    |                       |
| PENTAM                                  | Tier-3    | B vs D                |
| <i>primaquine phosphate</i>             | Tier-2    |                       |
| <i>quinine sulfate</i>                  | Tier-2    |                       |
| <i>tinidazole</i>                       | Tier-2    |                       |
| <b>ANTIVIRALS</b>                       |           |                       |
| <i>abacavir sulfate</i>                 | Tier-2    |                       |
| <i>abacavir sulfate-lamivudine</i>      | Tier-5    | NEDS                  |
| <i>abacavir-lamivudine-zidovudine</i>   | Tier-5    | NEDS                  |
| <i>acyclovir oral capsule</i>           | Tier-1    |                       |
| <i>acyclovir oral suspension</i>        | Tier-3    |                       |
| <i>acyclovir oral tablet</i>            | Tier-2    |                       |
| <i>adefovir dipivoxil</i>               | Tier-5    | NEDS                  |
| <i>amantadine hcl</i>                   | Tier-2    |                       |
| APTIVUS                                 | Tier-5    | NEDS                  |
| ATRIPLA                                 | Tier-5    | NEDS                  |
| COMPLERA                                | Tier-5    | NEDS                  |
| COPEGUS                                 | Tier-4    | SP-CVS specialty      |
| CRIXIVAN                                | Tier-3    |                       |
| DESCOVY                                 | Tier-5    | NEDS                  |
| <i>didanosine</i>                       | Tier-2    |                       |
| EDURANT                                 | Tier-5    | NEDS                  |
| EMTRIVA                                 | Tier-3    |                       |
| <i>entecavir</i>                        | Tier-5    | NEDS                  |
| EPIVIR                                  | Tier-3    |                       |

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

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|--------------------------------------------------------|------------------|-----------------------------------------------|
| EVOTAZ                                                 | Tier-5           | NEDS                                          |
| <i>famciclovir</i>                                     | Tier-2           |                                               |
| FUZEON                                                 | Tier-5           | SP-CVS specialty; NEDS                        |
| GENVOYA                                                | Tier-5           | NEDS                                          |
| INTELENCE ORAL TABLET 100 MG, 25 MG                    | Tier-3           |                                               |
| INTELENCE ORAL TABLET 200 MG                           | Tier-5           | NEDS                                          |
| INTRON A                                               | Tier-3           | SP-CVS specialty                              |
| INVIRASE                                               | Tier-5           | NEDS                                          |
| ISENTRESS ORAL PACKET                                  | Tier-3           |                                               |
| ISENTRESS ORAL TABLET                                  | Tier-5           | QL (120 EA per 30 days); NEDS                 |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG                  | Tier-5           | QL (180 EA per 30 days); NEDS                 |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG                   | Tier-3           | QL (720 EA per 30 days)                       |
| KALETRA ORAL SOLUTION                                  | Tier-5           | NEDS                                          |
| KALETRA ORAL TABLET 100-25 MG                          | Tier-3           |                                               |
| KALETRA ORAL TABLET 200-50 MG                          | Tier-5           | NEDS                                          |
| <i>lamivudine</i>                                      | Tier-2           |                                               |
| <i>lamivudine-zidovudine</i>                           | Tier-2           |                                               |
| LEXIVA ORAL SUSPENSION                                 | Tier-3           |                                               |
| LEXIVA ORAL TABLET                                     | Tier-5           | NEDS                                          |
| <i>lopinavir-ritonavir</i>                             | Tier-3           |                                               |
| <i>nevirapine</i>                                      | Tier-2           |                                               |
| <i>nevirapine er</i>                                   | Tier-2           |                                               |
| NORVIR                                                 | Tier-3           |                                               |
| ODEFSEY                                                | Tier-5           | NEDS                                          |
| <i>oseltamivir phosphate oral capsule 30 mg</i>        | Tier-3           | QL (56 EA per 180 days)                       |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i> | Tier-3           | QL (28 EA per 180 days)                       |
| PEGASYS                                                | Tier-5           | SP-CVS specialty; QL (4 ML per 28 days); NEDS |
| PEGASYS PROCLICK                                       | Tier-5           | SP-CVS specialty; QL (4 ML per 28 days); NEDS |
| PREZCOBIX                                              | Tier-5           | NEDS                                          |
| PREZISTA                                               | Tier-5           | NEDS                                          |
| REBETOL                                                | Tier-3           | SP-CVS specialty                              |
| RELENZA DISKHALER                                      | Tier-3           | QL (60 EA per 180 days)                       |
| RESCRIPTOR                                             | Tier-3           |                                               |
| REYATAZ                                                | Tier-5           | NEDS                                          |

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

| Drug Name                             | Drug Tier | Requirements/Limits           |
|---------------------------------------|-----------|-------------------------------|
| <i>ribasphere</i>                     | Tier-2    | SP-CVS specialty              |
| RIBASPHERE RIBAPAK                    | Tier-5    | SP-CVS specialty; NEDS        |
| <i>ribavirin</i>                      | Tier-2    | SP-CVS specialty              |
| <i>rimantadine hcl</i>                | Tier-2    |                               |
| SELZENTRY ORAL TABLET 150 MG          | Tier-5    | QL (60 EA per 30 days); NEDS  |
| SELZENTRY ORAL TABLET 25 MG           | Tier-4    | QL (120 EA per 30 days)       |
| SELZENTRY ORAL TABLET 300 MG          | Tier-5    | QL (120 EA per 30 days); NEDS |
| SELZENTRY ORAL TABLET 75 MG           | Tier-4    | QL (60 EA per 30 days)        |
| SOVALDI                               | Tier-5    | PA; SP-CVS specialty; NEDS    |
| <i>stavudine</i>                      | Tier-2    |                               |
| STRIBILD                              | Tier-5    | NEDS                          |
| SUSTIVA ORAL CAPSULE 200 MG           | Tier-5    | NEDS                          |
| SUSTIVA ORAL CAPSULE 50 MG            | Tier-3    |                               |
| SUSTIVA ORAL TABLET                   | Tier-5    | NEDS                          |
| TAMIFLU ORAL SOLUTION                 | Tier-3    | QL (360 ML per 180 days)      |
| TIVICAY ORAL TABLET 10 MG             | Tier-4    |                               |
| TIVICAY ORAL TABLET 25 MG, 50 MG      | Tier-5    | NEDS                          |
| TRIUMEQ                               | Tier-5    | NEDS                          |
| TRUVADA                               | Tier-5    | NEDS                          |
| TYBOST                                | Tier-3    |                               |
| <i>valacyclovir hcl</i>               | Tier-3    |                               |
| <i>valganciclovir hcl</i>             | Tier-5    | NEDS                          |
| VEMLIDY                               | Tier-5    | NEDS                          |
| VIDEX                                 | Tier-3    |                               |
| VIRACEPT ORAL TABLET 250 MG           | Tier-3    |                               |
| VIRACEPT ORAL TABLET 625 MG           | Tier-5    | NEDS                          |
| VIREAD                                | Tier-5    | NEDS                          |
| ZERIT                                 | Tier-3    |                               |
| ZIAGEN                                | Tier-3    |                               |
| <i>zidovudine</i>                     | Tier-2    |                               |
| <b>BETA-LACTAM ANTIBIOTICS</b>        |           |                               |
| <i>amoxicillin</i>                    | Tier-1    |                               |
| <i>amoxicillin-pot clavulanate</i>    | Tier-2    |                               |
| <i>amoxicillin-pot clavulanate er</i> | Tier-2    |                               |
| <i>ampicillin</i>                     | Tier-2    |                               |
| BICILLIN C-R                          | Tier-3    |                               |
| BICILLIN C-R 900/300                  | Tier-3    |                               |

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

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| BICILLIN L-A                                                     | Tier-3           |                            |
| <i>cefaclor</i>                                                  | Tier-2           |                            |
| <i>cefaclor er</i>                                               | Tier-2           |                            |
| <i>cefadroxil</i>                                                | Tier-2           |                            |
| <i>cefdinir</i>                                                  | Tier-2           |                            |
| <i>cefixime</i>                                                  | Tier-2           |                            |
| <i>cefprozime proxetil</i>                                       | Tier-2           |                            |
| <i>cefprozil</i>                                                 | Tier-2           |                            |
| <i>cefuroxime axetil</i>                                         | Tier-2           |                            |
| <i>cephalexin oral capsule</i>                                   | Tier-1           |                            |
| <i>cephalexin oral suspension reconstituted</i>                  | Tier-2           |                            |
| <i>cephalexin oral tablet</i>                                    | Tier-2           |                            |
| <i>dicloxacillin sodium</i>                                      | Tier-3           |                            |
| <i>penicillin v potassium</i>                                    | Tier-1           |                            |
| SUPRAX                                                           | Tier-4           |                            |
| <b>MACROLIDES AND CLINDAMYCIN</b>                                |                  |                            |
| <i>azithromycin oral packet</i>                                  | Tier-2           |                            |
| <i>azithromycin oral suspension reconstituted</i>                | Tier-2           |                            |
| <i>azithromycin oral tablet</i>                                  | Tier-1           |                            |
| <i>clarithromycin</i>                                            | Tier-2           |                            |
| <i>clarithromycin er</i>                                         | Tier-2           |                            |
| <i>clindamycin capsules</i>                                      | Tier-1           |                            |
| <i>clindamycin oral solution</i>                                 | Tier-3           |                            |
| DIFICID                                                          | Tier-5           | PA; NEDS                   |
| <i>e.e.s. 400</i>                                                | Tier-2           |                            |
| E.E.S. GRANULES                                                  | Tier-4           |                            |
| <i>eryped 200</i>                                                | Tier-2           |                            |
| <i>eryped 400</i>                                                | Tier-2           |                            |
| ERY-TAB                                                          | Tier-4           |                            |
| <i>erythrocin stearate</i>                                       | Tier-3           |                            |
| <i>erythromycin base oral capsule delayed release particles</i>  | Tier-2           |                            |
| <i>erythromycin base oral tablet</i>                             | Tier-3           |                            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i> | Tier-3           |                            |
| <i>erythromycin ethylsuccinate oral tablet</i>                   | Tier-2           |                            |
| PCE                                                              | Tier-4           |                            |
| ZMAX                                                             | Tier-4           |                            |

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

| Drug Name                                                                           | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------|-----------|---------------------|
| <b>MYCOBACTERIAL INFECTIONS</b>                                                     |           |                     |
| <i>ethambutol hcl</i>                                                               | Tier-2    |                     |
| <i>isoniazid oral syrup</i>                                                         | Tier-2    |                     |
| <i>isoniazid oral tablet</i>                                                        | Tier-1    |                     |
| PASER                                                                               | Tier-4    |                     |
| PRIFTIN                                                                             | Tier-3    |                     |
| <i>pyrazinamide</i>                                                                 | Tier-2    |                     |
| <i>rifabutin</i>                                                                    | Tier-2    |                     |
| RIFAMATE                                                                            | Tier-4    |                     |
| <i>rifampin</i>                                                                     | Tier-2    |                     |
| RIFATER                                                                             | Tier-4    |                     |
| SIRTURO                                                                             | Tier-5    | PA; NEDS            |
| TRECTOR                                                                             | Tier-4    |                     |
| <b>QUINOLONES</b>                                                                   |           |                     |
| <i>ciprofloxacin</i>                                                                | Tier-2    |                     |
| <i>ciprofloxacin hcl</i>                                                            | Tier-1    |                     |
| <i>ciprofloxacin-ciproflox hcl er</i>                                               | Tier-2    |                     |
| <i>levofloxacin oral solution</i>                                                   | Tier-3    |                     |
| <i>levofloxacin oral tablet</i>                                                     | Tier-1    |                     |
| <i>moxifloxacin hcl</i>                                                             | Tier-3    |                     |
| <i>ofloxacin</i>                                                                    | Tier-2    |                     |
| <b>SULFONAMIDES</b>                                                                 |           |                     |
| <i>sulfadiazine</i>                                                                 | Tier-2    |                     |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>                                | Tier-2    |                     |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                                    | Tier-1    |                     |
| <b>TETRACYCLINES</b>                                                                |           |                     |
| <i>demeclocycline hcl</i>                                                           | Tier-2    |                     |
| <i>doxycycline hyclate oral capsule 100 mg</i>                                      | Tier-3    |                     |
| <i>doxycycline hyclate oral capsule 50 mg</i>                                       | Tier-1    |                     |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                       | Tier-3    |                     |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                        | Tier-1    |                     |
| <i>doxycycline hyclate oral tablet delayed release 100 mg</i>                       | Tier-3    |                     |
| <i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg, 75 mg</i> | Tier-1    |                     |
| <i>doxycycline monohydrate oral capsule</i>                                         | Tier-1    |                     |
| <i>doxycycline monohydrate oral suspension reconstituted</i>                        | Tier-2    |                     |

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

| Drug Name                                                                          | Drug Tier | Requirements/Limits                                |
|------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>                    | Tier-1    |                                                    |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                                  | Tier-3    |                                                    |
| <i>minocycline hcl</i>                                                             | Tier-3    |                                                    |
| <i>minocycline hcl er</i>                                                          | Tier-3    |                                                    |
| <i>tetracycline hcl</i>                                                            | Tier-3    |                                                    |
| VIBRAMYCIN                                                                         | Tier-4    |                                                    |
| <b>BLOOD MODIFYING AGENTS</b>                                                      |           |                                                    |
| <b>ANTIPLATELET THERAPY</b>                                                        |           |                                                    |
| <i>anagrelide hcl</i>                                                              | Tier-2    |                                                    |
| <i>aspirin-dipyridamole er</i>                                                     | Tier-3    |                                                    |
| BRILINTA                                                                           | Tier-4    |                                                    |
| <i>cilostazol</i>                                                                  | Tier-2    |                                                    |
| <i>clopidogrel bisulfate</i>                                                       | Tier-1    |                                                    |
| <i>dipyridamole</i>                                                                | Tier-2    | PA                                                 |
| EFFIENT                                                                            | Tier-4    |                                                    |
| ZONTIVITY                                                                          | Tier-4    |                                                    |
| <b>BLOOD CELL STIMULATORS</b>                                                      |           |                                                    |
| GRANIX                                                                             | Tier-5    | SP-CVS specialty; NEDS                             |
| LEUKINE                                                                            | Tier-5    | SP-CVS specialty; NEDS                             |
| MOZOBIL                                                                            | Tier-5    | NEDS                                               |
| NEULASTA                                                                           | Tier-5    | SP-CVS specialty; QL (1 ML per 14 days); NEDS      |
| NEUPOGEN                                                                           | Tier-5    | SP-CVS specialty; QL (10 ML per 14 days); NEDS     |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Tier-3    | SP-CVS specialty; QL (10 ML per 14 days)           |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML                            | Tier-5    | SP-CVS specialty; QL (10 ML per 14 days); NEDS     |
| PROMACTA                                                                           | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| ZARXIO                                                                             | Tier-5    | SP-CVS specialty; QL (10 ML per 14 days); NEDS     |
| <b>BLOOD THINNERS</b>                                                              |           |                                                    |
| COUMADIN                                                                           | Tier-4    |                                                    |
| ELIQUIS                                                                            | Tier-3    |                                                    |
| <i>enoxaparin sodium</i>                                                           | Tier-3    |                                                    |

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

| Drug Name                                                                                                                            | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                               | Tier-5    | NEDS                |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>                                                                        | 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 | Tier-5    | NEDS                |
| FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML                                                                       | Tier-3    |                     |
| <i>jantoven</i>                                                                                                                      | Tier-1    |                     |
| PRADAXA                                                                                                                              | Tier-4    |                     |
| <i>warfarin sodium</i>                                                                                                               | Tier-1    |                     |
| XARELTO                                                                                                                              | Tier-3    |                     |
| XARELTO STARTER PACK                                                                                                                 | Tier-3    |                     |
| <b>BLOOD, MISCELLANEOUS</b>                                                                                                          |           |                     |
| <i>pentoxifylline er</i>                                                                                                             | Tier-2    |                     |
| STIMATE                                                                                                                              | Tier-4    |                     |
| <i>tranexamic acid</i>                                                                                                               | Tier-2    |                     |
| <b>CANCER DRUGS</b>                                                                                                                  |           |                     |
| <b>INJECTABLE AGENTS</b>                                                                                                             |           |                     |
| ABRAXANE                                                                                                                             | Tier-5    | NEDS                |
| ALIMTA                                                                                                                               | Tier-5    | NEDS                |
| ALKERAN                                                                                                                              | Tier-5    | NEDS                |
| ARRANON                                                                                                                              | Tier-5    | NEDS                |
| AVASTIN                                                                                                                              | Tier-5    | NEDS                |
| <i>azacitidine</i>                                                                                                                   | Tier-5    | NEDS                |
| BAVENCIO                                                                                                                             | Tier-5    | NEDS                |
| BELEODAQ                                                                                                                             | Tier-5    | NEDS                |
| BICNU                                                                                                                                | Tier-5    | NEDS                |
| <i>bleomycin sulfate</i>                                                                                                             | Tier-2    | PA                  |
| <i>busulfan</i>                                                                                                                      | Tier-2    |                     |
| CAMPTOSAR                                                                                                                            | Tier-3    |                     |
| <i>carboplatin</i>                                                                                                                   | Tier-2    |                     |
| <i>cisplatin</i>                                                                                                                     | Tier-2    |                     |
| <i>cladribine</i>                                                                                                                    | Tier-2    | PA                  |
| <i>clofarabine</i>                                                                                                                   | Tier-2    |                     |
| CLOLAR                                                                                                                               | Tier-5    | NEDS                |
| COSMEGEN                                                                                                                             | Tier-5    | NEDS                |

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

| Drug Name                        | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---------------------|
| CYRAMZA                          | Tier-3    | PA                  |
| <i>cytarabine</i>                | Tier-2    | PA                  |
| <i>cytarabine (pf)</i>           | Tier-2    | PA                  |
| <i>dacarbazine</i>               | Tier-2    |                     |
| DACOGEN                          | Tier-5    | NEDS                |
| DARZALEX                         | Tier-5    | NEDS                |
| <i>daunorubicin hcl</i>          | Tier-2    |                     |
| <i>decitabine</i>                | Tier-5    | NEDS                |
| <i>dexrazoxane</i>               | Tier-2    |                     |
| <i>docetaxel</i>                 | Tier-5    | NEDS                |
| <i>doxorubicin hcl</i>           | Tier-2    |                     |
| <i>doxorubicin hcl liposomal</i> | Tier-2    |                     |
| ELITEK                           | Tier-5    | NEDS                |
| ELLENCE                          | Tier-5    | NEDS                |
| EMPLICITI                        | Tier-5    | NEDS                |
| <i>epirubicin hcl</i>            | Tier-2    |                     |
| ERBITUX                          | Tier-5    | NEDS                |
| ERWINAZE                         | Tier-5    | NEDS                |
| ETOPOPHOS                        | Tier-5    | NEDS                |
| <i>etoposide</i>                 | Tier-2    |                     |
| FASLODEX                         | Tier-5    | NEDS                |
| <i>fludarabine phosphate</i>     | Tier-2    |                     |
| <i>fluorouracil</i>              | Tier-2    | PA                  |
| <i>ganciclovir sodium</i>        | Tier-2    | PA                  |
| <i>gemcitabine hcl</i>           | Tier-5    | NEDS                |
| HALAVEN                          | Tier-5    | NEDS                |
| HERCEPTIN                        | Tier-5    | NEDS                |
| <i>idarubicin hcl</i>            | Tier-2    |                     |
| <i>ifosfamide</i>                | Tier-2    |                     |
| IMFINZI                          | Tier-5    | NEDS                |
| <i>irinotecan hcl</i>            | Tier-2    |                     |
| ISTODAX (OVERFILL)               | Tier-5    | NEDS                |
| JEVTANA                          | Tier-5    | NEDS                |
| KADCYLA                          | Tier-5    | PA; NEDS            |
| KEYTRUDA                         | Tier-5    | NEDS                |
| LARTRUVO                         | Tier-5    | NEDS                |
| <i>melphalan hcl</i>             | Tier-2    |                     |

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

| Drug Name                   | Drug Tier | Requirements/Limits                                |
|-----------------------------|-----------|----------------------------------------------------|
| <i>mitomycin</i>            | Tier-2    |                                                    |
| <i>mitoxantrone hcl</i>     | Tier-2    |                                                    |
| MUSTARGEN                   | Tier-5    | NEDS                                               |
| OPDIVO                      | Tier-5    | NEDS                                               |
| <i>oxaliplatin</i>          | Tier-2    |                                                    |
| <i>paclitaxel</i>           | Tier-2    |                                                    |
| PERJETA                     | Tier-5    | PA; NEDS                                           |
| PROLEUKIN                   | Tier-5    | NEDS                                               |
| RITUXAN                     | Tier-5    | PA; NEDS                                           |
| SYLATRON                    | Tier-5    | SP-CVS specialty; QL (4 EA per 28 days); NEDS      |
| SYNRIBO                     | Tier-5    | NEDS                                               |
| TECENTRIQ                   | Tier-5    | NEDS                                               |
| <i>thiotepa</i>             | Tier-5    | NEDS                                               |
| <i>topotecan hcl</i>        | Tier-5    | NEDS                                               |
| TORISEL                     | Tier-5    | NEDS                                               |
| TREANDA                     | Tier-5    | NEDS                                               |
| TRISENOX                    | Tier-5    | NEDS                                               |
| VECTIBIX                    | Tier-5    | NEDS                                               |
| VELCADE                     | Tier-5    | NEDS                                               |
| <i>vinblastine sulfate</i>  | Tier-2    | PA                                                 |
| <i>vincasar pfs</i>         | Tier-2    | PA                                                 |
| <i>vincristine sulfate</i>  | Tier-2    | PA                                                 |
| <i>vinorelbine tartrate</i> | Tier-2    |                                                    |
| YERVOY                      | Tier-5    | NEDS                                               |
| YONDELIS                    | Tier-5    | NEDS                                               |
| ZALTRAP                     | Tier-5    | NEDS                                               |
| ZANOSAR                     | Tier-5    | NEDS                                               |
| <b>ORAL AGENTS</b>          |           |                                                    |
| AFINITOR                    | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| AFINITOR DISPERZ            | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| ALECENSA                    | Tier-5    | PA; SP-CVS specialty; NEDS                         |
| ALKERAN                     | Tier-3    | Part B                                             |
| ALUNBRIG                    | Tier-5    | PA; SP-CVS specialty; NEDS                         |
| <i>anastrozole</i>          | Tier-1    |                                                    |
| <i>bexarotene</i>           | Tier-2    | SP-CVS specialty                                   |

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

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|------------------------------|------------------|-----------------------------------------------------|
| <i>bicalutamide</i>          | Tier-2           |                                                     |
| BOSULIF ORAL TABLET 100 MG   | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| BOSULIF ORAL TABLET 500 MG   | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| CABOMETYX                    | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>capecitabine</i>          | Tier-2           | Part B; SP-CVS specialty                            |
| CAPRELSA ORAL TABLET 100 MG  | Tier-5           | PA; QL (60 EA per 30 days); NEDS                    |
| CAPRELSA ORAL TABLET 300 MG  | Tier-5           | PA; QL (30 EA per 30 days); NEDS                    |
| COMETRIQ (100 MG DAILY DOSE) | Tier-5           | PA; NEDS                                            |
| COMETRIQ (140 MG DAILY DOSE) | Tier-5           | PA; NEDS                                            |
| COMETRIQ (60 MG DAILY DOSE)  | Tier-5           | PA; NEDS                                            |
| COTELLIC                     | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| CYCLOPHOSPHAMIDE             | Tier-3           | B vs D; SP-CVS specialty                            |
| DROXIA                       | Tier-3           |                                                     |
| EMCYT                        | Tier-3           | SP-CVS specialty                                    |
| ERIVEDGE                     | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>etoposide</i>             | Tier-2           | Part B; SP-CVS specialty                            |
| <i>exemestane</i>            | Tier-2           |                                                     |
| FARESTON                     | Tier-3           |                                                     |
| FARYDAK                      | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>flutamide</i>             | Tier-2           |                                                     |
| GILOTRIF                     | Tier-5           | PA; NEDS                                            |
| GLEOSTINE                    | Tier-4           | SP-CVS specialty                                    |
| HEXALEN                      | Tier-5           | NEDS                                                |
| HYCAMTIN                     | Tier-3           | Part B; SP-CVS specialty                            |
| <i>hydroxyurea</i>           | Tier-2           |                                                     |
| IBRANCE                      | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ICLUSIG                      | Tier-5           | PA; NEDS                                            |
| <i>imatinib mesylate</i>     | Tier-5           | SP-CVS specialty; NEDS                              |
| IMBRUVICA                    | Tier-5           | PA; NEDS                                            |
| INLYTA                       | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| IRESSA                       | Tier-5           | PA; NEDS                                            |
| JAKAFI                       | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI 200 DOSE             | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI 400 DOSE             | 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 V.

| Drug Name                                      | Drug Tier | Requirements/Limits                                 |
|------------------------------------------------|-----------|-----------------------------------------------------|
| KISQALI 600 DOSE                               | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA 200 DOSE                        | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA 400 DOSE                        | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA 600 DOSE                        | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| KYPROLIS                                       | Tier-5    | NEDS                                                |
| LENVIMA 10 MG DAILY DOSE                       | Tier-5    | PA; NEDS                                            |
| LENVIMA 14 MG DAILY DOSE                       | Tier-5    | PA; NEDS                                            |
| LENVIMA 18 MG DAILY DOSE                       | Tier-5    | PA; NEDS                                            |
| LENVIMA 20 MG DAILY DOSE                       | Tier-5    | PA; NEDS                                            |
| LENVIMA 24 MG DAILY DOSE                       | Tier-5    | PA; NEDS                                            |
| LENVIMA 8 MG DAILY DOSE                        | Tier-5    | PA; NEDS                                            |
| <i>letrozole</i>                               | Tier-1    |                                                     |
| LEUKERAN                                       | Tier-3    |                                                     |
| LONSURF                                        | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| LYNPARZA                                       | Tier-5    | PA; NEDS                                            |
| LYSODREN                                       | Tier-3    |                                                     |
| MATULANE                                       | Tier-5    | NEDS                                                |
| <i>megestrol acetate</i>                       | Tier-1    | PA                                                  |
| MEKINIST                                       | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| <i>mercaptopurine</i>                          | Tier-2    |                                                     |
| MYLERAN                                        | Tier-3    | Part B                                              |
| NEXAVAR                                        | Tier-5    | PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS |
| <i>nilutamide</i>                              | Tier-5    | NEDS                                                |
| NINLARO                                        | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| ODOMZO                                         | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| POMALYST                                       | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| PURIXAN                                        | Tier-5    | NEDS                                                |
| REVLIMID                                       | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| RUBRACA                                        | Tier-5    | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| RYDAPT                                         | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| SOLTAMOX                                       | Tier-3    |                                                     |
| SPRYCEL ORAL TABLET 100 MG, 140 MG             | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| STIVARGA                                       | Tier-5    | PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS  |

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

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|------------------------------------|------------------|-----------------------------------------------------|
| SUTENT                             | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| TABLOID                            | Tier-3           | SP-CVS specialty                                    |
| TAFINLAR                           | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| TAGRISSO                           | Tier-5           | PA; NEDS                                            |
| <i>tamoxifen citrate</i>           | Tier-2           |                                                     |
| TARCEVA ORAL TABLET 100 MG         | Tier-5           | SP-CVS specialty; QL (90 EA per 30 days); NEDS      |
| TARCEVA ORAL TABLET 150 MG, 25 MG  | Tier-5           | SP-CVS specialty; QL (30 EA per 30 days); NEDS      |
| TARGRETIN                          | Tier-5           | SP-CVS specialty; NEDS                              |
| TASIGNA                            | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>temozolomide</i>                | Tier-3           | Part B; SP-CVS specialty                            |
| THALOMID                           | Tier-5           | SP-CVS specialty; NEDS                              |
| <i>tretinoin</i>                   | Tier-2           | SP-CVS specialty                                    |
| TYKERB                             | Tier-5           | PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG | Tier-4           | PA                                                  |
| VENCLEXTA ORAL TABLET 100 MG       | Tier-5           | PA; NEDS                                            |
| VENCLEXTA STARTING PACK            | Tier-5           | PA; NEDS                                            |
| VOTRIENT                           | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| XALKORI                            | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| XTANDI                             | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| ZEJULA                             | Tier-5           | PA; NEDS                                            |
| ZELBORAF                           | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ZOLINZA                            | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ZURAMPIC                           | Tier-4           | PA                                                  |
| ZYDELIG                            | Tier-5           | PA; NEDS                                            |
| ZYKADIA                            | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ZYTIGA                             | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| <b>PROTECTIVE AGENTS</b>           |                  |                                                     |
| FUSILEV                            | Tier-5           | NEDS                                                |
| <i>leucovorin calcium</i>          | Tier-2           |                                                     |
| <i>levoleucovorin calcium</i>      | Tier-5           | NEDS                                                |
| <i>mesna</i>                       | Tier-2           |                                                     |
| MESNEX                             | Tier-5           | NEDS                                                |
| ZINECARD                           | Tier-3           |                                                     |

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

| Drug Name                               | Drug Tier | Requirements/Limits |
|-----------------------------------------|-----------|---------------------|
| <b>CARDIOVASCULAR AGENTS</b>            |           |                     |
| <b>ACE INHIBITORS</b>                   |           |                     |
| <i>benazepril hcl</i>                   | Tier-1    |                     |
| <i>captopril</i>                        | Tier-1    |                     |
| <i>enalapril maleate</i>                | Tier-2    |                     |
| <i>fosinopril sodium</i>                | Tier-1    |                     |
| <i>lisinopril</i>                       | Tier-1    |                     |
| <i>moexipril hcl</i>                    | Tier-1    |                     |
| <i>perindopril erbumine</i>             | Tier-1    |                     |
| <i>quinapril hcl</i>                    | Tier-1    |                     |
| <i>ramipril</i>                         | Tier-1    |                     |
| <i>trandolapril</i>                     | Tier-1    |                     |
| <b>ALPHA1 BLOCKERS</b>                  |           |                     |
| CARDURA XL                              | Tier-4    |                     |
| <i>doxazosin mesylate</i>               | Tier-1    |                     |
| <i>prazosin hcl</i>                     | Tier-1    |                     |
| <i>terazosin hcl</i>                    | Tier-1    |                     |
| <b>ANGINA</b>                           |           |                     |
| CORLANOR                                | Tier-4    | PA                  |
| <i>isosorbide dinitrate</i>             | Tier-1    |                     |
| <i>isosorbide dinitrate er</i>          | Tier-1    |                     |
| <i>isosorbide mononitrate</i>           | Tier-2    |                     |
| <i>isosorbide mononitrate er</i>        | Tier-2    |                     |
| NITRO-BID                               | Tier-4    |                     |
| <i>nitroglycerin intravenous</i>        | Tier-2    |                     |
| <i>nitroglycerin sublingual</i>         | Tier-2    |                     |
| <i>nitroglycerin transdermal</i>        | Tier-2    |                     |
| <i>nitroglycerin translingual</i>       | Tier-3    |                     |
| NITROMIST                               | Tier-4    |                     |
| NITROSTAT                               | Tier-3    |                     |
| RANEXA                                  | Tier-3    |                     |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS</b> |           |                     |
| <i>candesartan cilexetil</i>            | Tier-1    |                     |
| <i>eprosartan mesylate</i>              | Tier-1    |                     |
| <i>irbesartan</i>                       | Tier-1    |                     |
| <i>losartan potassium</i>               | Tier-1    |                     |

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

| Drug Name                                               | Drug Tier | Requirements/Limits |
|---------------------------------------------------------|-----------|---------------------|
| <i>olmesartan medoxomil</i>                             | Tier-3    |                     |
| <i>telmisartan</i>                                      | Tier-3    |                     |
| <i>valsartan</i>                                        | Tier-2    |                     |
| <b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>          |           |                     |
| <i>amiodarone hcl</i>                                   | Tier-2    |                     |
| <i>digitek oral tablet 125 mcg</i>                      | Tier-1    |                     |
| <i>digitek oral tablet 250 mcg</i>                      | Tier-1    | PA                  |
| <i>digoxin injection</i>                                | Tier-1    |                     |
| <i>digoxin oral solution</i>                            | Tier-1    | PA                  |
| <i>digoxin oral tablet 125 mcg</i>                      | Tier-1    |                     |
| <i>digoxin oral tablet 250 mcg</i>                      | Tier-1    | PA                  |
| <i>disopyramide phosphate</i>                           | Tier-2    | PA                  |
| <i>dofetilide</i>                                       | Tier-3    |                     |
| <i>flecainide acetate</i>                               | Tier-2    |                     |
| LANOXIN ORAL TABLET 125 MCG, 62.5 MCG                   | Tier-4    |                     |
| LANOXIN TABLET 187.5 MCG, 250 MCG                       | Tier-4    | PA                  |
| <i>mexiletine hcl</i>                                   | Tier-2    |                     |
| MULTAQ                                                  | Tier-4    |                     |
| NORPACE CR                                              | Tier-4    | PA                  |
| <i>propafenone hcl</i>                                  | Tier-2    |                     |
| <i>propafenone hcl er</i>                               | Tier-3    |                     |
| <i>quinidine gluconate er</i>                           | Tier-2    |                     |
| <i>quinidine sulfate</i>                                | Tier-2    |                     |
| <i>sorine</i>                                           | Tier-2    |                     |
| <i>sotalol hcl</i>                                      | Tier-1    |                     |
| <i>sotalol hcl (af)</i>                                 | Tier-1    |                     |
| SOTYLIZE                                                | Tier-4    |                     |
| <b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b> |           |                     |
| <i>amlodipine besy-benazepril hcl</i>                   | Tier-1    |                     |
| <i>amlodipine besylate-valsartan</i>                    | Tier-3    |                     |
| <i>amlodipine-atorvastatin</i>                          | Tier-3    |                     |
| <i>amlodipine-olmesartan</i>                            | Tier-3    |                     |
| <i>amlodipine-valsartan-hctz</i>                        | Tier-3    |                     |
| <i>atenolol-chlorthalidone</i>                          | Tier-1    |                     |
| <i>benazepril-hydrochlorothiazide</i>                   | Tier-1    |                     |

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

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>bisoprolol-hydrochlorothiazide</i> | Tier-1           |                            |
| <i>candesartan cilexetil-hctz</i>     | Tier-1           |                            |
| <i>captopril-hydrochlorothiazide</i>  | Tier-1           |                            |
| DUTOPROL                              | Tier-4           |                            |
| <i>enalapril-hydrochlorothiazide</i>  | Tier-1           |                            |
| ENTRESTO                              | Tier-4           | PA                         |
| <i>fosinopril sodium-hctz</i>         | Tier-1           |                            |
| <i>irbesartan-hydrochlorothiazide</i> | Tier-2           |                            |
| <i>lisinopril-hydrochlorothiazide</i> | Tier-1           |                            |
| <i>losartan potassium-hctz</i>        | Tier-1           |                            |
| <i>metoprolol-hydrochlorothiazide</i> | Tier-2           |                            |
| <i>moexipril-hydrochlorothiazide</i>  | Tier-1           |                            |
| <i>nadolol-bendroflumethiazide</i>    | Tier-2           |                            |
| <i>olmesartan medoxomil-hctz</i>      | Tier-3           |                            |
| <i>olmesartan-amlodipine-hctz</i>     | Tier-3           |                            |
| <i>propranolol-hctz</i>               | Tier-2           |                            |
| <i>quinapril-hydrochlorothiazide</i>  | Tier-2           |                            |
| TEKTURNA HCT                          | Tier-3           |                            |
| <i>telmisartan-amlodipine</i>         | Tier-1           |                            |
| <i>telmisartan-hctz</i>               | Tier-3           |                            |
| <i>trandolapril-verapamil hcl er</i>  | Tier-2           |                            |
| <i>valsartan-hydrochlorothiazide</i>  | Tier-2           |                            |
| <b>BETA AND ALPHA BLOCKERS</b>        |                  |                            |
| <i>carvedilol</i>                     | Tier-1           |                            |
| COREG CR                              | Tier-4           |                            |
| <i>labetalol hcl</i>                  | Tier-2           |                            |
| <b>BETA BLOCKERS</b>                  |                  |                            |
| <i>acebutolol hcl</i>                 | Tier-2           |                            |
| <i>atenolol</i>                       | Tier-1           |                            |
| <i>betaxolol hcl</i>                  | Tier-2           |                            |
| <i>bisoprolol fumarate</i>            | Tier-2           |                            |
| <i>metoprolol succinate er</i>        | Tier-2           |                            |
| <i>metoprolol tartrate</i>            | Tier-1           |                            |
| <i>nadolol</i>                        | Tier-3           |                            |
| <i>pindolol</i>                       | Tier-2           |                            |
| <i>propranolol hcl er</i>             | Tier-2           |                            |
| <i>propranolol hcl oral solution</i>  | Tier-2           |                            |

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

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| <i>propranolol hcl oral tablet</i>   | Tier-1           |                            |
| <i>timolol maleate</i>               | Tier-2           |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>      |                  |                            |
| <i>afeditab cr</i>                   | Tier-2           |                            |
| <i>amlodipine besylate</i>           | Tier-1           |                            |
| <i>cartia xt</i>                     | Tier-2           |                            |
| <i>diltiazem hcl</i>                 | Tier-1           |                            |
| <i>diltiazem hcl er</i>              | Tier-2           |                            |
| <i>diltiazem hcl er beads</i>        | Tier-2           |                            |
| <i>diltiazem hcl er coated beads</i> | Tier-2           |                            |
| <i>dilt-xr</i>                       | Tier-2           |                            |
| <i>felodipine er</i>                 | Tier-2           |                            |
| <i>isradipine</i>                    | Tier-2           |                            |
| <i>matzim la</i>                     | Tier-2           |                            |
| <i>nicardipine hcl</i>               | Tier-2           |                            |
| <i>nifedipine</i>                    | Tier-2           | PA                         |
| <i>nifedipine er</i>                 | Tier-2           |                            |
| <i>nifedipine er osmotic release</i> | Tier-2           |                            |
| <i>nimodipine</i>                    | Tier-2           |                            |
| <i>nisoldipine er</i>                | Tier-2           |                            |
| <i>taztia xt</i>                     | Tier-2           |                            |
| <i>verapamil hcl</i>                 | Tier-1           |                            |
| <i>verapamil hcl er</i>              | Tier-1           |                            |
| <b>CENTRALLY ACTING AGENTS</b>       |                  |                            |
| <i>clonidine hcl oral</i>            | Tier-1           |                            |
| <i>clonidine hcl transdermal</i>     | Tier-2           |                            |
| <i>midodrine hcl</i>                 | Tier-2           |                            |
| NORTHERA                             | Tier-5           | PA; NEDS                   |
| <b>DIRECT RENIN INHIBITORS</b>       |                  |                            |
| TEKTURNA                             | Tier-3           |                            |
| <b>DIURETICS</b>                     |                  |                            |
| <i>amiloride hcl</i>                 | Tier-2           |                            |
| <i>amiloride-hydrochlorothiazide</i> | Tier-1           |                            |
| <i>bumetanide</i>                    | Tier-1           |                            |
| <i>chlorothiazide</i>                | Tier-2           |                            |
| <i>chlorthalidone</i>                | Tier-1           |                            |
| EDECRIN                              | Tier-3           |                            |

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

| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------|------------------|----------------------------|
| <i>eplerenone</i>                | Tier-2           |                            |
| <i>ethacrynic acid</i>           | Tier-3           |                            |
| <i>furosemide oral solution</i>  | Tier-2           |                            |
| <i>furosemide oral tablet</i>    | Tier-1           |                            |
| <i>hydrochlorothiazide</i>       | Tier-1           |                            |
| <i>indapamide</i>                | Tier-1           |                            |
| <i>methyclothiazide</i>          | Tier-2           |                            |
| <i>metolazone</i>                | Tier-2           |                            |
| <i>spironolactone</i>            | Tier-1           |                            |
| <i>spironolactone-hctz</i>       | Tier-2           |                            |
| <i>toremide</i>                  | Tier-2           |                            |
| <i>triamterene-hctz</i>          | Tier-1           |                            |
| <b>LIPID LOWERING AGENTS</b>     |                  |                            |
| <i>atorvastatin calcium</i>      | Tier-1           |                            |
| <i>cholestyramine light</i>      | Tier-2           |                            |
| <i>colestipol hcl</i>            | Tier-2           |                            |
| <i>ezetimibe</i>                 | Tier-3           |                            |
| <i>ezetimibe-simvastatin</i>     | Tier-3           |                            |
| <i>fenofibrate</i>               | Tier-2           |                            |
| <i>fenofibrate micronized</i>    | Tier-3           |                            |
| <i>fenofibric acid</i>           | Tier-3           |                            |
| <i>fluvastatin sodium</i>        | Tier-3           |                            |
| <i>fluvastatin sodium er</i>     | Tier-3           |                            |
| <i>gemfibrozil</i>               | Tier-1           |                            |
| JUXTAPID                         | Tier-5           | PA; NEDS                   |
| KYNAMRO                          | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>lovastatin</i>                | Tier-1           |                            |
| <i>niacin er</i>                 | Tier-3           |                            |
| <i>niacor</i>                    | Tier-2           |                            |
| <i>omega-3-acid ethyl esters</i> | Tier-3           |                            |
| <i>pravastatin sodium</i>        | Tier-2           |                            |
| PREVALITE                        | Tier-4           |                            |
| REPATHA                          | Tier-5           | PA; SP-CVS specialty; NEDS |
| REPATHA PUSHTRONEX SYSTEM        | Tier-5           | PA; SP-CVS specialty; NEDS |
| REPATHA SURECLICK                | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>rosuvastatin calcium</i>      | Tier-3           |                            |
| <i>simvastatin</i>               | Tier-1           |                            |

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

| Drug Name                             | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| VASCEPA                               | Tier-3    |                     |
| WELCHOL                               | Tier-4    |                     |
| <b>POTASSIUM REPLACEMENT</b>          |           |                     |
| <i>klor-con</i>                       | Tier-1    |                     |
| <i>klor-con 10</i>                    | Tier-1    |                     |
| <i>klor-con m10</i>                   | Tier-1    |                     |
| KLOR-CON M15                          | Tier-4    |                     |
| <i>klor-con m20</i>                   | Tier-1    |                     |
| <i>klor-con sprinkle</i>              | Tier-1    |                     |
| K-TAB                                 | Tier-4    |                     |
| <i>potassium chloride</i>             | Tier-1    |                     |
| <i>potassium chloride crys er</i>     | Tier-1    |                     |
| <i>potassium chloride er</i>          | Tier-1    |                     |
| <b>VASODILATORS</b>                   |           |                     |
| BIDIL                                 | Tier-3    |                     |
| <i>hydralazine hcl</i>                | Tier-1    |                     |
| <i>minoxidil</i>                      | Tier-2    |                     |
| <b>DIABETES MELLITUS</b>              |           |                     |
| <b>DIABETIC SUPPLIES</b>              |           |                     |
| <i>assure insulin safety syringe</i>  | Tier-2    |                     |
| <i>comfort assist insulin syringe</i> | Tier-2    |                     |
| <i>cvs gauze sterile</i>              | Tier-2    |                     |
| <i>exel comfort point pen needle</i>  | Tier-2    |                     |
| <i>gauze pads</i>                     | Tier-2    |                     |
| <i>global alcohol prep ease</i>       | Tier-2    |                     |
| <i>insulin syringe</i>                | Tier-2    |                     |
| INSULIN SYRINGE                       | Tier-3    |                     |
| <i>lancets</i>                        | Tier-2    | Part B              |
| ONETOUCH TEST STRIPS                  | Tier-3    | Part B              |
| <i>preferred plus insulin syringe</i> | Tier-2    |                     |
| RELI-ON INSULIN SYRINGE               | Tier-3    |                     |
| <b>GLUCOSE ELEVATING</b>              |           |                     |
| GLUCAGEN HYPOKIT                      | Tier-3    |                     |
| GLUCAGON EMERGENCY                    | Tier-3    |                     |
| PROGLYCEM                             | Tier-4    |                     |
| <b>INSULINS</b>                       |           |                     |
| HUMALOG                               | Tier-3    |                     |

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

| Drug Name                      | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|
| HUMALOG KWIKPEN                | Tier-3    |                     |
| HUMALOG MIX 50/50              | Tier-3    |                     |
| HUMALOG MIX 50/50 KWIKPEN      | Tier-3    |                     |
| HUMALOG MIX 75/25              | Tier-3    |                     |
| HUMALOG MIX 75/25 KWIKPEN      | Tier-3    |                     |
| HUMULIN 70/30                  | Tier-3    |                     |
| HUMULIN 70/30 KWIKPEN          | Tier-3    |                     |
| HUMULIN N                      | Tier-3    |                     |
| HUMULIN N KWIKPEN              | Tier-3    |                     |
| HUMULIN R                      | Tier-3    |                     |
| HUMULIN R U-500 (CONCENTRATED) | Tier-3    |                     |
| HUMULIN R U-500 KWIKPEN        | Tier-3    |                     |
| LANTUS                         | Tier-3    |                     |
| LANTUS SOLOSTAR                | Tier-3    |                     |
| TOUJEO SOLOSTAR                | Tier-4    |                     |
| <b>NON-INSULIN INJECTABLES</b> |           |                     |
| BYDUREON                       | Tier-3    |                     |
| BYETTA 10 MCG PEN              | Tier-4    |                     |
| BYETTA 5 MCG PEN               | Tier-4    |                     |
| SYMLINPEN 120                  | Tier-3    |                     |
| SYMLINPEN 60                   | Tier-3    |                     |
| TRULICITY                      | Tier-3    |                     |
| <b>ORAL AGENTS</b>             |           |                     |
| <i>acarbose</i>                | Tier-1    |                     |
| ACTOPLUS MET XR                | Tier-4    |                     |
| <i>chlorpropamide</i>          | Tier-1    | PA                  |
| <i>glimepiride</i>             | Tier-1    |                     |
| <i>glipizide</i>               | Tier-1    |                     |
| <i>glipizide er</i>            | Tier-1    |                     |
| <i>glipizide-metformin hcl</i> | Tier-1    |                     |
| <i>glyburide</i>               | Tier-2    | PA                  |
| <i>glyburide micronized</i>    | Tier-1    | PA                  |
| <i>glyburide-metformin</i>     | Tier-1    | PA                  |
| INVOKAMET                      | Tier-3    |                     |
| INVOKAMET XR                   | Tier-3    |                     |
| INVOKANA                       | Tier-3    |                     |
| JANUMET                        | Tier-3    |                     |

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

| Drug Name                             | Drug Tier | Requirements/Limits     |
|---------------------------------------|-----------|-------------------------|
| JANUMET XR                            | Tier-3    |                         |
| JANUVIA                               | Tier-3    |                         |
| JARDIANCE                             | Tier-3    |                         |
| JENTADUETO                            | Tier-3    |                         |
| JENTADUETO XR                         | Tier-3    |                         |
| <i>metformin hcl</i>                  | Tier-1    |                         |
| <i>metformin hcl er</i>               | Tier-1    |                         |
| <i>metformin hcl er 1,000 mg</i>      | Tier-1    |                         |
| <i>miglitol</i>                       | Tier-3    |                         |
| <i>nateglinide</i>                    | Tier-1    |                         |
| <i>pioglitazone hcl</i>               | Tier-1    |                         |
| <i>pioglitazone hcl-glimepiride</i>   | Tier-2    |                         |
| <i>pioglitazone hcl-metformin hcl</i> | Tier-3    |                         |
| <i>repaglinide</i>                    | Tier-1    |                         |
| <i>repaglinide-metformin hcl</i>      | Tier-3    |                         |
| RIOMET                                | Tier-3    |                         |
| SYNJARDY                              | Tier-3    |                         |
| <i>tolazamide</i>                     | Tier-1    |                         |
| <i>tolbutamide</i>                    | Tier-1    |                         |
| TRADJENTA                             | Tier-3    |                         |
| <b>EAR, NOSE AND THROAT</b>           |           |                         |
| <b>EAR</b>                            |           |                         |
| <i>acetazol hc</i>                    | Tier-2    |                         |
| <i>acetic acid</i>                    | Tier-2    |                         |
| CIPRO HC                              | Tier-3    |                         |
| CIPRODEX                              | Tier-3    |                         |
| <i>fluocinolone acetamide</i>         | Tier-2    |                         |
| <i>hydrocortisone-acetic acid</i>     | Tier-2    |                         |
| <i>ofloxacin</i>                      | Tier-3    |                         |
| <b>MOUTH AND THROAT</b>               |           |                         |
| <i>cevimeline hcl</i>                 | Tier-2    |                         |
| <i>chlorhexidine gluconate</i>        | Tier-1    |                         |
| <i>periogard</i>                      | Tier-1    |                         |
| <i>pilocarpine hcl</i>                | Tier-2    |                         |
| <i>triamcinolone acetamide</i>        | Tier-2    |                         |
| <b>NOSE</b>                           |           |                         |
| <i>azelastine hcl</i>                 | Tier-2    | QL (120 ML per 90 days) |

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

| Drug Name                                        | Drug Tier | Requirements/Limits      |
|--------------------------------------------------|-----------|--------------------------|
| BACTROBAN NASAL                                  | Tier-4    |                          |
| <i>budesonide</i>                                | Tier-2    |                          |
| <i>cyproheptadine hcl</i>                        | Tier-2    | PA                       |
| <i>desloratadine</i>                             | Tier-2    |                          |
| <i>flunisolide</i>                               | Tier-3    | QL (150 ML per 90 days)  |
| <i>fluticasone propionate</i>                    | Tier-1    | QL (48 GM per 90 days)   |
| <i>hydroxyzine hcl</i>                           | Tier-2    | PA                       |
| <i>hydroxyzine pamoate</i>                       | Tier-2    | PA                       |
| <i>ipratropium bromide nasal solution 0.03 %</i> | Tier-2    | QL (180 ML per 90 days)  |
| <i>ipratropium bromide nasal solution 0.06 %</i> | Tier-2    | QL (90 ML per 90 days)   |
| <i>levocetirizine dihydrochloride</i>            | Tier-2    |                          |
| <i>mometasone furoate</i>                        | Tier-3    | QL (102 GM per 90 days)  |
| <i>olopatadine hcl</i>                           | Tier-2    | QL (91.5 GM per 90 days) |
| <i>triamcinolone acetonide</i>                   | Tier-3    |                          |
| <b>EYE</b>                                       |           |                          |
| <b>ALLERGY</b>                                   |           |                          |
| ALOCRI                                           | Tier-4    |                          |
| ALOMIDE                                          | Tier-4    |                          |
| <i>azelastine hcl</i>                            | Tier-2    |                          |
| <i>cromolyn sodium</i>                           | Tier-2    |                          |
| EMADINE                                          | Tier-4    |                          |
| <i>epinastine hcl</i>                            | Tier-2    |                          |
| LASTACAFT                                        | Tier-4    |                          |
| <i>olopatadine hcl</i>                           | Tier-3    |                          |
| <b>ANTI-INFECTIVES</b>                           |           |                          |
| AZASITE                                          | Tier-4    |                          |
| <i>bacitracin</i>                                | Tier-2    |                          |
| <i>bacitracin-polymyxin b</i>                    | Tier-2    |                          |
| <i>bacitra-neomycin-polymyxin-hc</i>             | Tier-2    |                          |
| BESIVANCE                                        | Tier-3    |                          |
| BLEPHAMIDE                                       | Tier-4    |                          |
| BLEPHAMIDE S.O.P.                                | Tier-4    |                          |
| <i>ciprofloxacin hcl</i>                         | Tier-2    |                          |
| <i>erythromycin</i>                              | Tier-2    |                          |
| <i>gatifloxacin</i>                              | Tier-2    |                          |
| <i>gentak</i>                                    | Tier-2    |                          |
| <i>gentamicin sulfate</i>                        | Tier-3    |                          |

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

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>levofloxacin</i>                   | Tier-2           |                            |
| MOXEZA                                | Tier-4           |                            |
| <i>neomycin-bacitracin zn-polymyx</i> | Tier-2           |                            |
| <i>neomycin-polymyxin-hc</i>          | Tier-2           |                            |
| <i>ofloxacin</i>                      | Tier-2           |                            |
| <i>polymyxin b-trimethoprim</i>       | Tier-2           |                            |
| <i>sulfacetamide sodium</i>           | Tier-2           |                            |
| <i>sulfacetamide-prednisolone</i>     | Tier-2           |                            |
| TOBRADEX                              | Tier-4           |                            |
| TOBRADEX ST                           | Tier-4           |                            |
| <i>tobramycin</i>                     | Tier-2           |                            |
| <i>tobramycin-dexamethasone</i>       | Tier-2           |                            |
| VIGAMOX                               | Tier-3           |                            |
| <b>ANTI-INFLAMMATORIES</b>            |                  |                            |
| ALREX                                 | Tier-3           |                            |
| <i>bromfenac sodium</i>               | Tier-2           |                            |
| <i>dexamethasone sodium phosphate</i> | Tier-2           |                            |
| <i>diclofenac sodium</i>              | Tier-2           |                            |
| DUREZOL                               | Tier-3           |                            |
| FLAREX                                | Tier-4           |                            |
| <i>fluorometholone</i>                | Tier-2           |                            |
| <i>flurbiprofen sodium</i>            | Tier-1           |                            |
| FML                                   | Tier-3           |                            |
| FML FORTE                             | Tier-4           |                            |
| ILEVRO                                | Tier-4           |                            |
| <i>ketorolac tromethamine</i>         | Tier-2           |                            |
| LOTEMAX                               | Tier-3           |                            |
| MAXIDEX                               | Tier-4           |                            |
| <i>neomycin-polymyxin-dexameth</i>    | Tier-2           |                            |
| <i>neomycin-polymyxin-gramicidin</i>  | Tier-2           |                            |
| <i>neomycin-polymyxin-hc</i>          | Tier-2           |                            |
| NEVANAC                               | Tier-4           |                            |
| PRED MILD                             | Tier-3           |                            |
| PRED-G                                | Tier-3           |                            |
| PRED-G S.O.P.                         | Tier-3           |                            |
| <i>prednisolone acetate</i>           | Tier-3           |                            |
| <i>prednisolone sodium phosphate</i>  | Tier-2           |                            |

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

| Drug Name                                              | Drug Tier | Requirements/Limits |
|--------------------------------------------------------|-----------|---------------------|
| PROLENSA                                               | Tier-4    |                     |
| ZYLET                                                  | Tier-4    |                     |
| <b>ANTIVIRALS</b>                                      |           |                     |
| <i>trifluridine</i>                                    | Tier-2    |                     |
| ZIRGAN                                                 | Tier-4    |                     |
| <b>GLAUCOMA</b>                                        |           |                     |
| <i>acetazolamide</i>                                   | Tier-2    |                     |
| <i>acetazolamide er</i>                                | Tier-2    |                     |
| ALPHAGAN P 0.1%                                        | Tier-3    |                     |
| <i>apraclonidine hcl</i>                               | Tier-2    |                     |
| AZOPT                                                  | Tier-3    |                     |
| <i>betaxolol hcl</i>                                   | Tier-2    |                     |
| BETIMOL                                                | Tier-3    |                     |
| BETOPTIC-S                                             | Tier-4    |                     |
| <i>bimatoprost</i>                                     | Tier-2    |                     |
| <i>brimonidine tartrate</i>                            | Tier-2    |                     |
| <i>carteolol hcl</i>                                   | Tier-1    |                     |
| COMBIGAN                                               | Tier-3    |                     |
| <i>dorzolamide hcl</i>                                 | Tier-2    |                     |
| <i>dorzolamide hcl-timolol mal</i>                     | Tier-2    |                     |
| IOPIDINE                                               | Tier-4    |                     |
| <i>latanoprost</i>                                     | Tier-2    |                     |
| <i>levobunolol hcl</i>                                 | Tier-2    |                     |
| LUMIGAN                                                | Tier-3    |                     |
| <i>methazolamide</i>                                   | Tier-2    |                     |
| <i>metipranolol</i>                                    | Tier-2    |                     |
| PHOSPHOLINE IODIDE                                     | Tier-3    |                     |
| <i>pilocarpine hcl</i>                                 | Tier-2    |                     |
| SIMBRINZA                                              | Tier-4    |                     |
| <i>timolol maleate ophthalmic gel forming solution</i> | Tier-3    |                     |
| <i>timolol maleate ophthalmic solution</i>             | Tier-1    |                     |
| TRAVATAN Z                                             | Tier-3    |                     |
| <b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>                 |           |                     |
| <i>atropine sulfate</i>                                | Tier-2    |                     |
| CYSTARAN                                               | Tier-3    |                     |
| NATACYN                                                | Tier-4    |                     |

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

| Drug Name                                    | Drug Tier | Requirements/Limits        |
|----------------------------------------------|-----------|----------------------------|
| <i>proparacaine hcl</i>                      | Tier-2    |                            |
| RESTASIS                                     | Tier-3    |                            |
| <b>GASTROINTESTINAL DRUGS</b>                |           |                            |
| <b>EMESIS</b>                                |           |                            |
| ALOXI                                        | Tier-5    | B vs D; NEDS               |
| ANZEMET                                      | Tier-3    | B vs D                     |
| <i>aprepitant</i>                            | Tier-3    | B vs D                     |
| CESAMET                                      | Tier-3    | B vs D                     |
| <i>compro</i>                                | Tier-2    |                            |
| <i>dronabinol</i>                            | Tier-3    | B vs D                     |
| EMEND                                        | Tier-3    | B vs D                     |
| <i>granisetron hcl</i>                       | Tier-2    | B vs D                     |
| <i>meclizine hcl</i>                         | Tier-2    |                            |
| <i>metoclopramide hcl</i>                    | Tier-2    |                            |
| <i>ondansetron</i>                           | Tier-2    | B vs D                     |
| <i>ondansetron hcl</i>                       | Tier-2    | B vs D                     |
| <i>prochlorperazine</i>                      | Tier-2    |                            |
| <i>prochlorperazine maleate</i>              | Tier-2    |                            |
| <i>promethazine hcl</i>                      | Tier-2    | PA                         |
| SANCUSO                                      | Tier-4    | B vs D                     |
| TRANSDERM-SCOP PATCH                         | Tier-4    |                            |
| VARUBI                                       | Tier-4    | B vs D                     |
| <b>ENZYMES</b>                               |           |                            |
| CARBAGLU                                     | Tier-5    | PA; NEDS                   |
| CREON                                        | Tier-3    |                            |
| CYSTAGON                                     | Tier-4    |                            |
| ZENPEP                                       | Tier-4    |                            |
| <b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b> |           |                            |
| <i>alosetron hcl</i>                         | Tier-5    | NEDS                       |
| CHOLBAM                                      | Tier-5    | PA; NEDS                   |
| <i>constulose</i>                            | Tier-2    |                            |
| <i>cromolyn sodium</i>                       | Tier-2    |                            |
| <i>dicyclomine hcl</i>                       | Tier-1    |                            |
| <i>enulose</i>                               | Tier-2    |                            |
| GATTEX                                       | Tier-5    | PA; SP-CVS specialty; NEDS |
| <i>generlac</i>                              | Tier-2    |                            |

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

| Drug Name                                                            | Drug Tier | Requirements/Limits                                |
|----------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>glycopyrrolate</i>                                                | Tier-2    |                                                    |
| KRISTALOSE                                                           | Tier-3    |                                                    |
| <i>lactulose</i>                                                     | Tier-2    |                                                    |
| <i>levocarnitine</i>                                                 | Tier-2    |                                                    |
| <i>loperamide hcl</i>                                                | Tier-3    |                                                    |
| <i>megestrol acetate</i>                                             | Tier-2    | PA                                                 |
| MOVANTIK                                                             | Tier-3    |                                                    |
| MOVIPREP                                                             | Tier-4    |                                                    |
| MYTESI                                                               | Tier-3    | PA                                                 |
| OICALIVA                                                             | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| OSMOPREP                                                             | Tier-4    |                                                    |
| <i>peg 3350-kcl-na bicarb-nacl</i>                                   | Tier-2    |                                                    |
| <i>peg-3350/electrolytes</i>                                         | Tier-2    |                                                    |
| <i>polyethylene glycol 3350</i>                                      | Tier-2    |                                                    |
| <i>propantheline bromide</i>                                         | Tier-2    |                                                    |
| RELISTOR                                                             | Tier-5    | NEDS                                               |
| SUPREP BOWEL PREP KIT                                                | Tier-4    |                                                    |
| <i>trilyte</i>                                                       | Tier-2    |                                                    |
| UCERIS                                                               | Tier-4    |                                                    |
| <i>ursodiol</i>                                                      | Tier-2    |                                                    |
| <b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b> |           |                                                    |
| <i>amoxicill-clarithro-lansopraz</i>                                 | Tier-3    |                                                    |
| CARAFATE SUSPENSION                                                  | Tier-4    |                                                    |
| <i>cimetidine</i>                                                    | Tier-3    |                                                    |
| <i>cimetidine solution</i>                                           | Tier-2    |                                                    |
| <i>esomeprazole magnesium</i>                                        | Tier-3    |                                                    |
| <i>famotidine oral suspension reconstituted</i>                      | Tier-2    |                                                    |
| <i>famotidine oral tablet</i>                                        | Tier-1    |                                                    |
| <i>lansoprazole</i>                                                  | Tier-3    |                                                    |
| <i>methscopolamine bromide</i>                                       | Tier-2    |                                                    |
| <i>misoprostol</i>                                                   | Tier-2    |                                                    |
| <i>nizatidine</i>                                                    | Tier-2    |                                                    |
| <i>omeprazole</i>                                                    | Tier-1    |                                                    |
| <i>omeprazole-sodium bicarbonate</i>                                 | Tier-4    |                                                    |
| <i>pantoprazole sodium</i>                                           | Tier-2    |                                                    |
| PYLERA                                                               | Tier-3    |                                                    |

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

| Drug Name                          | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| <i>rabeprazole sodium</i>          | Tier-3    |                     |
| <i>ranitidine hcl</i>              | Tier-2    |                     |
| <i>sucralfate</i>                  | Tier-2    |                     |
| <b>INFLAMMATORY BOWEL DISEASE</b>  |           |                     |
| AMITIZA                            | Tier-3    |                     |
| APRISO                             | Tier-3    |                     |
| <i>balsalazide disodium</i>        | Tier-2    |                     |
| <i>budesonide</i>                  | Tier-2    |                     |
| CANASA                             | Tier-3    |                     |
| <i>colocort</i>                    | Tier-2    |                     |
| DELZICOL                           | Tier-4    |                     |
| <i>hydrocortisone</i>              | Tier-2    |                     |
| LINZESS                            | Tier-3    |                     |
| <i>mesalamine</i>                  | Tier-3    |                     |
| <i>mesalamine-cleanser</i>         | Tier-2    |                     |
| SFROWASA                           | Tier-4    |                     |
| <i>sulfasalazine</i>               | Tier-2    |                     |
| UCERIS                             | Tier-5    | NEDS                |
| <b>HOME INFUSION THERAPY</b>       |           |                     |
| <b>ACUTE CARE DRUGS</b>            |           |                     |
| ABELCET                            | Tier-5    | PA; NEDS            |
| <i>acetazolamide sodium</i>        | Tier-2    |                     |
| <i>acyclovir sodium</i>            | Tier-2    | PA                  |
| AMBISOME                           | Tier-5    | PA; NEDS            |
| <i>amikacin sulfate</i>            | Tier-2    | HI; Part B          |
| <i>aminophylline</i>               | Tier-2    |                     |
| <i>amphotericin b</i>              | Tier-2    | PA                  |
| <i>ampicillin sodium</i>           | Tier-2    | HI; Part B          |
| <i>ampicillin-sulbactam sodium</i> | Tier-2    | HI; Part B          |
| ARGATROBAN                         | Tier-4    |                     |
| <i>atropine sulfate</i>            | Tier-2    |                     |
| AVELOX                             | Tier-3    | HI; Part B          |
| AVYCAZ                             | Tier-3    | HI; Part B          |
| <i>azithromycin</i>                | Tier-2    | HI; Part B          |
| <i>aztreonam</i>                   | Tier-2    | HI; Part B          |
| <i>bactocill in dextrose</i>       | Tier-2    | HI; Part B          |
| <i>benztropine mesylate</i>        | Tier-2    |                     |

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

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>bumetanide</i>                     | Tier-2           |                            |
| <i>butorphanol tartrate</i>           | Tier-2           |                            |
| <i>calcitriol</i>                     | Tier-2           |                            |
| CANCIDAS                              | Tier-5           | NEDS                       |
| CAPASTAT SULFATE                      | Tier-3           |                            |
| CARDENE IV                            | Tier-4           |                            |
| <i>cefazolin sodium</i>               | Tier-2           | HI; Part B                 |
| <i>cefepime hcl</i>                   | Tier-2           | HI; Part B                 |
| <i>cefotaxime sodium</i>              | Tier-2           | HI; Part B                 |
| <i>cefotetan disodium</i>             | Tier-2           | HI; Part B                 |
| <i>cefoxitin sodium</i>               | Tier-2           | HI; Part B                 |
| <i>ceftazidime</i>                    | Tier-2           | HI; Part B                 |
| <i>ceftriaxone sodium</i>             | Tier-2           | HI; Part B                 |
| <i>cefuroxime sodium</i>              | Tier-2           | HI; Part B                 |
| <i>chloramphenicol sod succinate</i>  | Tier-2           | HI; Part B                 |
| <i>cidofovir</i>                      | Tier-5           | NEDS                       |
| <i>ciprofloxacin</i>                  | Tier-2           | HI; Part B                 |
| <i>ciprofloxacin in d5w</i>           | Tier-2           | HI; Part B                 |
| <i>clindamycin phosphate</i>          | Tier-2           | HI; Part B                 |
| <i>clindamycin phosphate in d5w</i>   | Tier-2           | HI; Part B                 |
| <i>colistimethate sodium</i>          | Tier-2           | HI; Part B                 |
| CRESEMBA                              | Tier-5           | NEDS                       |
| <i>cyclosporine</i>                   | Tier-2           | B vs D                     |
| DALVANCE                              | Tier-3           | HI; Part B                 |
| <i>daptomycin</i>                     | Tier-2           | HI; Part B                 |
| <i>dexamethasone sodium phosphate</i> | Tier-2           |                            |
| <i>diltiazem hcl</i>                  | Tier-2           |                            |
| <i>diphenhydramine hcl</i>            | Tier-2           |                            |
| DORIBAX                               | Tier-3           | HI; Part B                 |
| DOXY 100                              | Tier-4           | HI; Part B                 |
| EMEND                                 | Tier-3           | B vs D                     |
| ERAXIS                                | Tier-3           |                            |
| ERYTHROCIN LACTOBIONATE               | Tier-3           | HI; Part B                 |
| <i>esomeprazole sodium</i>            | Tier-2           |                            |
| <i>fluconazole in sodium chloride</i> | Tier-2           |                            |
| <i>furosemide</i>                     | Tier-2           |                            |
| <i>gentamicin in saline</i>           | Tier-2           | HI; Part B                 |

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

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>gentamicin sulfate</i>             | Tier-2           | HI; Part B                 |
| <i>granisetron hcl</i>                | Tier-2           | B vs D                     |
| <i>heparin sodium (porcine)</i>       | Tier-2           |                            |
| <i>hydroxyzine hcl</i>                | Tier-2           |                            |
| <i>imipenem-cilastatin</i>            | Tier-2           | HI; Part B                 |
| INVANZ                                | Tier-3           | HI; Part B                 |
| <i>isoniazid</i>                      | Tier-2           |                            |
| <i>labetalol hcl</i>                  | Tier-2           |                            |
| <i>levetiracetam in nacl</i>          | Tier-2           |                            |
| <i>levofloxacin</i>                   | Tier-2           | HI; Part B                 |
| <i>levofloxacin in d5w</i>            | Tier-2           | HI; Part B                 |
| <i>levothyroxine sodium</i>           | Tier-2           |                            |
| <i>lidocaine hcl</i>                  | Tier-2           |                            |
| <i>lidocaine hcl (pf)</i>             | Tier-2           |                            |
| LINCOCIN                              | Tier-3           | HI; Part B                 |
| <i>lincomycin hcl</i>                 | Tier-2           | HI; Part B                 |
| <i>linezolid</i>                      | Tier-2           | HI; Part B                 |
| <i>meropenem</i>                      | Tier-2           | HI; Part B                 |
| <i>methotrexate sodium</i>            | Tier-2           | B vs D                     |
| <i>methotrexate sodium (pf)</i>       | Tier-2           | B vs D                     |
| <i>metoclopramide hcl</i>             | Tier-2           |                            |
| <i>metoprolol tartrate</i>            | Tier-2           |                            |
| <i>metronidazole in nacl</i>          | Tier-2           | HI; Part B                 |
| <i>moxifloxacin hcl</i>               | Tier-2           | HI; Part B                 |
| MYCAMINE                              | Tier-3           |                            |
| <i>nafcillin sodium</i>               | Tier-2           | HI; Part B                 |
| <i>ondansetron hcl</i>                | Tier-2           | B vs D                     |
| ORBACTIV                              | Tier-3           | HI; Part B                 |
| <i>oxacillin sodium</i>               | Tier-2           | HI; Part B                 |
| <i>penicillin g pot in dextrose</i>   | Tier-2           | HI; Part B                 |
| <i>penicillin g potassium</i>         | Tier-2           | HI; Part B                 |
| <i>penicillin g sodium</i>            | Tier-2           | HI; Part B                 |
| <i>piperacillin sod-tazobactam so</i> | Tier-2           | HI; Part B                 |
| <i>polymyxin b sulfate</i>            | Tier-2           | HI; Part B                 |
| <i>prochlorperazine edisylate</i>     | Tier-2           |                            |
| PROGRAF INJECTION                     | Tier-3           | B vs D                     |
| <i>promethazine hcl</i>               | Tier-2           |                            |

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

| Drug Name                             | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| RETROVIR                              | Tier-3    |                     |
| <i>rifampin</i>                       | Tier-2    | HI; Part B          |
| SIVEXTRO                              | Tier-3    | HI; Part B          |
| <i>streptomycin sulfate</i>           | Tier-2    | HI; Part B          |
| <i>sulfamethoxazole-trimethoprim</i>  | Tier-2    | HI; Part B          |
| SYNERCID                              | Tier-5    | HI; Part B; NEDS    |
| TEFLARO                               | Tier-3    | HI; Part B          |
| <i>tigecycline</i>                    | Tier-2    | HI; Part B          |
| <i>tobramycin sulfate</i>             | Tier-2    | HI; Part B          |
| TYGACIL                               | Tier-3    | HI; Part B          |
| <i>valproate sodium</i>               | Tier-2    |                     |
| <i>vancomycin hcl</i>                 | Tier-2    | HI; Part B          |
| <i>voriconazole</i>                   | Tier-2    |                     |
| ZERBAXA                               | Tier-5    | HI; Part B; NEDS    |
| <b>ELECTROLYTES</b>                   |           |                     |
| <i>dextrose</i>                       | Tier-2    |                     |
| <i>dextrose in lactated ringers</i>   | Tier-2    |                     |
| <i>dextrose-nacl</i>                  | Tier-2    |                     |
| IONOSOL-MB IN D5W                     | Tier-3    |                     |
| ISOLYTE-P IN D5W                      | Tier-3    |                     |
| ISOLYTE-S                             | Tier-3    |                     |
| <i>kcl in dextrose-nacl</i>           | Tier-2    |                     |
| <i>kcl-lactated ringers-d5w</i>       | Tier-2    |                     |
| <i>lactated ringers</i>               | Tier-2    |                     |
| <i>magnesium sulfate</i>              | Tier-2    |                     |
| NORMOSOL-M IN D5W                     | Tier-3    |                     |
| NORMOSOL-R IN D5W                     | Tier-3    |                     |
| NORMOSOL-R PH 7.4                     | Tier-3    |                     |
| PLASMA-LYTE 148                       | Tier-3    |                     |
| PLASMA-LYTE A                         | Tier-3    |                     |
| <i>potassium chloride</i>             | Tier-2    |                     |
| <i>potassium chloride in dextrose</i> | Tier-2    |                     |
| <i>potassium chloride in nacl</i>     | Tier-2    |                     |
| <i>ringers</i>                        | Tier-2    |                     |
| <i>sodium chloride</i>                | Tier-2    |                     |
| <i>sodium lactate</i>                 | Tier-2    |                     |

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

| Drug Name                     | Drug Tier | Requirements/Limits |
|-------------------------------|-----------|---------------------|
| <b>IV NUTRITION</b>           |           |                     |
| AMINOSYN II                   | Tier-3    | B vs D              |
| AMINOSYN II/ELECTROLYTES      | Tier-3    | B vs D              |
| AMINOSYN/ELECTROLYTES         | Tier-3    | B vs D              |
| AMINOSYN-HBC                  | Tier-3    | B vs D              |
| AMINOSYN-PF                   | Tier-3    | B vs D              |
| AMINOSYN-RF                   | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (2.75/10) | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (2.75/5)  | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (4.25/10) | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (4.25/25) | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (4.25/5)  | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (5/15)    | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (5/20)    | Tier-3    | B vs D              |
| CLINIMIX E/DEXTROSE (5/25)    | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (2.75/5)    | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (4.25/10)   | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (4.25/20)   | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (4.25/25)   | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (4.25/5)    | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (5/15)      | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (5/20)      | Tier-3    | B vs D              |
| CLINIMIX/DEXTROSE (5/25)      | Tier-3    | B vs D              |
| CLINISOL SF                   | Tier-3    | B vs D              |
| FREAMINE HBC                  | Tier-3    | B vs D              |
| HEPATAMINE                    | Tier-3    | B vs D              |
| INTRALIPID                    | Tier-3    | B vs D              |
| NEPHRAMINE                    | Tier-3    | B vs D              |
| NUTRILIPID                    | Tier-3    | B vs D              |
| PLENAMINE                     | Tier-3    | B vs D              |
| PREMASOL                      | Tier-3    | B vs D              |
| PROCALAMINE                   | Tier-3    | B vs D              |
| PROSOL                        | Tier-3    | B vs D              |
| <i>tpn electrolytes</i>       | Tier-2    | B vs D              |
| TRAVASOL                      | Tier-3    | B vs D              |
| TROPHAMINE                    | Tier-3    | B vs D              |

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

| Drug Name                                  | Drug Tier | Requirements/Limits |
|--------------------------------------------|-----------|---------------------|
| <b>HORMONES</b>                            |           |                     |
| <b>ADRENAL CORTICOSTEROIDS</b>             |           |                     |
| <i>cortisone acetate</i>                   | Tier-2    |                     |
| DEPO-MEDROL                                | Tier-3    |                     |
| <i>dexamethasone intensol</i>              | Tier-2    |                     |
| <i>dexamethasone oral elixir</i>           | Tier-2    |                     |
| <i>dexamethasone oral tablet</i>           | Tier-1    |                     |
| <i>dexpak 13 day</i>                       | Tier-2    |                     |
| <i>fludrocortisone acetate</i>             | Tier-2    |                     |
| HP ACTHAR                                  | Tier-5    | PA; NEDS            |
| <i>hydrocortisone</i>                      | Tier-2    |                     |
| MEDROL                                     | Tier-4    |                     |
| <i>methylprednisolone</i>                  | Tier-2    | Transplant          |
| <i>methylprednisolone acetate</i>          | Tier-2    | Transplant          |
| <i>methylprednisolone sodium succ</i>      | Tier-2    | Transplant          |
| MILLIPRED                                  | Tier-4    | Transplant          |
| ORAPRED ODT                                | Tier-4    | Transplant          |
| <i>prednisolone sodium phosphate</i>       | Tier-2    | Transplant          |
| PREDNISONE INTENSOL                        | Tier-4    | Transplant          |
| <i>prednisone oral solution</i>            | Tier-2    | Transplant          |
| <i>prednisone oral tablet</i>              | Tier-1    | Transplant          |
| <i>prednisone oral tablet therapy pack</i> | Tier-2    | Transplant          |
| SOLU-CORTEF                                | Tier-4    |                     |
| SOLU-MEDROL                                | Tier-4    |                     |
| VERIPRED 20                                | Tier-4    | Transplant          |
| <b>ANDROGENS</b>                           |           |                     |
| ANADROL-50                                 | Tier-4    |                     |
| AVEED                                      | Tier-4    |                     |
| <i>danazol</i>                             | Tier-2    |                     |
| DEPO-TESTOSTERONE                          | Tier-4    |                     |
| METHITEST                                  | Tier-4    |                     |
| <i>methyltestosterone</i>                  | Tier-5    | NEDS                |
| <i>oxandrolone</i>                         | Tier-2    |                     |
| <i>testosterone</i>                        | Tier-3    |                     |
| <i>testosterone cypionate</i>              | Tier-2    |                     |
| <i>testosterone enanthate</i>              | Tier-2    |                     |

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

| Drug Name                                           | Drug Tier | Requirements/Limits |
|-----------------------------------------------------|-----------|---------------------|
| <b>GONADOTROPIN RELEASING AGONISTS</b>              |           |                     |
| ELIGARD                                             | Tier-3    |                     |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG | Tier-5    | NEDS                |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG  | Tier-3    |                     |
| <i>leuprolide acetate</i>                           | Tier-2    |                     |
| LUPRON DEPOT (1-MONTH)                              | Tier-5    | NEDS                |
| LUPRON DEPOT (3-MONTH)                              | Tier-5    | NEDS                |
| LUPRON DEPOT (4-MONTH)                              | Tier-5    | NEDS                |
| LUPRON DEPOT (6-MONTH)                              | Tier-5    | NEDS                |
| LUPRON DEPOT-PED (1-MONTH)                          | Tier-5    | NEDS                |
| SYNAREL                                             | Tier-5    | NEDS                |
| TRELSTAR MIXJECT                                    | Tier-5    | NEDS                |
| <b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>   |           |                     |
| <i>levothyroxine sodium</i>                         | Tier-1    |                     |
| <i>levoxyl</i>                                      | Tier-2    |                     |
| <i>liothyronine sodium</i>                          | Tier-2    |                     |
| <i>methimazole</i>                                  | Tier-1    |                     |
| <i>propylthiouracil</i>                             | Tier-2    |                     |
| SYNTHROID                                           | Tier-4    |                     |
| THYROLAR-1                                          | Tier-4    |                     |
| THYROLAR-1/2                                        | Tier-4    |                     |
| THYROLAR-1/4                                        | Tier-4    |                     |
| THYROLAR-2                                          | Tier-4    |                     |
| THYROLAR-3                                          | Tier-4    |                     |
| TIROSINT                                            | Tier-4    |                     |
| TRIOSTAT                                            | Tier-3    |                     |
| <i>unithroid</i>                                    | Tier-1    |                     |
| <b>IMMUNOLOGIC AGENTS</b>                           |           |                     |
| <b>IMMUNE STIMULANTS</b>                            |           |                     |
| ACTHIB                                              | Tier-3    | Part B              |
| ACTIMMUNE                                           | Tier-5    | NEDS                |
| ADACEL                                              | Tier-3    |                     |
| ADAGEN                                              | Tier-5    | NEDS                |
| <i>bcg vaccine</i>                                  | Tier-2    |                     |

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

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| BEXSERO                              | Tier-3           |                            |
| BIVIGAM                              | Tier-5           | PA; HI; Part B; NEDS       |
| BOOSTRIX                             | Tier-3           |                            |
| CARIMUNE NF                          | Tier-5           | PA; HI; Part B; NEDS       |
| DAPTACEL                             | Tier-3           |                            |
| <i>diphtheria-tetanus toxoids dt</i> | Tier-2           |                            |
| ENGRIX-B                             | Tier-3           | B vs D                     |
| FLEBOGAMMA DIF                       | Tier-5           | PA; HI; Part B; NEDS       |
| GAMASTAN S/D                         | Tier-3           | PA; HI; Part B             |
| GAMMAGARD                            | Tier-5           | PA; HI; Part B; NEDS       |
| GAMMAGARD S/D LESS IGA               | Tier-5           | PA; HI; Part B; NEDS       |
| GAMMAKED                             | Tier-5           | PA; HI; Part B; NEDS       |
| GAMMAPLEX                            | Tier-5           | PA; HI; Part B; NEDS       |
| GAMUNEX-C                            | Tier-5           | PA; HI; Part B; NEDS       |
| GARDASIL 9                           | Tier-3           |                            |
| HAVRIX                               | Tier-3           |                            |
| HIBERIX                              | Tier-3           |                            |
| HYPERRAB S/D                         | Tier-3           |                            |
| IMOGAM RABIES-HT                     | Tier-3           |                            |
| IMOVAX RABIES                        | Tier-3           |                            |
| INFANRIX                             | Tier-3           |                            |
| IPOL                                 | Tier-3           |                            |
| IXIARO                               | Tier-3           |                            |
| KINRIX                               | Tier-3           |                            |
| MENACTRA                             | Tier-3           |                            |
| MENOMUNE                             | Tier-3           |                            |
| MENVEO                               | Tier-3           |                            |
| M-M-R II                             | Tier-3           |                            |
| OCTAGAM                              | Tier-3           | PA; HI; Part B             |
| PEDIARIX                             | Tier-3           |                            |
| PEDVAX HIB                           | Tier-3           |                            |
| PNEUMOVAX 23                         | Tier-3           | Part B                     |
| PREVNAR 13                           | Tier-3           | Part B                     |
| PRIVIGEN                             | Tier-5           | PA; HI; Part B; NEDS       |
| PROQUAD                              | Tier-3           |                            |
| QUADRACEL                            | Tier-3           |                            |
| RABAVERT                             | Tier-3           |                            |

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

| Drug Name                            | Drug Tier | Requirements/Limits                  |
|--------------------------------------|-----------|--------------------------------------|
| RECOMBIVAX HB                        | Tier-3    | B vs D                               |
| ROTARIX                              | Tier-3    |                                      |
| ROTATEQ                              | Tier-3    |                                      |
| TENIVAC                              | Tier-3    |                                      |
| <i>tetanus-diphtheria toxoids td</i> | Tier-2    |                                      |
| TRUMENBA                             | Tier-3    |                                      |
| TWINRIX                              | Tier-3    |                                      |
| TYPHIM VI                            | Tier-3    |                                      |
| VAQTA                                | Tier-3    |                                      |
| VARIVAX                              | Tier-3    |                                      |
| VARIZIG                              | Tier-3    |                                      |
| YF-VAX                               | Tier-3    |                                      |
| ZINPLAVA                             | Tier-5    | PA; NEDS                             |
| ZOSTAVAX                             | Tier-3    |                                      |
| <b>IMMUNOSUPPRESSIVES</b>            |           |                                      |
| ASTAGRAF XL                          | Tier-4    | B vs D                               |
| ATGAM                                | Tier-3    | B vs D                               |
| BENLYSTA                             | Tier-5    | PA; NEDS                             |
| CELLCEPT                             | Tier-5    | B vs D; NEDS                         |
| <i>cyclosporine</i>                  | Tier-2    | B vs D                               |
| <i>cyclosporine modified</i>         | Tier-2    | B vs D                               |
| ENVARUS XR                           | Tier-4    | B vs D; SP-CVS specialty             |
| <i>engraf</i>                        | Tier-2    | B vs D                               |
| <i>mycophenolate mofetil</i>         | Tier-2    | B vs D                               |
| <i>mycophenolate mofetil hcl</i>     | Tier-2    | B vs D                               |
| <i>mycophenolate sodium</i>          | Tier-2    | B vs D                               |
| NULOJIX                              | Tier-5    | B vs D; NEDS                         |
| RAPAMUNE ORAL SOLUTION               | Tier-3    | B vs D                               |
| SIMULECT                             | Tier-5    | B vs D; NEDS                         |
| <i>sirolimus</i>                     | Tier-2    | B vs D                               |
| <i>tacrolimus</i>                    | Tier-2    | B vs D                               |
| THYMOGLOBULIN                        | Tier-3    | B vs D                               |
| ZORTRESS                             | Tier-5    | B vs D; QL (60 EA per 30 days); NEDS |
| <b>MISCELLANEOUS DRUGS</b>           |           |                                      |
| <b>ACROMEGALY</b>                    |           |                                      |
| <i>octreotide acetate</i>            | Tier-2    |                                      |

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

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|------------------------------------------------|------------------|-----------------------------------|
| SANDOSTATIN LAR DEPOT                          | Tier-5           | NEDS                              |
| SIGNIFOR LAR                                   | Tier-5           | PA; QL (2 EA per 28 days); NEDS   |
| SOMATULINE DEPOT                               | Tier-5           | NEDS                              |
| SOMAVERT                                       | Tier-5           | PA; SP-CVS specialty; NEDS        |
| <b>AMYOTROPHIC LATERAL SCLEROSIS</b>           |                  |                                   |
| <i>riluzole</i>                                | Tier-3           |                                   |
| <b>ANAPHYLAXIS EMERGENCY</b>                   |                  |                                   |
| <i>epinephrine</i>                             | Tier-2           | QL (2 EA per 1 day)               |
| <b>BOTULINUM TOXINS</b>                        |                  |                                   |
| BOTOX                                          | Tier-3           | PA                                |
| DYSPORT                                        | Tier-3           | PA                                |
| XEOMIN                                         | Tier-3           | PA                                |
| <b>CASTLEMAN'S DISEASE</b>                     |                  |                                   |
| SYLVANT                                        | Tier-5           | PA; NEDS                          |
| <b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b> |                  |                                   |
| ARCALYST                                       | Tier-5           | PA; SP-CVS specialty; NEDS        |
| ILARIS (150MG DELIVERED)                       | Tier-5           | PA; NEDS                          |
| <b>CUSHING'S SYNDROME</b>                      |                  |                                   |
| KORLYM                                         | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| SIGNIFOR                                       | Tier-5           | PA; QL (60 ML per 30 days); NEDS  |
| <b>CYSTIC FIBROSIS</b>                         |                  |                                   |
| BETHKIS                                        | Tier-5           | B vs D; NEDS                      |
| CAYSTON                                        | Tier-5           | NEDS                              |
| KALYDECO                                       | Tier-5           | PA; QL (60 EA per 30 days); NEDS  |
| ORKAMBI                                        | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| PULMOZYME                                      | Tier-5           | B vs D; NEDS                      |
| TOBI PODHALER                                  | Tier-5           | NEDS                              |
| <i>tobramycin</i>                              | Tier-5           | B vs D; NEDS                      |
| <b>CYSTINURIA</b>                              |                  |                                   |
| CYSTADANE                                      | Tier-5           | NEDS                              |
| <b>DETOXIFICATION AGENTS</b>                   |                  |                                   |
| CHEMET                                         | Tier-4           |                                   |

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

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------|------------------|----------------------------|
| EXJADE                                        | Tier-5           | NEDS                       |
| FERRIPROX                                     | Tier-5           | NEDS                       |
| JADENU                                        | Tier-5           | NEDS                       |
| JADENU SPRINKLE                               | Tier-5           | NEDS                       |
| <b>DUCHENNE MUSCULAR DYSTROPHY</b>            |                  |                            |
| EXONDYS 51                                    | Tier-5           | PA; NEDS                   |
| <b>FABRY DISEASE</b>                          |                  |                            |
| FABRAZYME                                     | Tier-5           | PA; NEDS                   |
| <b>GAUCHER'S DISEASE</b>                      |                  |                            |
| CERDELGA                                      | Tier-5           | PA; NEDS                   |
| CEREZYME                                      | Tier-5           | PA; NEDS                   |
| ELELYSO                                       | Tier-5           | PA; NEDS                   |
| VPRIV                                         | Tier-5           | PA; NEDS                   |
| ZAVESCA                                       | Tier-5           | PA; NEDS                   |
| <b>GROWTH HORMONE DEFICIENCY</b>              |                  |                            |
| EGRIFTA                                       | Tier-5           | PA; SP-CVS specialty; NEDS |
| GENOTROPIN                                    | Tier-3           | PA; SP-CVS specialty       |
| GENOTROPIN MINIQUICK                          | Tier-3           | PA; SP-CVS specialty       |
| HUMATROPE                                     | Tier-5           | PA; SP-CVS specialty; NEDS |
| INCRELEX                                      | Tier-5           | PA; SP-CVS specialty; NEDS |
| NORDITROPIN FLEXPPO                           | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 10                         | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 20                         | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 5                          | Tier-5           | PA; SP-CVS specialty; NEDS |
| OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML   | Tier-5           | PA; SP-CVS specialty; NEDS |
| OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML    | Tier-3           | PA; SP-CVS specialty       |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-3           | PA; SP-CVS specialty       |
| SAIZEN                                        | Tier-5           | PA; SP-CVS specialty; NEDS |
| SAIZEN CLICK.EASY                             | Tier-5           | PA; SP-CVS specialty; NEDS |
| SEROSTIM                                      | Tier-5           | PA; SP-CVS specialty; NEDS |
| ZOMACTON                                      | Tier-3           | PA; SP-CVS specialty       |
| ZORBTIVE                                      | Tier-5           | PA; SP-CVS specialty; NEDS |
| <b>HEREDITARY ANGIOEDEMA</b>                  |                  |                            |
| BERINERT                                      | Tier-5           | NEDS                       |
| CINRYZE                                       | Tier-5           | PA; NEDS                   |

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

| Drug Name                               | Drug Tier | Requirements/Limits                                |
|-----------------------------------------|-----------|----------------------------------------------------|
| FIRAZYR                                 | Tier-5    | PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS |
| RUCONEST                                | Tier-5    | NEDS                                               |
| <b>HEREDITARY TYROSINEMIA TYPE 1</b>    |           |                                                    |
| ORFADIN ORAL CAPSULE                    | Tier-5    | PA; SP-CVS specialty; NEDS                         |
| ORFADIN ORAL SUSPENSION                 | Tier-5    | PA; NEDS                                           |
| <b>HUNTINGTON'S CHOREA</b>              |           |                                                    |
| AUSTEDO                                 | Tier-5    | PA; SP-CVS specialty; NEDS                         |
| <i>tetrabenazine</i>                    | Tier-5    | PA; SP-CVS specialty; NEDS                         |
| <b>HYPERCALCEMIA</b>                    |           |                                                    |
| SENSIPAR                                | Tier-5    | NEDS                                               |
| <b>HYPERPARATHYROIDISM</b>              |           |                                                    |
| <i>calcitriol</i>                       | Tier-2    |                                                    |
| <i>doxercalciferol</i>                  | Tier-2    |                                                    |
| <i>paricalcitol</i>                     | Tier-2    |                                                    |
| <b>HYPOPARATHYROIDISM</b>               |           |                                                    |
| NATPARA                                 | Tier-5    | PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS  |
| <b>HYPOPHOSPHATASIA</b>                 |           |                                                    |
| STRENSIQ                                | Tier-5    | PA; NEDS                                           |
| <b>LYSOSOMAL ACID LIPASE DEFICIENCY</b> |           |                                                    |
| KANUMA                                  | Tier-5    | PA; NEDS                                           |
| <b>MUCOPOLYSACCHARIDOSIS</b>            |           |                                                    |
| ALDURAZYME                              | Tier-5    | NEDS                                               |
| ELAPRASE                                | Tier-5    | NEDS                                               |
| LUMIZYME                                | Tier-5    | NEDS                                               |
| NAGLAZYME                               | Tier-5    | NEDS                                               |
| <b>MULTIPLE SCLEROSIS</b>               |           |                                                    |
| AMPYRA                                  | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| AUBAGIO                                 | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| AVONEX                                  | Tier-5    | SP-CVS specialty; QL (4 EA per 28 days); NEDS      |
| AVONEX PEN                              | Tier-5    | SP-CVS specialty; QL (4 EA per 28 days); NEDS      |
| AVONEX PREFILLED                        | Tier-5    | SP-CVS specialty; QL (4 EA per 28 days); NEDS      |

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

| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|-----------------------------------------------------------|------------------|----------------------------------------------------|
| BETASERON                                                 | Tier-5           | SP-CVS specialty; QL (15 EA per 30 days); NEDS     |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | Tier-5           | SP-CVS specialty; QL (30 ML per 30 days); NEDS     |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS     |
| EXTAVIA                                                   | Tier-5           | SP-CVS specialty; QL (15 EA per 30 days); NEDS     |
| GILENYA                                                   | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| PLEGRIDY                                                  | Tier-5           | SP-CVS specialty; QL (1 ML per 28 days); NEDS      |
| PLEGRIDY STARTER PACK                                     | Tier-5           | SP-CVS specialty; NEDS                             |
| REBIF                                                     | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS     |
| REBIF REBIDOSE                                            | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS     |
| REBIF REBIDOSE TITRATION PACK                             | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS     |
| REBIF TITRATION PACK                                      | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS     |
| TECFIDERA ORAL STARTER PACK                               | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE                    | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| TYSABRI                                                   | Tier-5           | PA; NEDS                                           |
| ZINBRYTA                                                  | Tier-5           | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS  |
| <b>MYASTHENIA GRAVIS</b>                                  |                  |                                                    |
| <i>guanidine hcl</i>                                      | Tier-2           |                                                    |
| MESTINON SYRUP                                            | Tier-4           |                                                    |
| <i>pyridostigmine bromide</i>                             | Tier-2           |                                                    |
| <i>pyridostigmine bromide er</i>                          | Tier-2           |                                                    |
| <b>OPIOID ANTAGONISTS</b>                                 |                  |                                                    |
| <i>buprenorphine hcl</i>                                  | Tier-3           | PA; QL (90 EA per 30 days)                         |
| <i>buprenorphine hcl-naloxone hcl</i>                     | Tier-3           | PA; QL (90 EA per 30 days)                         |
| EVZIO                                                     | Tier-5           | PA; NEDS                                           |
| <i>naloxone hcl</i>                                       | Tier-2           |                                                    |
| NARCAN                                                    | Tier-4           | QL (4 EA per 30 days)                              |
| SUBOXONE FILM                                             | Tier-4           | PA; QL (90 EA per 30 days)                         |

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

| Drug Name                                       | Drug Tier | Requirements/Limits        |
|-------------------------------------------------|-----------|----------------------------|
| <b>PAGET'S DISEASE</b>                          |           |                            |
| <i>etidronate disodium</i>                      | Tier-2    |                            |
| <b>PHENYLKETONURIA</b>                          |           |                            |
| KUVAN                                           | Tier-5    | PA; SP-CVS specialty; NEDS |
| <b>PHEOCHROMOCYTOMA</b>                         |           |                            |
| DEMSER                                          | Tier-5    | NEDS                       |
| DIBENZYLINE                                     | Tier-4    |                            |
| <i>phenoxybenzamine hcl</i>                     | Tier-3    |                            |
| <b>PHOSPHATE BINDERS</b>                        |           |                            |
| AURYXIA                                         | Tier-5    | NEDS                       |
| <i>calcium acetate (phos binder)</i>            | Tier-2    |                            |
| REVELA                                          | Tier-3    |                            |
| <i>sevelamer carbonate oral packets</i>         | Tier-3    |                            |
| <b>POTASSIUM BINDER</b>                         |           |                            |
| <i>kionex</i>                                   | Tier-2    |                            |
| <i>sodium polystyrene sulfonate</i>             | Tier-2    |                            |
| <i>sps</i>                                      | Tier-2    |                            |
| VELTASSA                                        | Tier-4    |                            |
| <b>PRIMARY PERIODIC PARALYSIS</b>               |           |                            |
| KEVEYIS                                         | Tier-5    | PA; NEDS                   |
| <b>RESPIRATORY SYNCYTIAL VIRUS</b>              |           |                            |
| SYNAGIS                                         | Tier-5    | SP-CVS specialty; NEDS     |
| <b>SMOKING CESSATION</b>                        |           |                            |
| <i>bupropion hcl er (smoking det)</i>           | Tier-2    |                            |
| CHANTIX                                         | Tier-4    | QL (60 EA per 30 days)     |
| CHANTIX CONTINUING MONTH PAK                    | Tier-4    | QL (56 EA per 28 days)     |
| CHANTIX STARTING MONTH PAK                      | Tier-4    | QL (53 EA per 28 days)     |
| NICOTROL                                        | Tier-3    |                            |
| NICOTROL NS                                     | Tier-4    |                            |
| <b>SUCRASE DEFICIENCY</b>                       |           |                            |
| SUCRAID                                         | Tier-5    | NEDS                       |
| <b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b> |           |                            |
| <i>alfuzosin hcl er</i>                         | Tier-2    |                            |
| CIALIS                                          | Tier-4    | PA; QL (30 EA per 30 days) |
| <i>dutasteride</i>                              | Tier-3    |                            |
| <i>dutasteride-tamsulosin hcl</i>               | Tier-3    |                            |

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

| Drug Name                              | Drug Tier | Requirements/Limits |
|----------------------------------------|-----------|---------------------|
| <i>finasteride</i>                     | Tier-1    |                     |
| <i>tamsulosin hcl</i>                  | Tier-2    |                     |
| <b>TARDIVE DYSKINESIA</b>              |           |                     |
| INGREZZA                               | Tier-5    | PA; NEDS            |
| <b>UREA CYCLE DISORDERS</b>            |           |                     |
| BUPHENYL                               | Tier-5    | NEDS                |
| RAVICTI                                | Tier-5    | PA; NEDS            |
| <i>sodium phenylbutyrate</i>           | Tier-5    | NEDS                |
| <b>UROLOGIC DISORDERS</b>              |           |                     |
| <i>bethanechol chloride</i>            | Tier-2    |                     |
| <i>darifenacin hydrobromide er</i>     | Tier-3    |                     |
| <i>desmopressin ace rhinal tube</i>    | Tier-2    |                     |
| <i>desmopressin ace spray refrig</i>   | Tier-2    |                     |
| <i>desmopressin acetate</i>            | Tier-2    |                     |
| ELMIRON                                | Tier-4    |                     |
| <i>flavoxate hcl</i>                   | Tier-2    |                     |
| MYRBETRIQ                              | Tier-4    |                     |
| <i>oxybutynin chloride er</i>          | Tier-2    |                     |
| <i>oxybutynin chloride oral syrup</i>  | Tier-2    |                     |
| <i>oxybutynin chloride oral tablet</i> | Tier-1    |                     |
| <i>potassium citrate er</i>            | Tier-2    |                     |
| SAMSCA                                 | Tier-5    | NEDS                |
| <i>tolterodine tartrate</i>            | Tier-3    |                     |
| <i>tolterodine tartrate er</i>         | Tier-3    |                     |
| TOVIAZ                                 | Tier-3    |                     |
| <i>trospium chloride</i>               | Tier-3    |                     |
| <i>trospium chloride er</i>            | Tier-3    |                     |
| UROCIT-K 10                            | Tier-4    |                     |
| UROCIT-K 15                            | Tier-4    |                     |
| UROCIT-K 5                             | Tier-4    |                     |
| VESICARE                               | Tier-4    |                     |
| <b>WILSON'S DISEASE</b>                |           |                     |
| CUPRIMINE                              | Tier-5    | NEDS                |
| DEPEN TITRATABS                        | Tier-3    |                     |
| SYPRINE                                | Tier-5    | NEDS                |

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

| Drug Name                                                                      | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------------|-----------|---------------------|
| <b>NEUROLOGICAL DRUGS</b>                                                      |           |                     |
| <b>ALZHEIMER'S DISEASE</b>                                                     |           |                     |
| <i>donepezil hcl oral tablet</i>                                               | Tier-1    |                     |
| <i>donepezil hcl oral tablet dispersible</i>                                   | Tier-2    |                     |
| <i>ergoloid mesylates</i>                                                      | Tier-2    |                     |
| <i>galantamine hydrobromide</i>                                                | Tier-2    |                     |
| <i>galantamine hydrobromide er</i>                                             | Tier-2    |                     |
| <i>memantine hcl oral solution</i>                                             | Tier-3    |                     |
| <i>memantine hcl oral tablet</i>                                               | Tier-2    |                     |
| NAMENDA XR                                                                     | Tier-3    |                     |
| NAMENDA XR TITRATION PACK                                                      | Tier-3    |                     |
| <i>rivastigmine</i>                                                            | Tier-2    |                     |
| <i>rivastigmine tartrate</i>                                                   | Tier-2    |                     |
| <b>MIGRAINE THERAPY</b>                                                        |           |                     |
| <i>almotriptan malate</i>                                                      | Tier-2    |                     |
| <i>dihydroergotamine mesylate injection</i>                                    | Tier-2    | PA                  |
| <i>dihydroergotamine mesylate nasal</i>                                        | Tier-2    |                     |
| <i>frovatriptan succinate</i>                                                  | Tier-3    |                     |
| MIGERGOT                                                                       | Tier-3    |                     |
| MIGRANAL                                                                       | Tier-4    |                     |
| <i>naratriptan hcl</i>                                                         | Tier-2    |                     |
| <i>rizatriptan benzoate</i>                                                    | Tier-2    |                     |
| <i>sumatriptan nasal solution 20 mg/act</i>                                    | Tier-3    |                     |
| <i>sumatriptan nasal solution 5 mg/act</i>                                     | Tier-2    |                     |
| <i>sumatriptan succinate oral</i>                                              | Tier-2    |                     |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i> | Tier-2    |                     |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> | Tier-3    |                     |
| <i>sumatriptan succinate subcutaneous solution</i>                             | Tier-3    |                     |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>    | Tier-2    |                     |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>    | Tier-3    |                     |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe</i>           | Tier-3    |                     |
| <i>zolmitriptan</i>                                                            | Tier-2    |                     |

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

| Drug Name                                 | Drug Tier | Requirements/Limits    |
|-------------------------------------------|-----------|------------------------|
| <b>PARKINSON'S DISEASE</b>                |           |                        |
| APOKYN                                    | Tier-5    | NEDS                   |
| AZILECT                                   | Tier-3    |                        |
| <i>benztropine mesylate</i>               | Tier-1    | PA                     |
| <i>bromocriptine mesylate</i>             | Tier-2    |                        |
| <i>cabergoline</i>                        | Tier-2    |                        |
| <i>carbidopa</i>                          | Tier-2    |                        |
| <i>carbidopa-levodopa</i>                 | Tier-2    |                        |
| <i>carbidopa-levodopa er</i>              | Tier-2    |                        |
| <i>carbidopa-levodopa-entacapone</i>      | Tier-2    |                        |
| CYCLOSET                                  | Tier-3    |                        |
| DUOPA                                     | Tier-4    |                        |
| <i>entacapone</i>                         | Tier-2    |                        |
| NEUPRO                                    | Tier-4    | QL (30 EA per 30 days) |
| <i>pramipexole dihydrochloride</i>        | Tier-2    |                        |
| <i>pramipexole dihydrochloride er</i>     | Tier-2    |                        |
| <i>rasagiline mesylate</i>                | Tier-3    |                        |
| <i>ropinirole hcl</i>                     | Tier-2    |                        |
| <i>ropinirole hcl er</i>                  | Tier-2    |                        |
| RYTARY                                    | Tier-4    |                        |
| <i>selegiline hcl</i>                     | Tier-2    |                        |
| <i>tolcapone</i>                          | Tier-5    | NEDS                   |
| <i>trihexyphenidyl hcl</i>                | Tier-1    | PA                     |
| <b>PSEUDOBULBAR AFFECT</b>                |           |                        |
| NUEDEXTA                                  | Tier-3    | PA                     |
| <b>SEIZURES</b>                           |           |                        |
| APTIOM                                    | Tier-4    | PA                     |
| BANZEL                                    | Tier-3    |                        |
| BRIVIACT                                  | Tier-5    | PA; NEDS               |
| <i>carbamazepine er</i>                   | Tier-2    |                        |
| <i>carbamazepine oral suspension</i>      | Tier-2    |                        |
| <i>carbamazepine oral tablet</i>          | Tier-1    |                        |
| <i>carbamazepine oral tablet chewable</i> | Tier-2    |                        |
| CELONTIN                                  | Tier-4    |                        |
| <i>clonazepam oral tablet</i>             | Tier-1    |                        |
| <i>clonazepam oral tablet dispersible</i> | Tier-2    |                        |
| DIASTAT ACUDIAL                           | Tier-3    |                        |

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

| Drug Name                                  | Drug Tier | Requirements/Limits    |
|--------------------------------------------|-----------|------------------------|
| DIASTAT PEDIATRIC                          | Tier-3    |                        |
| <i>diazepam</i>                            | Tier-2    |                        |
| <i>diazepam intensol</i>                   | Tier-2    |                        |
| DILANTIN                                   | Tier-3    |                        |
| DILANTIN INFATABS                          | Tier-3    |                        |
| <i>divalproex sodium</i>                   | Tier-2    |                        |
| <i>divalproex sodium er</i>                | Tier-2    |                        |
| <i>epitol</i>                              | Tier-1    |                        |
| <i>ethosuximide</i>                        | Tier-2    |                        |
| <i>felbamate</i>                           | Tier-2    |                        |
| <i>fosphenytoin sodium</i>                 | Tier-2    |                        |
| FYCOMPA                                    | Tier-4    | PA                     |
| <i>gabapentin oral capsule</i>             | Tier-1    |                        |
| <i>gabapentin oral solution</i>            | Tier-2    |                        |
| <i>gabapentin oral tablet</i>              | Tier-1    |                        |
| GABITRIL                                   | Tier-3    |                        |
| HORIZANT                                   | Tier-4    | QL (60 EA per 30 days) |
| <i>lamotrigine er</i>                      | Tier-3    |                        |
| <i>lamotrigine oral tablet</i>             | Tier-1    |                        |
| <i>lamotrigine oral tablet chewable</i>    | Tier-2    |                        |
| <i>lamotrigine oral tablet dispersible</i> | Tier-2    |                        |
| <i>levetiracetam</i>                       | Tier-2    |                        |
| <i>levetiracetam er</i>                    | Tier-2    |                        |
| LYRICA                                     | Tier-4    | STPA                   |
| ONFI ORAL SUSPENSION                       | Tier-4    |                        |
| ONFI ORAL TABLET                           | Tier-4    | QL (60 EA per 30 days) |
| <i>oxcarbazepine</i>                       | Tier-2    |                        |
| OXTELLAR XR                                | Tier-4    |                        |
| PEGANONE                                   | Tier-4    |                        |
| <i>phenobarbital</i>                       | Tier-2    | PA                     |
| <i>phenytoin</i>                           | Tier-2    |                        |
| <i>phenytoin sodium</i>                    | Tier-2    |                        |
| <i>phenytoin sodium extended</i>           | Tier-2    |                        |
| <i>primidone</i>                           | Tier-2    |                        |
| QUDEXY XR                                  | Tier-4    |                        |
| <i>roweepra</i>                            | Tier-2    |                        |
| SABRIL                                     | Tier-5    | NEDS                   |

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

| Drug Name                                                              | Drug Tier | Requirements/Limits                                  |
|------------------------------------------------------------------------|-----------|------------------------------------------------------|
| SAVELLA                                                                | Tier-3    | STPA; QL (180 EA per 90 days)                        |
| SPRITAM                                                                | Tier-4    |                                                      |
| TEGRETOL-XR                                                            | Tier-3    |                                                      |
| <i>tiagabine hcl</i>                                                   | Tier-2    |                                                      |
| <i>topiramate</i>                                                      | Tier-2    |                                                      |
| <i>topiramate er</i>                                                   | Tier-2    |                                                      |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | Tier-4    |                                                      |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG               | Tier-5    | NEDS                                                 |
| <i>valproate sodium</i>                                                | Tier-2    |                                                      |
| <i>valproic acid</i>                                                   | Tier-2    |                                                      |
| VIMPAT INTRAVENOUS                                                     | Tier-4    |                                                      |
| VIMPAT ORAL SOLUTION                                                   | Tier-4    | PA                                                   |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG                              | Tier-5    | PA; QL (60 EA per 30 days); NEDS                     |
| VIMPAT ORAL TABLET 50 MG                                               | Tier-4    | PA; QL (60 EA per 30 days)                           |
| <i>zonisamide</i>                                                      | Tier-2    |                                                      |
| <b>SPASTICITY</b>                                                      |           |                                                      |
| <i>baclofen</i>                                                        | Tier-1    |                                                      |
| <i>cyclobenzaprine hcl</i>                                             | Tier-3    | PA                                                   |
| <i>dantrolene sodium</i>                                               | Tier-2    |                                                      |
| <i>tizanidine hcl oral capsule</i>                                     | Tier-3    |                                                      |
| <i>tizanidine hcl oral tablet</i>                                      | Tier-2    |                                                      |
| <b>PAIN AND INFLAMMATORY DISEASES</b>                                  |           |                                                      |
| <b>ARTHRITIS</b>                                                       |           |                                                      |
| ACTEMRA                                                                | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| AZASAN                                                                 | Tier-4    | B vs D                                               |
| <i>azathioprine</i>                                                    | Tier-2    | B vs D                                               |
| <i>azathioprine sodium</i>                                             | Tier-2    | B vs D                                               |
| CIMZIA                                                                 | Tier-5    | PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS    |
| CIMZIA PREFILLED                                                       | Tier-5    | PA; SP-CVS specialty; QL (2 EA per 30 days); NEDS    |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML             | Tier-5    | PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML                | Tier-5    | PA; SP-CVS specialty; QL (7.84 ML per 28 days); NEDS |

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

| Drug Name                                                   | Drug Tier | Requirements/Limits                                  |
|-------------------------------------------------------------|-----------|------------------------------------------------------|
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED                  | Tier-5    | PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS    |
| ENBREL SURECLICK                                            | Tier-5    | PA; SP-CVS specialty; QL (7.84 ML per 28 days); NEDS |
| HUMIRA                                                      | Tier-5    | PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS    |
| HUMIRA PEDIATRIC CROHNS START                               | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| HUMIRA PEN                                                  | Tier-5    | PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS    |
| HUMIRA PEN-CROHNS STARTER                                   | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| HUMIRA PEN-PSORIASIS STARTER                                | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| INFLECTRA                                                   | Tier-5    | PA; NEDS                                             |
| KINERET                                                     | Tier-5    | PA; QL (20.1 ML per 28 days); NEDS                   |
| <i>leflunomide</i>                                          | Tier-2    |                                                      |
| <i>methotrexate</i>                                         | Tier-2    | B vs D                                               |
| ORENCIA CLICKJECT                                           | Tier-5    | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS    |
| ORENCIA INTRAVENOUS                                         | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| ORENCIA SUBCUTANEOUS                                        | Tier-5    | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS    |
| RASUVO                                                      | Tier-4    |                                                      |
| REMICADE                                                    | Tier-5    | PA; NEDS                                             |
| RIDAURA                                                     | Tier-5    | NEDS                                                 |
| SIMPONI ARIA                                                | Tier-5    | PA; SP-CVS specialty; NEDS                           |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML       | Tier-5    | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS    |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML     | Tier-5    | PA; SP-CVS specialty; QL (0.5 ML per 28 days); NEDS  |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML   | Tier-5    | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS    |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | Tier-5    | PA; SP-CVS specialty; QL (0.5 ML per 28 days); NEDS  |
| TREXALL                                                     | Tier-4    | B vs D                                               |
| XELJANZ                                                     | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS   |
| XELJANZ XR                                                  | Tier-5    | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS   |
| <b>GOUT</b>                                                 |           |                                                      |
| <i>allopurinol</i>                                          | Tier-1    |                                                      |
| <i>colchicine</i>                                           | Tier-2    |                                                      |

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

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|------------------------------------------|------------------|-----------------------------------|
| <i>colchicine-probenecid</i>             | Tier-2           |                                   |
| <i>probenecid</i>                        | Tier-2           |                                   |
| ULORIC                                   | Tier-3           | STPA                              |
| <b>PAIN, NSAID ANALGESICS</b>            |                  |                                   |
| <i>celecoxib</i>                         | Tier-3           | PA                                |
| <i>diclofenac potassium</i>              | Tier-3           |                                   |
| <i>diclofenac sodium</i>                 | Tier-2           |                                   |
| <i>diclofenac sodium er</i>              | Tier-2           |                                   |
| <i>diclofenac-misoprostol</i>            | Tier-2           |                                   |
| <i>diflunisal</i>                        | Tier-3           |                                   |
| <i>etodolac</i>                          | Tier-2           |                                   |
| <i>etodolac er</i>                       | Tier-2           |                                   |
| <i>fenoprofen calcium</i>                | Tier-2           |                                   |
| <i>flurbiprofen</i>                      | Tier-2           |                                   |
| <i>ibuprofen oral suspension</i>         | Tier-2           |                                   |
| <i>ibuprofen oral tablet</i>             | Tier-1           |                                   |
| INDOCIN ORAL SUSPENSION                  | Tier-4           |                                   |
| <i>indomethacin</i>                      | Tier-1           | PA                                |
| <i>indomethacin er</i>                   | Tier-3           | PA                                |
| <i>ketoprofen</i>                        | Tier-2           |                                   |
| <i>ketoprofen er</i>                     | Tier-2           |                                   |
| <i>meclofenamate sodium</i>              | Tier-2           |                                   |
| <i>mefenamic acid</i>                    | Tier-2           |                                   |
| <i>meloxicam</i>                         | Tier-1           |                                   |
| <i>nabumetone</i>                        | Tier-2           |                                   |
| <i>naproxen dr</i>                       | Tier-2           |                                   |
| <i>naproxen oral suspension</i>          | Tier-2           |                                   |
| <i>naproxen oral tablet</i>              | Tier-1           |                                   |
| <i>naproxen sodium</i>                   | Tier-1           |                                   |
| <i>naproxen sodium er</i>                | Tier-1           |                                   |
| <i>oxaprozin</i>                         | Tier-2           |                                   |
| <i>piroxicam</i>                         | Tier-3           |                                   |
| <i>sulindac</i>                          | Tier-2           |                                   |
| <i>tolmetin sodium</i>                   | Tier-2           |                                   |
| <b>PAIN, OPIOID AND OTHER ANALGESICS</b> |                  |                                   |
| ABSTRAL                                  | Tier-5           | PA; 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 V.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------------------|------------------|--------------------------------------|
| <i>acetaminophen-codeine</i>                       | Tier-2           | QL (3600 ML per 30 days)             |
| <i>acetaminophen-codeine #2</i>                    | Tier-2           | QL (240 EA per 30 days)              |
| <i>acetaminophen-codeine #3</i>                    | Tier-2           | QL (240 EA per 30 days)              |
| <i>acetaminophen-codeine #4</i>                    | Tier-2           | QL (240 EA per 30 days)              |
| ACTIQ                                              | Tier-5           | PA; QL (120 EA per 30 days);<br>NEDS |
| BELBUCA                                            | Tier-4           | QL (60 EA per 30 days)               |
| <i>buprenorphine</i>                               | Tier-3           | QL (4 EA per 28 days)                |
| <i>butorphanol tartrate</i>                        | Tier-2           | QL (7.5 ML per 30 days)              |
| BUTRANS                                            | Tier-4           | QL (4 EA per 28 days)                |
| <i>codeine sulfate</i>                             | Tier-3           | QL (180 EA per 30 days)              |
| EMBEDA                                             | Tier-4           | QL (60 EA per 30 days)               |
| <i>endocet</i>                                     | Tier-3           | QL (240 EA per 30 days)              |
| <i>fentanyl</i>                                    | Tier-2           | QL (10 EA per 30 days)               |
| <i>fentanyl citrate</i>                            | Tier-5           | PA; QL (120 EA per 30 days);<br>NEDS |
| FENTORA                                            | Tier-5           | PA; QL (120 EA per 30 days);<br>NEDS |
| <i>hydrocodone-acetaminophen oral solution</i>     | Tier-2           | QL (3600 ML per 30 days)             |
| <i>hydrocodone-acetaminophen oral tablet</i>       | Tier-2           | QL (240 EA per 30 days)              |
| <i>hydrocodone-ibuprofen</i>                       | Tier-2           | QL (240 EA per 30 days)              |
| <i>hydromorphone hcl er</i>                        | Tier-3           | QL (30 EA per 30 days)               |
| <i>hydromorphone hcl oral liquid</i>               | Tier-2           | QL (1350 ML per 30 days)             |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>    | Tier-2           | QL (240 EA per 30 days)              |
| <i>hydromorphone hcl oral tablet 8 mg</i>          | Tier-2           | QL (120 EA per 30 days)              |
| HYSINGLA ER                                        | Tier-4           | QL (60 EA per 30 days)               |
| LAZANDA NASAL SOLUTION 100<br>MCG/ACT, 300 MCG/ACT | Tier-5           | PA; QL (30 EA per 30 days);<br>NEDS  |
| LAZANDA NASAL SOLUTION 400<br>MCG/ACT              | Tier-5           | PA; QL (15 EA per 30 days);<br>NEDS  |
| <i>levorphanol tartrate</i>                        | Tier-2           | QL (240 EA per 30 days)              |
| <i>methadone hcl oral solution 10 mg/5ml</i>       | Tier-2           | QL (600 ML per 30 days)              |
| <i>methadone hcl oral solution 5 mg/5ml</i>        | Tier-2           | QL (1200 ML per 30 days)             |
| <i>methadone hcl oral tablet</i>                   | Tier-2           | QL (120 EA per 30 days)              |
| <i>morphine sulfate (concentrate)</i>              | Tier-2           | QL (180 ML per 30 days)              |
| <i>morphine sulfate er</i>                         | Tier-3           | QL (60 EA per 30 days)               |
| <i>morphine sulfate er beads</i>                   | Tier-3           | QL (60 EA per 30 days)               |
| <i>morphine sulfate oral solution</i>              | Tier-2           | QL (900 ML per 30 days)              |
| <i>morphine sulfate oral tablet</i>                | Tier-2           | QL (180 EA per 30 days)              |

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

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|-----------------------------------------------|------------------|-----------------------------------|
| <i>oxycodone hcl er</i>                       | Tier-3           | QL (60 EA per 30 days)            |
| <i>oxycodone hcl oral capsule</i>             | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone hcl oral concentrate</i>         | Tier-2           | QL (120 ML per 30 days)           |
| <i>oxycodone hcl oral solution</i>            | Tier-2           | QL (2400 ML per 30 days)          |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg</i> | Tier-2           | QL (180 EA per 30 days)           |
| <i>oxycodone hcl oral tablet 20 mg, 30 mg</i> | Tier-2           | QL (120 EA per 30 days)           |
| <i>oxycodone hcl oral tablet 5 mg</i>         | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone-acetaminophen oral solution</i>  | Tier-3           | QL (1800 ML per 30 days)          |
| <i>oxycodone-acetaminophen oral tablet</i>    | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone-aspirin</i>                      | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone-ibuprofen</i>                    | Tier-2           | QL (120 EA per 30 days)           |
| OXYCONTIN                                     | Tier-3           | QL (60 EA per 30 days)            |
| <i>oxymorphone hcl</i>                        | Tier-2           | QL (180 EA per 30 days)           |
| <i>oxymorphone hcl er</i>                     | Tier-2           | QL (60 EA per 30 days)            |
| SUBSYS                                        | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| <i>tramadol hcl</i>                           | Tier-1           | QL (240 EA per 30 days)           |
| <i>tramadol hcl er</i>                        | Tier-2           | QL (30 EA per 30 days)            |
| <i>tramadol hcl er (biphasic)</i>             | Tier-2           | QL (30 EA per 30 days)            |
| <i>tramadol-acetaminophen</i>                 | Tier-2           | QL (240 EA per 30 days)           |
| <b>PSYCHIATRIC</b>                            |                  |                                   |
| <b>ALCOHOL DETERRENTS</b>                     |                  |                                   |
| <i>acamprosate calcium</i>                    | Tier-2           |                                   |
| <i>disulfiram</i>                             | Tier-2           |                                   |
| <i>naltrexone hcl</i>                         | Tier-2           |                                   |
| VIVITROL                                      | Tier-5           | NEDS                              |
| <b>ANXIETY</b>                                |                  |                                   |
| <i>alprazolam er</i>                          | Tier-2           |                                   |
| <i>alprazolam intensol</i>                    | Tier-2           |                                   |
| <i>alprazolam oral tablet</i>                 | Tier-1           |                                   |
| <i>alprazolam oral tablet dispersible</i>     | Tier-2           |                                   |
| <i>buspirone hcl</i>                          | Tier-1           |                                   |
| <i>chlordiazepoxide-amitriptyline</i>         | Tier-2           |                                   |
| <i>clorazepate dipotassium</i>                | Tier-2           |                                   |
| <i>lorazepam</i>                              | Tier-1           |                                   |
| <i>lorazepam intensol</i>                     | Tier-2           |                                   |
| <i>oxazepam</i>                               | Tier-3           |                                   |

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

| Drug Name                                                             | Drug Tier | Requirements/Limits        |
|-----------------------------------------------------------------------|-----------|----------------------------|
| <b>ATTENTION DEFICIT DISORDER</b>                                     |           |                            |
| ADDERALL XR                                                           | Tier-4    | STPA                       |
| <i>amphetamine-dextroamphet er</i>                                    | Tier-2    |                            |
| <i>amphetamine-dextroamphetamine</i>                                  | Tier-2    |                            |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i> | Tier-3    | QL (60 EA per 30 days)     |
| <i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>                     | Tier-3    | QL (30 EA per 30 days)     |
| <i>clonidine hcl er</i>                                               | Tier-2    |                            |
| DESOXYN                                                               | Tier-4    | PA                         |
| DEXEDRINE                                                             | Tier-4    |                            |
| <i>dexmethylphenidate hcl</i>                                         | Tier-2    |                            |
| <i>dexmethylphenidate hcl er</i>                                      | Tier-2    |                            |
| <i>dextroamphetamine sulfate</i>                                      | Tier-2    |                            |
| <i>dextroamphetamine sulfate er</i>                                   | Tier-2    |                            |
| FOCALIN XR                                                            | Tier-3    | STPA                       |
| <i>guanfacine hcl er</i>                                              | Tier-2    | PA; QL (90 EA per 90 days) |
| KAPVAY                                                                | Tier-4    |                            |
| METADATE CD                                                           | Tier-4    |                            |
| METADATE ER                                                           | Tier-4    |                            |
| <i>methamphetamine hcl</i>                                            | Tier-2    | PA                         |
| METHYLIN                                                              | Tier-3    |                            |
| <i>methylphenidate hcl</i>                                            | Tier-2    |                            |
| <i>methylphenidate hcl er</i>                                         | Tier-2    |                            |
| <i>methylphenidate hcl er (cd)</i>                                    | Tier-2    |                            |
| <i>methylphenidate hcl er (la)</i>                                    | Tier-2    |                            |
| QUILLIVANT XR                                                         | Tier-4    | STPA                       |
| VYVANSE                                                               | Tier-4    | STPA                       |
| <b>BIPOLAR DISORDER</b>                                               |           |                            |
| EQUETRO                                                               | Tier-4    |                            |
| <i>lithium</i>                                                        | Tier-1    |                            |
| <i>lithium carbonate</i>                                              | Tier-1    |                            |
| <i>lithium carbonate er</i>                                           | Tier-1    |                            |
| <i>olanzapine-fluoxetine hcl</i>                                      | Tier-2    | STPA                       |
| RISPERDAL CONSTA                                                      | Tier-3    |                            |
| <i>risperidone oral solution</i>                                      | Tier-2    |                            |
| <i>risperidone oral tablet</i>                                        | Tier-1    |                            |
| <i>risperidone oral tablet dispersible</i>                            | Tier-2    |                            |

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

| Drug Name                                                                 | Drug Tier | Requirements/Limits    |
|---------------------------------------------------------------------------|-----------|------------------------|
| <b>DEPRESSION</b>                                                         |           |                        |
| <i>amitriptyline hcl</i>                                                  | Tier-2    | PA                     |
| <i>amoxapine</i>                                                          | Tier-2    |                        |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG              | Tier-4    | STPA                   |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG                      | Tier-5    | STPA; NEDS             |
| <i>bupropion hcl</i>                                                      | Tier-2    |                        |
| <i>bupropion hcl er (sr)</i>                                              | Tier-2    |                        |
| <i>bupropion hcl er (xl)</i>                                              | Tier-2    |                        |
| <i>citalopram hydrobromide</i>                                            | Tier-1    |                        |
| <i>clomipramine hcl</i>                                                   | Tier-2    | PA                     |
| <i>desipramine hcl</i>                                                    | Tier-2    |                        |
| <i>desvenlafaxine er</i>                                                  | Tier-2    |                        |
| <i>desvenlafaxine succinate er</i>                                        | Tier-2    |                        |
| <i>doxepin hcl oral capsule</i>                                           | Tier-3    | PA                     |
| <i>doxepin hcl oral concentrate</i>                                       | Tier-2    | PA                     |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | Tier-3    | QL (60 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i> | Tier-3    | QL (90 EA per 30 days) |
| EMSAM                                                                     | Tier-5    | STPA; NEDS             |
| <i>escitalopram oxalate oral solution</i>                                 | Tier-2    |                        |
| <i>escitalopram oxalate oral tablet</i>                                   | Tier-1    |                        |
| FETZIMA                                                                   | Tier-4    | STPA                   |
| FETZIMA TITRATION                                                         | Tier-4    | STPA                   |
| <i>fluoxetine hcl oral capsule</i>                                        | Tier-1    |                        |
| <i>fluoxetine hcl oral capsule delayed release</i>                        | Tier-1    |                        |
| <i>fluoxetine hcl oral solution</i>                                       | Tier-2    |                        |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                            | Tier-3    |                        |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                   | Tier-2    |                        |
| <i>fluvoxamine maleate</i>                                                | Tier-2    |                        |
| <i>fluvoxamine maleate er</i>                                             | Tier-2    |                        |
| <i>imipramine hcl</i>                                                     | Tier-2    | PA                     |
| <i>imipramine pamoate</i>                                                 | Tier-2    | PA                     |
| <i>maprotiline hcl</i>                                                    | Tier-2    |                        |
| MARPLAN                                                                   | Tier-4    |                        |
| <i>mirtazapine</i>                                                        | Tier-2    |                        |

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

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|----------------------------------------|------------------|-----------------------------|
| <i>nefazodone hcl</i>                  | Tier-2           |                             |
| <i>nortriptyline hcl</i>               | Tier-1           |                             |
| <i>paroxetine hcl</i>                  | Tier-1           |                             |
| <i>paroxetine hcl er</i>               | Tier-1           |                             |
| PAXIL ORAL SUSPENSION                  | Tier-4           |                             |
| PEXEVA                                 | Tier-4           | STPA                        |
| <i>phenelzine sulfate</i>              | Tier-2           |                             |
| <i>protriptyline hcl</i>               | Tier-2           |                             |
| <i>sertraline hcl oral concentrate</i> | Tier-2           |                             |
| <i>sertraline hcl oral tablet</i>      | Tier-1           |                             |
| SURMONTIL                              | Tier-3           | PA                          |
| <i>tranylcypromine sulfate</i>         | Tier-2           |                             |
| <i>trazodone hcl</i>                   | Tier-1           |                             |
| <i>trimipramine maleate</i>            | Tier-2           | PA                          |
| TRINTELLIX                             | Tier-4           | STPA                        |
| <i>venlafaxine hcl</i>                 | Tier-2           |                             |
| <i>venlafaxine hcl er</i>              | Tier-2           |                             |
| VIIBRYD                                | Tier-4           | STPA                        |
| VIIBRYD STARTER PACK                   | Tier-4           | STPA                        |
| <b>INSOMNIA</b>                        |                  |                             |
| <i>estazolam</i>                       | Tier-2           |                             |
| <i>eszopiclone</i>                     | Tier-3           | PA; QL (90 EA per 365 days) |
| <i>flurazepam hcl</i>                  | Tier-2           |                             |
| HETLIOZ                                | Tier-5           | PA; NEDS                    |
| ROZEREM                                | Tier-4           | QL (30 EA per 30 days)      |
| SILENOR                                | Tier-4           | QL (30 EA per 30 days)      |
| <i>temazepam</i>                       | Tier-2           |                             |
| <i>triazolam</i>                       | Tier-2           |                             |
| <i>zaleplon</i>                        | Tier-2           | PA; QL (90 EA per 365 days) |
| <i>zolpidem tartrate er</i>            | Tier-2           | PA; QL (90 EA per 365 days) |
| <i>zolpidem tartrate oral</i>          | Tier-2           | PA; QL (90 EA per 365 days) |
| <i>zolpidem tartrate sublingual</i>    | Tier-3           | PA; QL (90 EA per 365 days) |
| <b>NARCOLEPSY</b>                      |                  |                             |
| <i>armodafinil</i>                     | Tier-3           | PA                          |
| <i>modafinil</i>                       | Tier-3           | PA                          |
| XYREM                                  | Tier-5           | NEDS                        |

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

| Drug Name                                                                                    | Drug Tier | Requirements/Limits                                |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <b>PSYCHOSES</b>                                                                             |           |                                                    |
| ABILIFY MAINTENA                                                                             | Tier-5    | NEDS                                               |
| <i>aripiprazole</i>                                                                          | Tier-3    | STPA                                               |
| ARISTADA                                                                                     | Tier-5    | NEDS                                               |
| <i>chlorpromazine hcl</i>                                                                    | Tier-2    |                                                    |
| <i>clozapine</i>                                                                             | Tier-2    |                                                    |
| FANAPT                                                                                       | Tier-4    | STPA                                               |
| FANAPT TITRATION PACK                                                                        | Tier-4    | STPA                                               |
| FAZACLO                                                                                      | Tier-3    |                                                    |
| <i>fluphenazine decanoate</i>                                                                | Tier-2    |                                                    |
| <i>fluphenazine hcl</i>                                                                      | Tier-2    |                                                    |
| GEODON INTRAMUSCULAR INJECTION                                                               | Tier-4    |                                                    |
| <i>haloperidol</i>                                                                           | Tier-1    |                                                    |
| <i>haloperidol decanoate</i>                                                                 | Tier-2    |                                                    |
| <i>haloperidol lactate</i>                                                                   | Tier-2    |                                                    |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML | Tier-5    | NEDS                                               |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML                                        | Tier-3    |                                                    |
| INVEGA TRINZA                                                                                | Tier-3    |                                                    |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG                                               | Tier-5    | STPA; QL (30 EA per 30 days); NEDS                 |
| LATUDA ORAL TABLET 80 MG                                                                     | Tier-5    | STPA; QL (60 EA per 30 days); NEDS                 |
| <i>loxapine succinate</i>                                                                    | Tier-2    |                                                    |
| NUPLAZID                                                                                     | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| <i>olanzapine intramuscular</i>                                                              | Tier-2    |                                                    |
| <i>olanzapine oral</i>                                                                       | Tier-2    | STPA                                               |
| ORAP                                                                                         | Tier-3    |                                                    |
| <i>paliperidone er</i>                                                                       | Tier-3    |                                                    |
| <i>perphenazine</i>                                                                          | Tier-2    |                                                    |
| <i>perphenazine-amitriptyline</i>                                                            | Tier-2    |                                                    |
| <i>pimozide</i>                                                                              | Tier-2    |                                                    |
| <i>quetiapine fumarate er</i>                                                                | Tier-3    | STPA                                               |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                        | Tier-2    | STPA                                               |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>                                          | Tier-2    | STPA; QL (60 EA per 30 days)                       |

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

| Drug Name                                                                                               | Drug Tier | Requirements/Limits              |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| REXULTI ORAL TABLET 0.25 MG                                                                             | Tier-4    |                                  |
| REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                                      | Tier-5    | NEDS                             |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG                                                              | Tier-5    | STPA; NEDS                       |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG                                                       | Tier-4    | STPA                             |
| <i>thioridazine hcl</i>                                                                                 | Tier-1    | PA                               |
| <i>thiothixene</i>                                                                                      | Tier-1    |                                  |
| <i>trifluoperazine hcl</i>                                                                              | Tier-2    |                                  |
| VERSACLOZ                                                                                               | Tier-5    | NEDS                             |
| VRAYLAR ORAL CAPSULE                                                                                    | Tier-5    | NEDS                             |
| VRAYLAR ORAL CAPSULE THERAPY PACK                                                                       | Tier-4    |                                  |
| <i>ziprasidone hcl</i>                                                                                  | Tier-2    | STPA                             |
| ZYPREXA                                                                                                 | Tier-3    |                                  |
| ZYPREXA RELPREVV                                                                                        | Tier-3    |                                  |
| <b>RESPIRATORY DRUGS</b>                                                                                |           |                                  |
| <b>ASTHMA</b>                                                                                           |           |                                  |
| <i>albuterol sulfate er</i>                                                                             | Tier-3    |                                  |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i> | Tier-2    | B vs D; QL (1080 ML per 90 days) |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>                                | Tier-2    | B vs D; QL (180 EA per 90 days)  |
| <i>albuterol sulfate oral syrup</i>                                                                     | Tier-1    |                                  |
| <i>albuterol sulfate oral tablet</i>                                                                    | Tier-3    |                                  |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT                                                         | Tier-4    | QL (36.6 GM per 90 days)         |
| ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT                                                          | Tier-4    | QL (18.3 GM per 90 days)         |
| ANORO ELLIPTA                                                                                           | Tier-3    | QL (180 EA per 90 days)          |
| ARCAPTA NEOHALER                                                                                        | Tier-4    | QL (90 EA per 90 days)           |
| ARNUITY ELLIPTA                                                                                         | Tier-3    | QL (90 EA per 90 days)           |
| ASMANEX 120 METERED DOSES                                                                               | Tier-3    | QL (360 EA per 90 days)          |
| ASMANEX 30 METERED DOSES                                                                                | Tier-3    | QL (360 EA per 90 days)          |
| ASMANEX 60 METERED DOSES                                                                                | Tier-3    | QL (360 EA per 90 days)          |
| ASMANEX HFA                                                                                             | Tier-3    | QL (39 GM per 90 days)           |
| ATROVENT HFA                                                                                            | Tier-3    | QL (77.4 GM per 90 days)         |
| BREO ELLIPTA                                                                                            | Tier-3    | QL (180 EA per 90 days)          |

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

| Drug Name                                                              | Drug Tier | Requirements/Limits              |
|------------------------------------------------------------------------|-----------|----------------------------------|
| BROVANA                                                                | Tier-4    | B vs D; QL (360 ML per 90 days)  |
| <i>budesonide</i>                                                      | Tier-2    | B vs D; QL (720 ML per 90 days)  |
| COMBIVENT RESPIMAT                                                     | Tier-3    | QL (24 GM per 90 days)           |
| <i>cromolyn sodium</i>                                                 | Tier-2    | B vs D; QL (720 ML per 90 days)  |
| FLOVENT DISKUS                                                         | Tier-3    | QL (360 EA per 90 days)          |
| FLOVENT HFA                                                            | Tier-3    | QL (72 GM per 90 days)           |
| INCRUSE ELLIPTA                                                        | Tier-3    | QL (90 EA per 90 days)           |
| <i>ipratropium bromide</i>                                             | Tier-2    | B vs D; QL (900 ML per 90 days)  |
| <i>ipratropium-albuterol</i>                                           | Tier-2    | B vs D; QL (1620 ML per 90 days) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>   | Tier-2    | B vs D; QL (3240 ML per 90 days) |
| <i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>   | Tier-2    | B vs D; QL (1620 ML per 90 days) |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i> | Tier-2    | B vs D; QL (270 EA per 90 days)  |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>   | Tier-2    | B vs D; QL (810 ML per 90 days)  |
| <i>levalbuterol tartrate</i>                                           | Tier-3    | QL (90 GM per 90 days)           |
| <i>metaproterenol sulfate</i>                                          | Tier-2    |                                  |
| <i>montelukast sodium oral packet</i>                                  | Tier-2    |                                  |
| <i>montelukast sodium oral tablet</i>                                  | Tier-1    |                                  |
| <i>montelukast sodium oral tablet chewable</i>                         | Tier-2    |                                  |
| PERFOROMIST                                                            | Tier-3    | B vs D; QL (360 ML per 90 days)  |
| PROAIR HFA                                                             | Tier-3    | QL (51 GM per 90 days)           |
| PROAIR RESPICLICK                                                      | Tier-3    | QL (6 EA per 90 days)            |
| PROVENTIL HFA                                                          | Tier-4    | QL (40.2 GM per 90 days)         |
| PULMICORT FLEXHALER                                                    | Tier-4    | QL (6 EA per 90 days)            |
| QVAR                                                                   | Tier-3    | QL (52.2 GM per 90 days)         |
| SEREVENT DISKUS                                                        | Tier-3    | QL (180 EA per 90 days)          |
| SPIRIVA HANDIHALER                                                     | Tier-3    | QL (90 EA per 90 days)           |
| SPIRIVA RESPIMAT                                                       | Tier-3    | QL (12 GM per 90 days)           |
| STRIVERDI RESPIMAT                                                     | Tier-4    | QL (180 GM per 90 days)          |
| SYMBICORT                                                              | Tier-3    | QL (30.6 GM per 90 days)         |
| <i>terbutaline sulfate</i>                                             | Tier-2    |                                  |
| <i>theophylline</i>                                                    | Tier-2    |                                  |
| <i>theophylline er</i>                                                 | Tier-2    |                                  |
| VENTOLIN HFA                                                           | Tier-4    | QL (108 GM per 90 days)          |
| <i>zafirlukast</i>                                                     | Tier-2    |                                  |

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

| Drug Name                                                              | Drug Tier | Requirements/Limits                                 |
|------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>zileuton er</i>                                                     | Tier-3    |                                                     |
| <b>IDIOPATHIC PULMONARY FIBROSIS</b>                                   |           |                                                     |
| ESBRIET ORAL CAPSULE                                                   | Tier-5    | PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS |
| ESBRIET ORAL TABLET                                                    | Tier-5    | PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS  |
| OFEV                                                                   | Tier-5    | PA; QL (60 EA per 30 days); NEDS                    |
| <b>PULMONARY HYPERTENSION</b>                                          |           |                                                     |
| ADCIRCA                                                                | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| ADEMPAS                                                                | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| LETAIRIS                                                               | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| OPSUMIT                                                                | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | Tier-4    | PA; SP-CVS specialty                                |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG                            | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| REMODULIN                                                              | Tier-5    | PA; NEDS                                            |
| REVATIO ORAL SOLUTION                                                  | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| <i>sildenafil citrate intravenous</i>                                  | Tier-5    | PA; NEDS                                            |
| <i>sildenafil citrate oral</i>                                         | Tier-3    | PA; SP-CVS specialty                                |
| TRACLEER                                                               | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| UPTRAVI ORAL TABLET                                                    | Tier-5    | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| UPTRAVI ORAL TABLET THERAPY PACK                                       | Tier-5    | PA; SP-CVS specialty; NEDS                          |
| VENTAVIS                                                               | Tier-5    | PA; NEDS                                            |
| <b>RESPIRATORY DRUGS, MISCELLANEOUS</b>                                |           |                                                     |
| <i>acetylcysteine</i>                                                  | Tier-2    | B vs D                                              |
| ARALAST NP                                                             | Tier-5    | NEDS                                                |
| DALIRESP                                                               | Tier-4    |                                                     |
| GLASSIA                                                                | Tier-5    | NEDS                                                |
| GRASTEK                                                                | Tier-4    | PA                                                  |
| NUCALA                                                                 | Tier-5    | PA; NEDS                                            |
| ORALAIR                                                                | Tier-4    | PA                                                  |
| PROLASTIN-C                                                            | Tier-5    | NEDS                                                |
| RAGWITEK                                                               | Tier-4    | PA                                                  |
| XOLAIR                                                                 | Tier-5    | PA; NEDS                                            |
| ZEMAIRA                                                                | Tier-3    |                                                     |

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

| Drug Name                             | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---------------------|
| <b>SKIN</b>                           |           |                     |
| <b>ACNE ROSACEA</b>                   |           |                     |
| FINACEA                               | Tier-3    |                     |
| <i>metronidazole</i>                  | Tier-2    |                     |
| NORITATE                              | Tier-5    | NEDS                |
| SOOLANTRA                             | Tier-4    |                     |
| <b>ACNE VULGARIS</b>                  |           |                     |
| ABSORICA                              | Tier-4    |                     |
| <i>adapalene</i>                      | Tier-2    | PA                  |
| ATRALIN                               | Tier-4    | PA                  |
| <i>avita</i>                          | Tier-2    | PA                  |
| AZELEX                                | Tier-4    |                     |
| <i>benzoyl peroxide-erythromycin</i>  | Tier-2    |                     |
| <i>claravis</i>                       | Tier-2    |                     |
| CLINDAGEL                             | Tier-4    |                     |
| <i>clindamax</i>                      | Tier-2    |                     |
| <i>clindamycin phos-benzoyl perox</i> | Tier-2    |                     |
| <i>clindamycin phosphate</i>          | Tier-2    |                     |
| <i>ery</i>                            | Tier-2    |                     |
| <i>erythromycin</i>                   | Tier-2    |                     |
| EVOCLIN                               | Tier-4    |                     |
| FABIOR                                | Tier-4    | PA                  |
| RETIN-A                               | Tier-4    | PA                  |
| RETIN-A MICRO                         | Tier-4    | PA                  |
| RETIN-A MICRO PUMP                    | Tier-4    | PA                  |
| <i>tretinoin</i>                      | Tier-2    | PA                  |
| <i>tretinoin microsphere</i>          | Tier-2    | PA                  |
| <b>BACTERIAL INFECTIONS, TOPICAL</b>  |           |                     |
| CORTISPORIN                           | Tier-4    |                     |
| <i>gentamicin sulfate</i>             | Tier-3    |                     |
| <i>mupirocin</i>                      | Tier-2    |                     |
| <i>mupirocin calcium</i>              | Tier-2    |                     |
| <i>silver sulfadiazine</i>            | Tier-2    |                     |
| <i>ssd</i>                            | Tier-2    |                     |
| <b>CORTICOSTEROIDS, TOPICAL</b>       |           |                     |
| ALA SCALP                             | Tier-4    |                     |
| <i>ala-cort</i>                       | Tier-1    |                     |

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

| Drug Name                                | Drug Tier | Requirements/Limits     |
|------------------------------------------|-----------|-------------------------|
| <i>alclometasone dipropionate</i>        | Tier-2    |                         |
| <i>amcinonide</i>                        | Tier-2    |                         |
| <i>apexicon e</i>                        | Tier-2    |                         |
| <i>betamethasone dipropionate</i>        | Tier-2    |                         |
| <i>betamethasone dipropionate aug</i>    | Tier-2    |                         |
| <i>betamethasone valerate</i>            | Tier-2    |                         |
| CAPEX                                    | Tier-4    |                         |
| <i>clobetasol propionate</i>             | Tier-3    |                         |
| <i>clobetasol propionate e</i>           | Tier-3    |                         |
| <i>clodan</i>                            | Tier-3    |                         |
| CLODERM PUMP                             | Tier-4    |                         |
| CORDRAN                                  | Tier-4    |                         |
| CORMAX SCALP APPLICATION                 | Tier-3    |                         |
| <i>desonide</i>                          | Tier-3    |                         |
| <i>desoximetasone</i>                    | Tier-2    |                         |
| <i>diflorasone diacetate</i>             | Tier-3    |                         |
| <i>fluocinolone acetonide</i>            | Tier-1    |                         |
| <i>fluocinolone acetonide body</i>       | Tier-1    |                         |
| <i>fluocinonide external cream</i>       | Tier-3    | QL (120 GM per 30 days) |
| <i>fluocinonide external gel</i>         | Tier-3    |                         |
| <i>fluocinonide external ointment</i>    | Tier-3    |                         |
| <i>fluocinonide external solution</i>    | Tier-3    |                         |
| <i>fluocinonide-e</i>                    | Tier-3    |                         |
| <i>flurandrenolide external cream</i>    | Tier-3    |                         |
| <i>flurandrenolide external lotion</i>   | Tier-3    |                         |
| <i>flurandrenolide external ointment</i> | Tier-3    | QL (120 GM per 30 days) |
| <i>fluticasone propionate</i>            | Tier-2    |                         |
| <i>halobetasol propionate</i>            | Tier-2    |                         |
| HALOG                                    | Tier-4    |                         |
| <i>hydrocortisone</i>                    | Tier-1    |                         |
| <i>hydrocortisone butyr lipo base</i>    | Tier-1    |                         |
| <i>hydrocortisone butyrate</i>           | Tier-1    |                         |
| <i>hydrocortisone valerate</i>           | Tier-3    |                         |
| KENALOG                                  | Tier-4    |                         |
| <i>mometasone furoate</i>                | Tier-2    |                         |
| <i>nolix</i>                             | Tier-3    |                         |
| PANDEL                                   | Tier-4    |                         |

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

| Drug Name                               | Drug Tier | Requirements/Limits                               |
|-----------------------------------------|-----------|---------------------------------------------------|
| <i>prednicarbate</i>                    | Tier-2    |                                                   |
| <i>triamcinolone acetonide</i>          | Tier-2    |                                                   |
| TRIANEX                                 | Tier-4    |                                                   |
| <i>triderm</i>                          | Tier-2    |                                                   |
| <b>FUNGAL INFECTIONS, TOPICAL</b>       |           |                                                   |
| <i>ciclopirox external gel</i>          | Tier-2    |                                                   |
| <i>ciclopirox external shampoo</i>      | Tier-2    |                                                   |
| <i>ciclopirox external solution</i>     | Tier-3    |                                                   |
| <i>ciclopirox olamine</i>               | Tier-2    |                                                   |
| <i>clotrimazole external cream</i>      | Tier-3    |                                                   |
| <i>clotrimazole external solution</i>   | Tier-2    |                                                   |
| <i>clotrimazole-betamethasone</i>       | Tier-3    |                                                   |
| <i>econazole nitrate</i>                | Tier-3    |                                                   |
| ERTACZO                                 | Tier-4    |                                                   |
| EXELDERM                                | Tier-4    |                                                   |
| <i>ketoconazole</i>                     | Tier-3    |                                                   |
| MENTAX                                  | Tier-4    |                                                   |
| <i>naftifine hcl external cream 1 %</i> | Tier-2    |                                                   |
| <i>naftifine hcl external cream 2 %</i> | Tier-3    |                                                   |
| NAFTIN GEL                              | Tier-3    |                                                   |
| <i>nyamyc</i>                           | Tier-2    |                                                   |
| <i>nyata</i>                            | Tier-2    |                                                   |
| <i>nystatin</i>                         | Tier-2    |                                                   |
| <i>nystatin-triamcinolone</i>           | Tier-3    |                                                   |
| <i>nystop</i>                           | Tier-2    |                                                   |
| <i>oxiconazole nitrate</i>              | Tier-3    |                                                   |
| OXISTAT                                 | Tier-3    |                                                   |
| <b>PSORIASIS AND SEBORRHEA</b>          |           |                                                   |
| <i>acitretin</i>                        | Tier-5    | NEDS                                              |
| <i>calcipotriene</i>                    | Tier-3    | QL (120 GM per 30 days)                           |
| <i>calcipotriene-betameth diprop</i>    | Tier-3    |                                                   |
| <i>calcitriol</i>                       | Tier-2    |                                                   |
| COSENTYX 300 DOSE                       | Tier-5    | PA; SP-CVS specialty; QL (2 ML per 28 days); NEDS |
| COSENTYX SENSOREADY 300 DOSE            | Tier-5    | PA; SP-CVS specialty; QL (2 ML per 28 days); NEDS |
| <i>methoxsalen rapid</i>                | Tier-5    | NEDS                                              |
| OTEZLA                                  | 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 V.

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>                        |
|-----------------------------------------------|------------------|---------------------------------------------------|
| STELARA                                       | Tier-5           | PA; SP-CVS specialty; NEDS                        |
| TALTZ                                         | Tier-5           | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS |
| <i>tazarotene</i>                             | Tier-3           | PA                                                |
| TAZORAC                                       | Tier-4           | PA                                                |
| <b>SCABIES AND PEDICULOSIS</b>                |                  |                                                   |
| EURAX                                         | Tier-3           |                                                   |
| <i>lindane</i>                                | Tier-2           |                                                   |
| <i>malathion</i>                              | Tier-2           |                                                   |
| <i>permethrin</i>                             | Tier-3           |                                                   |
| SKLICE                                        | Tier-4           |                                                   |
| <b>TOPICAL, MISCELLANEOUS</b>                 |                  |                                                   |
| <i>ammonium lactate</i>                       | Tier-3           |                                                   |
| ANUSOL-HC                                     | Tier-4           |                                                   |
| <i>diclofenac sodium transdermal gel</i>      | Tier-3           | QL (200 GM per 30 days)                           |
| <i>diclofenac sodium transdermal solution</i> | Tier-2           |                                                   |
| <i>doxepin hcl</i>                            | Tier-2           | QL (90 GM per 30 days)                            |
| ELIDEL                                        | Tier-4           | STPA                                              |
| EUCRISA                                       | Tier-4           | PA                                                |
| <i>fluorouracil</i>                           | Tier-2           |                                                   |
| <i>lidocaine external ointment</i>            | Tier-3           | QL (100 GM per 30 days)                           |
| <i>lidocaine external patch</i>               | Tier-3           | PA; QL (90 EA per 30 days)                        |
| <i>lidocaine hcl external gel</i>             | Tier-2           | QL (100 ML per 30 days)                           |
| <i>lidocaine hcl external solution</i>        | Tier-2           |                                                   |
| <i>lidocaine viscous</i>                      | Tier-2           |                                                   |
| <i>lidocaine-prilocaine</i>                   | Tier-3           |                                                   |
| <i>neomycin-polymyxin b</i>                   | Tier-2           |                                                   |
| PANRETIN                                      | Tier-5           | NEDS                                              |
| <i>procto-med hc</i>                          | Tier-2           |                                                   |
| <i>procto-pak</i>                             | Tier-2           |                                                   |
| <i>proctosol hc</i>                           | Tier-2           |                                                   |
| <i>proctozone-hc</i>                          | Tier-2           |                                                   |
| <i>prudoxin</i>                               | Tier-2           |                                                   |
| REGRANEX                                      | Tier-3           |                                                   |
| SANTYL                                        | Tier-3           |                                                   |
| <i>selenium sulfide</i>                       | Tier-2           |                                                   |
| <i>sodium chloride</i>                        | Tier-2           |                                                   |
| <i>sterile water for irrigation</i>           | Tier-2           |                                                   |

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

| Drug Name                             | Drug Tier | Requirements/Limits    |
|---------------------------------------|-----------|------------------------|
| <i>sulfacetamide sodium (acne)</i>    | Tier-2    |                        |
| SULFAMYLON                            | Tier-4    |                        |
| <i>tacrolimus</i>                     | Tier-3    |                        |
| TARGRETIN                             | Tier-5    | SP-CVS specialty; NEDS |
| VALCHLOR                              | Tier-5    | NEDS                   |
| <b>VIRAL INFECTIONS, TOPICAL</b>      |           |                        |
| CONDYLOX                              | Tier-4    |                        |
| DENAVIR                               | Tier-5    | NEDS                   |
| <i>imiquimod</i>                      | Tier-2    |                        |
| <i>podofilox</i>                      | Tier-2    |                        |
| ZOVIRAX                               | Tier-3    |                        |
| <b>WOMEN'S HEALTH</b>                 |           |                        |
| <b>CONTRACEPTIVES</b>                 |           |                        |
| <i>amethia</i>                        | Tier-2    |                        |
| <i>apri</i>                           | Tier-2    |                        |
| <i>aranelle</i>                       | Tier-2    |                        |
| <i>ashlyna</i>                        | Tier-2    |                        |
| <i>aubra</i>                          | Tier-2    |                        |
| <i>aviane</i>                         | Tier-2    |                        |
| <i>balziva</i>                        | Tier-2    |                        |
| BEYAZ                                 | Tier-4    |                        |
| <i>briellyn</i>                       | Tier-2    |                        |
| <i>camila</i>                         | Tier-2    |                        |
| <i>deblitane</i>                      | Tier-2    |                        |
| <i>delyla</i>                         | Tier-2    |                        |
| <i>desogestrel-ethinyl estradiol</i>  | Tier-2    |                        |
| <i>drospirenone-ethinyl estradiol</i> | Tier-2    |                        |
| <i>emoquette</i>                      | Tier-2    |                        |
| <i>errin</i>                          | Tier-2    |                        |
| <i>estradiol-norethindrone acet</i>   | Tier-2    |                        |
| <i>falmina</i>                        | Tier-2    |                        |
| GENERESS FE                           | Tier-4    |                        |
| <i>gildagia</i>                       | Tier-2    |                        |
| <i>introvale</i>                      | Tier-2    |                        |
| <i>jinteli</i>                        | Tier-2    |                        |
| <i>junel 1.5/30</i>                   | Tier-2    |                        |
| <i>junel 1/20</i>                     | Tier-2    |                        |

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

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| <i>junel fe 1.5/30</i>                  | Tier-2           |                            |
| <i>junel fe 1/20</i>                    | Tier-2           |                            |
| <i>junel fe 24</i>                      | Tier-2           |                            |
| <i>kariva</i>                           | Tier-2           |                            |
| <i>kelnor 1/35</i>                      | Tier-2           |                            |
| <i>larin 1.5/30</i>                     | Tier-2           |                            |
| <i>larin 1/20</i>                       | Tier-2           |                            |
| <i>larin fe 1.5/30</i>                  | Tier-2           |                            |
| <i>larin fe 1/20</i>                    | Tier-2           |                            |
| <i>lessina</i>                          | Tier-2           |                            |
| <i>levonest</i>                         | Tier-2           |                            |
| <i>levonorgest-eth estrad 91-day</i>    | Tier-2           |                            |
| <i>levonorgestrel-ethinyl estradiol</i> | Tier-2           |                            |
| <i>levora 0.15/30 (28)</i>              | Tier-2           |                            |
| LO LOESTRIN FE                          | Tier-4           |                            |
| <i>marlissa</i>                         | Tier-2           |                            |
| <i>microgestin 1.5/30</i>               | Tier-2           |                            |
| <i>microgestin 1/20</i>                 | Tier-2           |                            |
| <i>microgestin fe 1.5/30</i>            | Tier-2           |                            |
| <i>microgestin fe 1/20</i>              | Tier-2           |                            |
| <i>necon 0.5/35 (28)</i>                | Tier-2           |                            |
| <i>necon 1/50 (28)</i>                  | Tier-2           |                            |
| NECON 10/11 (28)                        | Tier-3           |                            |
| <i>necon 7/7/7</i>                      | Tier-2           |                            |
| <i>nikki</i>                            | Tier-2           |                            |
| <i>norethin ace-eth estrad-fe</i>       | Tier-2           |                            |
| <i>norethindrone-eth estradiol</i>      | Tier-2           |                            |
| <i>norethin-eth estradiol-fe</i>        | Tier-2           |                            |
| <i>norlyroc</i>                         | Tier-2           |                            |
| <i>nortrel 0.5/35 (28)</i>              | Tier-2           |                            |
| <i>nortrel 1/35 (21)</i>                | Tier-2           |                            |
| <i>nortrel 1/35 (28)</i>                | Tier-2           |                            |
| <i>nortrel 7/7/7</i>                    | Tier-2           |                            |
| NUVARING                                | Tier-3           |                            |
| <i>orsythia</i>                         | Tier-2           |                            |
| ORTHO TRI-CYCLEN (28)                   | Tier-4           |                            |
| <i>portia-28</i>                        | Tier-2           |                            |

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

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------|------------------|----------------------------|
| <i>quasense</i>                         | Tier-2           |                            |
| SAFYRAL                                 | Tier-4           |                            |
| <i>sharobel</i>                         | Tier-2           |                            |
| <i>tarina fe 1/20</i>                   | Tier-2           |                            |
| <i>trinessa (28)</i>                    | Tier-2           |                            |
| <i>tri-previfem</i>                     | Tier-2           |                            |
| <i>tri-sprintec</i>                     | Tier-2           |                            |
| <i>trivora (28)</i>                     | Tier-2           |                            |
| <i>velivet</i>                          | Tier-2           |                            |
| <i>vyfemla</i>                          | Tier-2           |                            |
| ZENCHENT                                | Tier-4           |                            |
| ZENCHENT FE                             | Tier-4           |                            |
| <i>zovia 1/35e (28)</i>                 | Tier-2           |                            |
| <i>zovia 1/50e (28)</i>                 | Tier-2           |                            |
| <b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b> |                  |                            |
| <i>alendronate sodium oral solution</i> | Tier-2           |                            |
| <i>alendronate sodium oral tablet</i>   | Tier-1           |                            |
| ALORA                                   | Tier-4           | PA                         |
| ANGELIQ                                 | Tier-4           |                            |
| <i>calcitonin (salmon)</i>              | Tier-2           |                            |
| COMBIPATCH                              | Tier-4           | PA                         |
| CRINONE                                 | Tier-3           | PA                         |
| DELESTROGEN                             | Tier-4           |                            |
| DEPO-ESTRADIOL                          | Tier-3           |                            |
| DEPO-PROVERA                            | Tier-3           |                            |
| DEPO-SUBQ PROVERA 104                   | Tier-3           |                            |
| DIVIGEL                                 | Tier-4           |                            |
| DUAVEE                                  | Tier-4           | PA                         |
| ELESTRIN                                | Tier-4           |                            |
| ESTRACE                                 | Tier-3           |                            |
| <i>estradiol oral</i>                   | Tier-1           | PA                         |
| <i>estradiol transdermal</i>            | Tier-2           | PA                         |
| <i>estradiol valerate</i>               | Tier-2           |                            |
| ESTRING                                 | Tier-3           |                            |
| <i>estropipate</i>                      | Tier-2           | PA                         |
| EVAMIST                                 | Tier-4           |                            |
| FEMHRT LOW DOSE                         | Tier-4           | PA                         |

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

| Drug Name                             | Drug Tier | Requirements/Limits        |
|---------------------------------------|-----------|----------------------------|
| FEMRING                               | Tier-3    |                            |
| FORTEO                                | Tier-5    | PA; SP-CVS specialty; NEDS |
| <i>fyavolv</i>                        | Tier-2    | PA                         |
| <i>ibandronate sodium intravenous</i> | Tier-2    |                            |
| <i>ibandronate sodium oral</i>        | Tier-3    |                            |
| <i>medroxyprogesterone acetate</i>    | Tier-1    |                            |
| MENEST                                | Tier-4    | PA                         |
| MENOSTAR                              | Tier-4    | PA                         |
| MIACALCIN                             | Tier-3    |                            |
| <i>norethindrone acetate</i>          | Tier-2    |                            |
| <i>pamidronate disodium</i>           | Tier-2    |                            |
| PREMARIN INJECTION                    | Tier-4    |                            |
| PREMARIN ORAL                         | Tier-4    | PA                         |
| PREMARIN VAGINAL                      | Tier-4    |                            |
| PREMPHASE                             | Tier-4    | PA                         |
| PREMPRO                               | Tier-4    | PA                         |
| <i>progesterone micronized</i>        | Tier-2    |                            |
| PROLIA                                | Tier-3    | PA                         |
| <i>raloxifene hcl</i>                 | Tier-2    |                            |
| RECLAST                               | Tier-3    |                            |
| <i>risedronate sodium</i>             | Tier-3    |                            |
| XGEVA                                 | Tier-5    | PA; NEDS                   |
| <i>yuvaferm</i>                       | Tier-3    |                            |
| <i>zoledronic acid</i>                | Tier-2    |                            |
| <b>PRENATAL VITAMINS</b>              |           |                            |
| <i>prenatal</i>                       | Tier-2    |                            |
| <b>PRETERM BIRTH</b>                  |           |                            |
| <i>hydroxyprogesterone caproate</i>   | Tier-3    | PA; SP-CVS specialty       |
| MAKENA                                | Tier-5    | PA; SP-CVS specialty; NEDS |
| <b>VAGINAL INFECTIONS</b>             |           |                            |
| AVC VAGINAL                           | Tier-4    |                            |
| CLEOCIN                               | Tier-4    |                            |
| <i>clindamycin phosphate</i>          | Tier-2    |                            |
| GYNAZOLE-1                            | Tier-4    |                            |
| <i>metronidazole</i>                  | Tier-3    |                            |
| <i>miconazole 3</i>                   | Tier-2    |                            |
| NUVESSA                               | Tier-4    |                            |

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

| Drug Name          | Drug Tier | Requirements/Limits |
|--------------------|-----------|---------------------|
| <i>terconazole</i> | Tier-2    |                     |
| <i>vandazole</i>   | Tier-3    |                     |

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

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

## Index

|                                          |    |                                             |        |                                            |        |
|------------------------------------------|----|---------------------------------------------|--------|--------------------------------------------|--------|
| <i>abacavir sulfate</i> .....            | 4  | ALKERAN.....                                | 10, 12 | <i>ampicillin sodium</i> .....             | 29     |
| <i>abacavir sulfate-lamivudine</i> ..... | 4  | <i>allopurinol</i> .....                    | 48     | <i>ampicillin-sulbactam sodium</i> .....   | 29     |
| <i>abacavir-lamivudine-zidovudine</i> .. | 4  | <i>almotriptan malate</i> .....             | 44     | AMPYRA.....                                | 40     |
| ABELCET.....                             | 29 | ALOCRIL.....                                | 24     | ANADROL-50.....                            | 34     |
| ABILIFY MAINTENA.....                    | 55 | ALOMIDE.....                                | 24     | <i>anagrelide hcl</i> .....                | 9      |
| ABRAXANE.....                            | 10 | ALORA.....                                  | 65     | <i>anastrozole</i> .....                   | 12     |
| ABSORICA.....                            | 59 | <i>alosetron hcl</i> .....                  | 27     | ANGELIQ.....                               | 65     |
| ABSTRAL.....                             | 49 | ALOXI.....                                  | 27     | ANORO ELLIPTA.....                         | 56     |
| <i>acamprosate calcium</i> .....         | 51 | ALPHAGAN P 0.1%.....                        | 26     | ANUSOL-HC.....                             | 62     |
| <i>acarbose</i> .....                    | 22 | <i>alprazolam</i> .....                     | 51     | ANZEMET.....                               | 27     |
| <i>acebutolol hcl</i> .....              | 18 | <i>alprazolam er</i> .....                  | 51     | <i>apexicon e</i> .....                    | 60     |
| <i>acetaminophen-codeine</i> .....       | 50 | <i>alprazolam intensol</i> .....            | 51     | APLENZIN.....                              | 53     |
| <i>acetaminophen-codeine #2</i> .....    | 50 | ALREX.....                                  | 25     | APOKYN.....                                | 45     |
| <i>acetaminophen-codeine #3</i> .....    | 50 | ALUNBRIG.....                               | 12     | <i>apraclonidine hcl</i> .....             | 26     |
| <i>acetaminophen-codeine #4</i> .....    | 50 | ALVESCO.....                                | 56     | <i>aprepitant</i> .....                    | 27     |
| <i>acetasol hc</i> .....                 | 23 | <i>amantadine hcl</i> .....                 | 4      | <i>apri</i> .....                          | 63     |
| <i>acetazolamide</i> .....               | 26 | AMBISOME.....                               | 29     | APRISO.....                                | 29     |
| <i>acetazolamide er</i> .....            | 26 | <i>amcinonide</i> .....                     | 60     | APTIOM.....                                | 45     |
| <i>acetazolamide sodium</i> .....        | 29 | <i>amethia</i> .....                        | 63     | APTIVUS.....                               | 4      |
| <i>acetic acid</i> .....                 | 23 | <i>amikacin sulfate</i> .....               | 29     | ARALAST NP.....                            | 58     |
| <i>acetylcysteine</i> .....              | 58 | <i>amiloride hcl</i> .....                  | 19     | <i>aranelle</i> .....                      | 63     |
| <i>acitretin</i> .....                   | 61 | <i>amiloride-hydrochlorothiazide</i> ..     | 19     | ARCALYST.....                              | 38     |
| ACTEMRA.....                             | 47 | <i>aminophylline</i> .....                  | 29     | ARCAPTA NEOHALER.....                      | 56     |
| ACTHIB.....                              | 35 | AMINOSYN II.....                            | 33     | ARGATROBAN.....                            | 29     |
| ACTIMMUNE.....                           | 35 | AMINOSYN                                    |        | <i>aripiprazole</i> .....                  | 55     |
| ACTIQ.....                               | 50 | II/ELECTROLYTES.....                        | 33     | ARISTADA.....                              | 55     |
| ACTOPLUS MET XR.....                     | 22 | AMINOSYN/ELECTROLYTE                        |        | <i>armodafinil</i> .....                   | 54     |
| <i>acyclovir</i> .....                   | 4  | S.....                                      | 33     | ARNUITY ELLIPTA.....                       | 56     |
| <i>acyclovir sodium</i> .....            | 29 | AMINOSYN-HBC.....                           | 33     | ARRANON.....                               | 10     |
| ADACEL.....                              | 35 | AMINOSYN-PF.....                            | 33     | <i>ashlyna</i> .....                       | 63     |
| ADAGEN.....                              | 35 | AMINOSYN-RF.....                            | 33     | ASMANEX 120 METERED                        |        |
| <i>adapalene</i> .....                   | 59 | <i>amiodarone hcl</i> .....                 | 17     | DOSES.....                                 | 56     |
| ADCIRCA.....                             | 58 | AMITIZA.....                                | 29     | ASMANEX 30 METERED                         |        |
| ADDERALL XR.....                         | 52 | <i>amitriptyline hcl</i> .....              | 53     | DOSES.....                                 | 56     |
| <i>adefovir dipivoxil</i> .....          | 4  | <i>amlodipine besy-benazepril hcl</i> ..    | 17     | ASMANEX 60 METERED                         |        |
| ADEMPAS.....                             | 58 | <i>amlodipine besylate</i> .....            | 19     | DOSES.....                                 | 56     |
| <i>afeditab cr</i> .....                 | 19 | <i>amlodipine besylate-valsartan</i> ....   | 17     | ASMANEX HFA.....                           | 56     |
| AFINITOR.....                            | 12 | <i>amlodipine-atorvastatin</i> .....        | 17     | <i>aspirin-dipyridamole er</i> .....       | 9      |
| AFINITOR DISPERZ.....                    | 12 | <i>amlodipine-olmesartan</i> .....          | 17     | <i>assure insulin safety syringe</i> ..... | 21     |
| ALA SCALP.....                           | 59 | <i>amlodipine-valsartan-hctz</i> .....      | 17     | ASTAGRAF XL.....                           | 37     |
| <i>ala-cort</i> .....                    | 59 | <i>ammonium lactate</i> .....               | 62     | <i>atenolol</i> .....                      | 18     |
| ALBENZA.....                             | 3  | <i>amoxapine</i> .....                      | 53     | <i>atenolol-chlorthalidone</i> .....       | 17     |
| <i>albuterol sulfate</i> .....           | 56 | <i>amoxicill-clarithro-lansopraz</i> ....   | 28     | ATGAM.....                                 | 37     |
| <i>albuterol sulfate er</i> .....        | 56 | <i>amoxicillin</i> .....                    | 6      | <i>atomoxetine hcl</i> .....               | 52     |
| <i>alclometasone dipropionate</i> .....  | 60 | <i>amoxicillin-pot clavulanate</i> .....    | 6      | <i>atorvastatin calcium</i> .....          | 20     |
| ALDURAZYME.....                          | 40 | <i>amoxicillin-pot clavulanate er</i> ..... | 6      | <i>atovaquone</i> .....                    | 4      |
| ALECENSA.....                            | 12 | <i>amphetamine-dextroamphet er</i> ...52    |        | <i>atovaquone-proguanil hcl</i> .....      | 4      |
| <i>alendronate sodium</i> .....          | 65 | <i>amphetamine-</i>                         |        | ATRALIN.....                               | 59     |
| <i>alfuzosin hcl er</i> .....            | 42 | <i>dextroamphetamine</i> .....              | 52     | ATRIPLA.....                               | 4      |
| ALIMTA.....                              | 10 | <i>amphotericin b</i> .....                 | 29     | <i>atropine sulfate</i> .....              | 26, 29 |
| ALINIA.....                              | 3  | <i>ampicillin</i> .....                     | 6      | ATROVENT HFA.....                          | 56     |

|                                  |        |                                  |            |                                   |            |
|----------------------------------|--------|----------------------------------|------------|-----------------------------------|------------|
| AUBAGIO.....                     | 40     | BETIMOL.....                     | 26         | calcitriol.....                   | 30, 40, 61 |
| aubra.....                       | 63     | BETOPTIC-S.....                  | 26         | calcium acetate (phos binder).... | 42         |
| AURYXIA.....                     | 42     | bexarotene.....                  | 12         | camila.....                       | 63         |
| AUSTEDO.....                     | 40     | BEXSERO.....                     | 36         | CAMPTOSAR.....                    | 10         |
| AVASTIN.....                     | 10     | BEYAZ.....                       | 63         | CANASA.....                       | 29         |
| AVC VAGINAL.....                 | 66     | bicalutamide.....                | 13         | CANCIDAS.....                     | 30         |
| AVEED.....                       | 34     | BICILLIN C-R.....                | 6          | candesartan cilexetil.....        | 16         |
| AVELOX.....                      | 29     | BICILLIN C-R 900/300.....        | 6          | candesartan cilexetil-hctz.....   | 18         |
| aviane.....                      | 63     | BICILLIN L-A.....                | 7          | CAPASTAT SULFATE.....             | 30         |
| avita.....                       | 59     | BICNU.....                       | 10         | capecitabine.....                 | 13         |
| AVONEX.....                      | 40     | BIDIL.....                       | 21         | CAPEX.....                        | 60         |
| AVONEX PEN.....                  | 40     | BILTRICIDE.....                  | 3          | CAPRELSA.....                     | 13         |
| AVONEX PREFILLED.....            | 40     | bimatoprost.....                 | 26         | captopril.....                    | 16         |
| AVYCAZ.....                      | 29     | bisoprolol fumarate.....         | 18         | captopril-hydrochlorothiazide.... | 18         |
| azacitidine.....                 | 10     | bisoprolol-hydrochlorothiazide.. | 18         | CARAFATE SUSPENSION.....          | 28         |
| AZASAN.....                      | 47     | BIVIGAM.....                     | 36         | CARBAGLU.....                     | 27         |
| AZASITE.....                     | 24     | bleomycin sulfate.....           | 10         | carbamazepine.....                | 45         |
| azathioprine.....                | 47     | BLEPHAMIDE.....                  | 24         | carbamazepine er.....             | 45         |
| azathioprine sodium.....         | 47     | BLEPHAMIDE S.O.P.....            | 24         | carbidopa.....                    | 45         |
| azelastine hcl.....              | 23, 24 | BOOSTRIX.....                    | 36         | carbidopa-levodopa.....           | 45         |
| AZELEX.....                      | 59     | BOSULIF.....                     | 13         | carbidopa-levodopa er.....        | 45         |
| AZILECT.....                     | 45     | BOTOX.....                       | 38         | carbidopa-levodopa-entacapone     | 45         |
| azithromycin.....                | 7, 29  | BREO ELLIPTA.....                | 56         | carboplatin.....                  | 10         |
| AZOPT.....                       | 26     | briellyn.....                    | 63         | CARDENE IV.....                   | 30         |
| aztreonam.....                   | 29     | BRILINTA.....                    | 9          | CARDURA XL.....                   | 16         |
| bacitracin.....                  | 24     | brimonidine tartrate.....        | 26         | CARIMUNE NF.....                  | 36         |
| bacitracin-polymyxin b.....      | 24     | BRIVIACT.....                    | 45         | carteolol hcl.....                | 26         |
| bacitra-neomycin-polymyxin-hc.   | 24     | bromfenac sodium.....            | 25         | cartia xt.....                    | 19         |
| baclofen.....                    | 47     | bromocriptine mesylate.....      | 45         | carvedilol.....                   | 18         |
| bactocill in dextrose.....       | 29     | BROVANA.....                     | 57         | CAYSTON.....                      | 38         |
| BACTROBAN NASAL.....             | 24     | budesonide.....                  | 24, 29, 57 | cefaclor.....                     | 7          |
| balsalazide disodium.....        | 29     | bumetanide.....                  | 19, 30     | cefaclor er.....                  | 7          |
| balziva.....                     | 63     | BUPHENYL.....                    | 43         | cefadroxil.....                   | 7          |
| BANZEL.....                      | 45     | buprenorphine.....               | 50         | cefazolin sodium.....             | 30         |
| BAVENCIO.....                    | 10     | buprenorphine hcl.....           | 41         | cefdinir.....                     | 7          |
| bcg vaccine.....                 | 35     | buprenorphine hcl-naloxone hcl.  | 41         | cefepime hcl.....                 | 30         |
| BELBUCA.....                     | 50     | bupropion hcl.....               | 53         | cefixime.....                     | 7          |
| BELEODAQ.....                    | 10     | bupropion hcl er (smoking det).. | 42         | cefotaxime sodium.....            | 30         |
| benazepril hcl.....              | 16     | bupropion hcl er (sr).....       | 53         | cefotetan disodium.....           | 30         |
| benazepril-hydrochlorothiazide.. | 17     | bupropion hcl er (xl).....       | 53         | cefoxitin sodium.....             | 30         |
| BENLYSTA.....                    | 37     | buspirone hcl.....               | 51         | cefpodoxime proxetil.....         | 7          |
| benzoyl peroxide-erythromycin..  | 59     | busulfan.....                    | 10         | cefprozil.....                    | 7          |
| benztropine mesylate.....        | 29, 45 | butorphanol tartrate.....        | 30, 50     | ceftazidime.....                  | 30         |
| BERINERT.....                    | 39     | BUTRANS.....                     | 50         | ceftriaxone sodium.....           | 30         |
| BESIVANCE.....                   | 24     | BYDUREON.....                    | 22         | cefuroxime axetil.....            | 7          |
| betamethasone dipropionate.....  | 60     | BYETTA 10 MCG PEN.....           | 22         | cefuroxime sodium.....            | 30         |
| betamethasone dipropionate aug   | 60     | BYETTA 5 MCG PEN.....            | 22         | celecoxib.....                    | 49         |
| betamethasone valerate.....      | 60     | cabergoline.....                 | 45         | CELLCEPT.....                     | 37         |
| BETASERON.....                   | 41     | CABOMETYX.....                   | 13         | CELONTIN.....                     | 45         |
| betaxolol hcl.....               | 18, 26 | calcipotriene.....               | 61         | cephalexin.....                   | 7          |
| bethanechol chloride.....        | 43     | calcipotriene-betameth diprop... | 61         | CERDELGA.....                     | 39         |
| BETHKIS.....                     | 38     | calcitonin (salmon).....         | 65         | CEREZYME.....                     | 39         |

|                                             |       |                                         |                                             |
|---------------------------------------------|-------|-----------------------------------------|---------------------------------------------|
| CESAMET.....                                | 27    | CLINIMIX E/DEXTROSE                     | COMETRIQ (100 MG DAILY                      |
| <i>cevimeline hcl</i> .....                 | 23    | (4.25/10).....                          | DOSE).....                                  |
| CHANTIX.....                                | 42    | CLINIMIX E/DEXTROSE                     | COMETRIQ (140 MG DAILY                      |
| CHANTIX CONTINUING                          |       | (4.25/25).....                          | DOSE).....                                  |
| MONTH PAK.....                              | 42    | CLINIMIX E/DEXTROSE                     | COMETRIQ (60 MG DAILY                       |
| CHANTIX STARTING                            |       | (4.25/5).....                           | DOSE).....                                  |
| MONTH PAK.....                              | 42    | CLINIMIX E/DEXTROSE                     | <i>comfort assist insulin syringe</i> ..... |
| CHEMET.....                                 | 38    | (5/15).....                             | COMPLERA.....                               |
| <i>chloramphenicol sod succinate</i> ..     | 30    | CLINIMIX E/DEXTROSE                     | <i>compro</i> .....                         |
| <i>chlordiazepoxide-amitriptyline</i> ...   | 51    | (5/20).....                             | CONDYLOX.....                               |
| <i>chlorhexidine gluconate</i> .....        | 23    | CLINIMIX E/DEXTROSE                     | <i>constulose</i> .....                     |
| <i>chloroquine phosphate</i> .....          | 4     | (5/25).....                             | COPAXONE.....                               |
| <i>chlorothiazide</i> .....                 | 19    | CLINIMIX/DEXTROSE                       | COPEGUS.....                                |
| <i>chlorpromazine hcl</i> .....             | 55    | (2.75/5).....                           | CORDRAN.....                                |
| <i>chlorpropamide</i> .....                 | 22    | CLINIMIX/DEXTROSE                       | COREG CR.....                               |
| <i>chlorthalidone</i> .....                 | 19    | (4.25/10).....                          | CORLANOR.....                               |
| CHOLBAM.....                                | 27    | CLINIMIX/DEXTROSE                       | CORMAX SCALP                                |
| <i>cholestyramine light</i> .....           | 20    | (4.25/20).....                          | APPLICATION.....                            |
| CIALIS.....                                 | 42    | CLINIMIX/DEXTROSE                       | <i>cortisone acetate</i> .....              |
| <i>ciclopirox</i> .....                     | 61    | (4.25/25).....                          | CORTISPORIN.....                            |
| <i>ciclopirox olamine</i> .....             | 61    | CLINIMIX/DEXTROSE                       | COSENTYX 300 DOSE.....                      |
| <i>cidofovir</i> .....                      | 30    | (4.25/5).....                           | COSENTYX SENSOREADY                         |
| <i>cilostazol</i> .....                     | 9     | CLINIMIX/DEXTROSE (5/15)...             | 300 DOSE.....                               |
| <i>cimetidine</i> .....                     | 28    | CLINIMIX/DEXTROSE (5/20)...             | COSMEGEN.....                               |
| <i>cimetidine solution</i> .....            | 28    | CLINIMIX/DEXTROSE (5/25)...             | COTELLIC.....                               |
| CIMZIA.....                                 | 47    | CLINISOL SF.....                        | COUMADIN.....                               |
| CIMZIA PREFILLED.....                       | 47    | <i>clobetasol propionate</i> .....      | CREON.....                                  |
| CINRYZE.....                                | 39    | <i>clobetasol propionate e</i> .....    | CRESEMBA.....                               |
| CIPRO HC.....                               | 23    | <i>clodan</i> .....                     | CRINONE.....                                |
| CIPRODEX.....                               | 23    | CLODERM PUMP.....                       | CRIXIVAN.....                               |
| <i>ciprofloxacin</i> .....                  | 8, 30 | <i>clofarabine</i> .....                | <i>cromolyn sodium</i> .....                |
| <i>ciprofloxacin hcl</i> .....              | 8, 24 | CLOLAR.....                             | CUPRIMINE.....                              |
| <i>ciprofloxacin in d5w</i> .....           | 30    | <i>clomipramine hcl</i> .....           | <i>cvs gauze sterile</i> .....              |
| <i>ciprofloxacin-ciproflox hcl er</i> ..... | 8     | <i>clonazepam</i> .....                 | <i>cyclobenzaprine hcl</i> .....            |
| <i>cisplatin</i> .....                      | 10    | <i>clonidine hcl</i> .....              | CYCLOPHOSPHAMIDE.....                       |
| <i>citalopram hydrobromide</i> .....        | 53    | <i>clonidine hcl er</i> .....           | CYCLOSET.....                               |
| <i>cladribine</i> .....                     | 10    | <i>clopidogrel bisulfate</i> .....      | <i>cyclosporine</i> .....                   |
| <i>claravis</i> .....                       | 59    | <i>clorazepate dipotassium</i> .....    | <i>cyclosporine modified</i> .....          |
| <i>clarithromycin</i> .....                 | 7     | <i>clotrimazole</i> .....               | <i>cyproheptadine hcl</i> .....             |
| <i>clarithromycin er</i> .....              | 7     | <i>clotrimazole-betamethasone</i> ..... | CYRAMZA.....                                |
| CLEOCIN.....                                | 66    | <i>clozapine</i> .....                  | CYSTADANE.....                              |
| CLINDAGEL.....                              | 59    | COARTEM.....                            | CYSTAGON.....                               |
| <i>clindamax</i> .....                      | 59    | <i>codeine sulfate</i> .....            | CYSTARAN.....                               |
| <i>clindamycin capsules</i> .....           | 7     | <i>colchicine</i> .....                 | <i>cytarabine</i> .....                     |
| <i>clindamycin oral solution</i> .....      | 7     | <i>colchicine-probenecid</i> .....      | <i>cytarabine (pf)</i> .....                |
| <i>clindamycin phos-benzoyl perox</i>       | 59    | <i>colestipol hcl</i> .....             | <i>dacarbazine</i> .....                    |
| <i>clindamycin phosphate</i> ... 30, 59, 66 |       | <i>colistimethate sodium</i> .....      | DACOGEN.....                                |
| <i>clindamycin phosphate in d5w</i> ... 30  |       | <i>colocort</i> .....                   | DALIRESP.....                               |
| CLINIMIX E/DEXTROSE                         |       | COMBIGAN.....                           | DALVANCE.....                               |
| (2.75/10).....                              | 33    | COMBIPATCH.....                         | <i>danazol</i> .....                        |
| CLINIMIX E/DEXTROSE                         |       | COMBIVENT RESPIMAT.....                 | <i>dantrolene sodium</i> .....              |
| (2.75/5).....                               | 33    |                                         | <i>dapsone</i> .....                        |

|                                            |        |                                             |            |                                            |        |
|--------------------------------------------|--------|---------------------------------------------|------------|--------------------------------------------|--------|
| DAPTACEL .....                             | 36     | <i>diclofenac sodium</i> .....              | 25, 49, 62 | <i>e.e.s. 400</i> .....                    | 7      |
| <i>daptomycin</i> .....                    | 30     | <i>diclofenac sodium er</i> .....           | 49         | E.E.S. GRANULES .....                      | 7      |
| DARAPRIM .....                             | 4      | <i>diclofenac-misoprostol</i> .....         | 49         | <i>econazole nitrate</i> .....             | 61     |
| <i>darifenacin hydrobromide er</i> .....   | 43     | <i>dicloxacillin sodium</i> .....           | 7          | EDECIN .....                               | 19     |
| DARZALEX .....                             | 11     | <i>dicyclomine hcl</i> .....                | 27         | EDURANT .....                              | 4      |
| <i>daunorubicin hcl</i> .....              | 11     | <i>didanosine</i> .....                     | 4          | EFFIENT .....                              | 9      |
| <i>deblitane</i> .....                     | 63     | DIFICID .....                               | 7          | EGRIFTA .....                              | 39     |
| <i>decitabine</i> .....                    | 11     | <i>diflorasone diacetate</i> .....          | 60         | ELAPRASE .....                             | 40     |
| DELESTROGEN .....                          | 65     | <i>diflunisal</i> .....                     | 49         | ELELYSO .....                              | 39     |
| <i>delyla</i> .....                        | 63     | <i>digitek</i> .....                        | 17         | ELESTRIN .....                             | 65     |
| DELZICOL .....                             | 29     | <i>digoxin</i> .....                        | 17         | ELIDEL .....                               | 62     |
| <i>demeclocycline hcl</i> .....            | 8      | <i>dihydroergotamine mesylate</i> .....     | 44         | ELIGARD .....                              | 35     |
| DEMSEER .....                              | 42     | DILANTIN .....                              | 46         | ELIQUIS .....                              | 9      |
| DENAVIR .....                              | 63     | DILANTIN INFATABS .....                     | 46         | ELITEK .....                               | 11     |
| DEPEN TITRATABS .....                      | 43     | <i>diltiazem hcl</i> .....                  | 19, 30     | ELLENCE .....                              | 11     |
| DEPO-ESTRADIOL .....                       | 65     | <i>diltiazem hcl er</i> .....               | 19         | ELMIRON .....                              | 43     |
| DEPO-MEDROL .....                          | 34     | <i>diltiazem hcl er beads</i> .....         | 19         | EMADINE .....                              | 24     |
| DEPO-PROVERA .....                         | 65     | <i>diltiazem hcl er coated beads</i> .....  | 19         | EMBEDA .....                               | 50     |
| DEPO-SUBQ PROVERA 104 .....                | 65     | <i>dilt-xr</i> .....                        | 19         | EMCYT .....                                | 13     |
| DEPO-TESTOSTERONE .....                    | 34     | <i>diphenhydramine hcl</i> .....            | 30         | EMEND .....                                | 27, 30 |
| DESCOVY .....                              | 4      | <i>diphtheria-tetanus toxoids dt</i> .....  | 36         | <i>emoquette</i> .....                     | 63     |
| <i>desipramine hcl</i> .....               | 53     | <i>dipyridamole</i> .....                   | 9          | EMPLICITI .....                            | 11     |
| <i>desloratadine</i> .....                 | 24     | <i>disopyramide phosphate</i> .....         | 17         | EMSAM .....                                | 53     |
| <i>desmopressin ace rhinal tube</i> .....  | 43     | <i>disulfiram</i> .....                     | 51         | EMTRIVA .....                              | 4      |
| <i>desmopressin ace spray refig</i> .....  | 43     | <i>divalproex sodium</i> .....              | 46         | <i>enalapril maleate</i> .....             | 16     |
| <i>desmopressin acetate</i> .....          | 43     | <i>divalproex sodium er</i> .....           | 46         | <i>enalapril-hydrochlorothiazide</i> ..... | 18     |
| <i>desogestrel-ethinyl estradiol</i> ..... | 63     | DIVIGEL .....                               | 65         | ENBREL .....                               | 47, 48 |
| <i>desonide</i> .....                      | 60     | <i>docetaxel</i> .....                      | 11         | ENBREL SURECLICK .....                     | 48     |
| <i>desoximetasone</i> .....                | 60     | <i>dofetilide</i> .....                     | 17         | <i>endocet</i> .....                       | 50     |
| DESOXYN .....                              | 52     | <i>donepezil hcl</i> .....                  | 44         | ENGERIX-B .....                            | 36     |
| <i>desvenlafaxine er</i> .....             | 53     | DORIBAX .....                               | 30         | <i>enoxaparin sodium</i> .....             | 9      |
| <i>desvenlafaxine succinate er</i> .....   | 53     | <i>dorzolamide hcl</i> .....                | 26         | <i>entacapone</i> .....                    | 45     |
| <i>dexamethasone</i> .....                 | 34     | <i>dorzolamide hcl-timolol mal</i> .....    | 26         | <i>entecavir</i> .....                     | 4      |
| <i>dexamethasone intensol</i> .....        | 34     | <i>doxazosin mesylate</i> .....             | 16         | ENTRESTO .....                             | 18     |
| <i>dexamethasone sodium</i>                |        | <i>doxepin hcl</i> .....                    | 53, 62     | <i>enulose</i> .....                       | 27     |
| <i>phosphate</i> .....                     | 25, 30 | <i>doxercalciferol</i> .....                | 40         | ENVARSUS XR .....                          | 37     |
| DEXEDRINE .....                            | 52     | <i>doxorubicin hcl</i> .....                | 11         | <i>epinastine hcl</i> .....                | 24     |
| <i>dexmethylphenidate hcl</i> .....        | 52     | <i>doxorubicin hcl liposomal</i> .....      | 11         | <i>epinephrine</i> .....                   | 38     |
| <i>dexmethylphenidate hcl er</i> .....     | 52     | DOXY 100 .....                              | 30         | <i>epirubicin hcl</i> .....                | 11     |
| <i>dexpak 13 day</i> .....                 | 34     | <i>doxycycline hyclate</i> .....            | 8          | <i>epitol</i> .....                        | 46     |
| <i>dexrazoxane</i> .....                   | 11     | <i>doxycycline monohydrate</i> .....        | 8, 9       | EPIVIR .....                               | 4      |
| <i>dextroamphetamine sulfate</i> .....     | 52     | <i>dronabinol</i> .....                     | 27         | <i>eplerenone</i> .....                    | 20     |
| <i>dextroamphetamine sulfate er</i> .....  | 52     | <i>drospirenone-ethinyl estradiol</i> ..... | 63         | <i>eprosartan mesylate</i> .....           | 16     |
| <i>dextrose</i> .....                      | 32     | DROXIA .....                                | 13         | EQUETRO .....                              | 52     |
| <i>dextrose in lactated ringers</i> .....  | 32     | DUAVEE .....                                | 65         | ERAXIS .....                               | 30     |
| <i>dextrose-nacl</i> .....                 | 32     | <i>duloxetine hcl</i> .....                 | 53         | ERBITUX .....                              | 11     |
| DIASTAT ACUDIAL .....                      | 45     | DUOPA .....                                 | 45         | <i>ergoloid mesylates</i> .....            | 44     |
| DIASTAT PEDIATRIC .....                    | 46     | DUREZOL .....                               | 25         | ERIVEDGE .....                             | 13     |
| <i>diazepam</i> .....                      | 46     | <i>dutasteride</i> .....                    | 42         | <i>errin</i> .....                         | 63     |
| <i>diazepam intensol</i> .....             | 46     | <i>dutasteride-tamsulosin hcl</i> .....     | 42         | ERTACZO .....                              | 61     |
| DIBENZYLINE .....                          | 42     | DUTOPROL .....                              | 18         | ERWINAZE .....                             | 11     |
| <i>diclofenac potassium</i> .....          | 49     | DYSPORT .....                               | 38         | <i>ery</i> .....                           | 59     |

|                                           |        |                                          |        |                                         |            |
|-------------------------------------------|--------|------------------------------------------|--------|-----------------------------------------|------------|
| <i>eryped 200</i> .....                   | 7      | FASLODEX.....                            | 11     | FML FORTE.....                          | 25         |
| <i>eryped 400</i> .....                   | 7      | FAZACLO.....                             | 55     | FOCALIN XR.....                         | 52         |
| ERY-TAB.....                              | 7      | <i>felbamate</i> .....                   | 46     | <i>fondaparinux sodium</i> .....        | 10         |
| ERYTHROCIN                                |        | <i>felodipine er</i> .....               | 19     | FORTEO.....                             | 66         |
| LACTOBIONATE.....                         | 30     | FEMHRT LOW DOSE.....                     | 65     | <i>fosinopril sodium</i> .....          | 16         |
| <i>erythrocine stearate</i> .....         | 7      | FEMRING.....                             | 66     | <i>fosinopril sodium-hctz</i> .....     | 18         |
| <i>erythromycin</i> .....                 | 24, 59 | <i>fenofibrate</i> .....                 | 20     | <i>fosphenytoin sodium</i> .....        | 46         |
| <i>erythromycin base</i> .....            | 7      | <i>fenofibrate micronized</i> .....      | 20     | FRAGMIN.....                            | 10         |
| <i>erythromycin ethylsuccinate</i> .....  | 7      | <i>fenofibric acid</i> .....             | 20     | FREAMINE HBC.....                       | 33         |
| ESBRIET.....                              | 58     | <i>fenopropfen calcium</i> .....         | 49     | <i>frovatriptan succinate</i> .....     | 44         |
| <i>escitalopram oxalate</i> .....         | 53     | <i>fentanyl</i> .....                    | 50     | <i>furosemide</i> .....                 | 20, 30     |
| <i>esomeprazole magnesium</i> .....       | 28     | <i>fentanyl citrate</i> .....            | 50     | FUSILEV.....                            | 15         |
| <i>esomeprazole sodium</i> .....          | 30     | FENTORA.....                             | 50     | FUZEON.....                             | 5          |
| <i>estazolam</i> .....                    | 54     | FERRIPROX.....                           | 39     | <i>fyavolv</i> .....                    | 66         |
| ESTRACE.....                              | 65     | FETZIMA.....                             | 53     | FYCOMPA.....                            | 46         |
| <i>estradiol</i> .....                    | 65     | FETZIMA TITRATION.....                   | 53     | <i>gabapentin</i> .....                 | 46         |
| <i>estradiol valerate</i> .....           | 65     | FINACEA.....                             | 59     | GABITRIL.....                           | 46         |
| <i>estradiol-norethindrone acet</i> ..... | 63     | <i>finasteride</i> .....                 | 43     | <i>galantamine hydrobromide</i> .....   | 44         |
| ESTRING.....                              | 65     | FIRAZYR.....                             | 40     | <i>galantamine hydrobromide er</i> .... | 44         |
| <i>estropipate</i> .....                  | 65     | FIRMAGON.....                            | 35     | GAMASTAN S/D.....                       | 36         |
| <i>eszopiclone</i> .....                  | 54     | FLAREX.....                              | 25     | GAMMAGARD.....                          | 36         |
| <i>ethacrynic acid</i> .....              | 20     | <i>flavoxate hcl</i> .....               | 43     | GAMMAGARD S/D LESS IGA36                |            |
| <i>ethambutol hcl</i> .....               | 8      | FLEBOGAMMA DIF.....                      | 36     | GAMMAKED.....                           | 36         |
| <i>ethosuximide</i> .....                 | 46     | <i>flecainide acetate</i> .....          | 17     | GAMMAPLEX.....                          | 36         |
| <i>etidronate disodium</i> .....          | 42     | FLOVENT DISKUS.....                      | 57     | GAMUNEX-C.....                          | 36         |
| <i>etodolac</i> .....                     | 49     | FLOVENT HFA.....                         | 57     | <i>ganciclovir sodium</i> .....         | 11         |
| <i>etodolac er</i> .....                  | 49     | <i>fluconazole</i> .....                 | 3      | GARDASIL 9.....                         | 36         |
| ETOPOPHOS.....                            | 11     | <i>fluconazole in sodium chloride</i> .. | 30     | <i>gatifloxacin</i> .....               | 24         |
| <i>etoposide</i> .....                    | 11, 13 | <i>flucytosine</i> .....                 | 3      | GATTEX.....                             | 27         |
| EUCRISA.....                              | 62     | <i>fludarabine phosphate</i> .....       | 11     | <i>gauze pads</i> .....                 | 21         |
| EURAX.....                                | 62     | <i>fludrocortisone acetate</i> .....     | 34     | <i>gemcitabine hcl</i> .....            | 11         |
| EVAMIST.....                              | 65     | <i>flunisolide</i> .....                 | 24     | <i>gemfibrozil</i> .....                | 20         |
| EVOCLIN.....                              | 59     | <i>fluocinolone acetonide</i> .....      | 23, 60 | GENERESS FE.....                        | 63         |
| EVOTAZ.....                               | 5      | <i>fluocinolone acetonide body</i> ..... | 60     | <i>generlac</i> .....                   | 27         |
| EVZIO.....                                | 41     | <i>fluocinonide</i> .....                | 60     | <i>gengraf</i> .....                    | 37         |
| <i>exel comfort point pen needle</i> .... | 21     | <i>fluocinonide-e</i> .....              | 60     | GENOTROPIN.....                         | 39         |
| EXELDERM.....                             | 61     | <i>fluorometholone</i> .....             | 25     | GENOTROPIN MINISQUICK....               | 39         |
| <i>exemestane</i> .....                   | 13     | <i>fluorouracil</i> .....                | 11, 62 | <i>gentak</i> .....                     | 24         |
| EXJADE.....                               | 39     | <i>fluoxetine hcl</i> .....              | 53     | <i>gentamicin in saline</i> .....       | 30         |
| EXONDYS 51.....                           | 39     | <i>fluphenazine decanoate</i> .....      | 55     | <i>gentamicin sulfate</i> .....         | 24, 31, 59 |
| EXTAVIA.....                              | 41     | <i>fluphenazine hcl</i> .....            | 55     | GENVOYA.....                            | 5          |
| <i>ezetimibe</i> .....                    | 20     | <i>flurandrenolide</i> .....             | 60     | GEODON INTRAMUSCULAR                    |            |
| <i>ezetimibe-simvastatin</i> .....        | 20     | <i>flurazepam hcl</i> .....              | 54     | INJECTION.....                          | 55         |
| FABIOR.....                               | 59     | <i>flurbiprofen</i> .....                | 49     | <i>gildagia</i> .....                   | 63         |
| FABRAZYME.....                            | 39     | <i>flurbiprofen sodium</i> .....         | 25     | GILENYA.....                            | 41         |
| <i>falmina</i> .....                      | 63     | <i>flutamide</i> .....                   | 13     | GILOTRIF.....                           | 13         |
| <i>famciclovir</i> .....                  | 5      | <i>fluticasone propionate</i> .....      | 24, 60 | GLASSIA.....                            | 58         |
| <i>famotidine</i> .....                   | 28     | <i>fluvastatin sodium</i> .....          | 20     | GLEOSTINE.....                          | 13         |
| FANAPT.....                               | 55     | <i>fluvastatin sodium er</i> .....       | 20     | <i>glimepiride</i> .....                | 22         |
| FANAPT TITRATION PACK..                   | 55     | <i>fluvoxamine maleate</i> .....         | 53     | <i>glipizide</i> .....                  | 22         |
| FARESTON.....                             | 13     | <i>fluvoxamine maleate er</i> .....      | 53     | <i>glipizide er</i> .....               | 22         |
| FARYDAK.....                              | 13     | FML.....                                 | 25     | <i>glipizide-metformin hcl</i> .....    | 22         |

|                                            |        |                                             |            |                                            |        |
|--------------------------------------------|--------|---------------------------------------------|------------|--------------------------------------------|--------|
| <i>global alcohol prep ease</i> .....      | 21     | HUMULIN N.....                              | 22         | INGREZZA.....                              | 43     |
| GLUCAGEN HYPOKIT.....                      | 21     | HUMULIN N KWIKPEN.....                      | 22         | INLYTA.....                                | 13     |
| GLUCAGON EMERGENCY.....                    | 21     | HUMULIN R.....                              | 22         | INTELENCE.....                             | 5      |
| <i>glyburide</i> .....                     | 22     | HUMULIN R U-500                             |            | INTRALIPID.....                            | 33     |
| <i>glyburide micronized</i> .....          | 22     | (CONCENTRATED).....                         | 22         | INTRON A.....                              | 5      |
| <i>glyburide-metformin</i> .....           | 22     | HUMULIN R U-500                             |            | <i>introvale</i> .....                     | 63     |
| <i>glycopyrrolate</i> .....                | 28     | KWIKPEN.....                                | 22         | INVANZ.....                                | 31     |
| <i>gnp ultra com insulin syringe</i> ..... | 21     | HYCANTIN.....                               | 13         | INVEGA SUSTENNA.....                       | 55     |
| GNP ULTRA COM INSULIN                      |        | <i>hydralazine hcl</i> .....                | 21         | INVEGA TRINZA.....                         | 55     |
| SYRINGE.....                               | 21     | <i>hydrochlorothiazide</i> .....            | 20         | INVIRASE.....                              | 5      |
| <i>granisetron hcl</i> .....               | 27, 31 | <i>hydrocodone-acetaminophen</i> .....      | 50         | INVOKAMET.....                             | 22     |
| GRANIX.....                                | 9      | <i>hydrocodone-ibuprofen</i> .....          | 50         | INVOKAMET XR.....                          | 22     |
| GRASTEK.....                               | 58     | <i>hydrocortisone</i> .....                 | 29, 34, 60 | INVOKANA.....                              | 22     |
| <i>griseofulvin microsize</i> .....        | 3      | <i>hydrocortisone butyr lipo base</i> ...60 |            | IONOSOL-MB IN D5W.....                     | 32     |
| <i>griseofulvin ultramicrosize</i> .....   | 3      | <i>hydrocortisone butyrate</i> .....        | 60         | IOPIDINE.....                              | 26     |
| <i>guanfacine hcl er</i> .....             | 52     | <i>hydrocortisone valerate</i> .....        | 60         | IPOL.....                                  | 36     |
| <i>guanidine hcl</i> .....                 | 41     | <i>hydrocortisone-acetic acid</i> .....     | 23         | <i>ipratropium bromide</i> .....           | 24, 57 |
| GYNAZOLE-1.....                            | 66     | <i>hydromorphone hcl</i> .....              | 50         | <i>ipratropium-albuterol</i> .....         | 57     |
| HALAVEN.....                               | 11     | <i>hydromorphone hcl er</i> .....           | 50         | <i>irbesartan</i> .....                    | 16     |
| <i>halobetasol propionate</i> .....        | 60     | <i>hydroxychloroquine sulfate</i> .....     | 4          | <i>irbesartan-hydrochlorothiazide</i> ..18 |        |
| HALOG.....                                 | 60     | <i>hydroxyprogesterone caproate</i> ...66   |            | IRESSA.....                                | 13     |
| <i>haloperidol</i> .....                   | 55     | <i>hydroxyurea</i> .....                    | 13         | <i>irinotecan hcl</i> .....                | 11     |
| <i>haloperidol decanoate</i> .....         | 55     | <i>hydroxyzine hcl</i> .....                | 24, 31     | ISENTRESS.....                             | 5      |
| <i>haloperidol lactate</i> .....           | 55     | <i>hydroxyzine pamoate</i> .....            | 24         | ISOLYTE-P IN D5W.....                      | 32     |
| HAVRIX.....                                | 36     | HYPERRAB S/D.....                           | 36         | ISOLYTE-S.....                             | 32     |
| <i>heparin sodium (porcine)</i> .....      | 31     | HYSINGLA ER.....                            | 50         | <i>isoniazid</i> .....                     | 8, 31  |
| HEPATAMINE.....                            | 33     | <i>ibandronate sodium</i> .....             | 66         | <i>isosorbide dinitrate</i> .....          | 16     |
| HERCEPTIN.....                             | 11     | IBRANCE.....                                | 13         | <i>isosorbide dinitrate er</i> .....       | 16     |
| HETLIOZ.....                               | 54     | <i>ibuprofen</i> .....                      | 49         | <i>isosorbide mononitrate</i> .....        | 16     |
| HEXALEN.....                               | 13     | ICLUSIG.....                                | 13         | <i>isosorbide mononitrate er</i> .....     | 16     |
| HIBERIX.....                               | 36     | <i>idarubicin hcl</i> .....                 | 11         | <i>isradipine</i> .....                    | 19     |
| HORIZANT.....                              | 46     | <i>ifosfamide</i> .....                     | 11         | ISTODAX (OVERFILL).....                    | 11     |
| HP ACTHAR.....                             | 34     | ILARIS (150MG DELIVERED)38                  |            | <i>itraconazole</i> .....                  | 3      |
| HUMALOG.....                               | 21     | ILEVRO.....                                 | 25         | <i>ivermectin</i> .....                    | 3      |
| HUMALOG KWIKPEN.....                       | 22     | <i>imatinib mesylate</i> .....              | 13         | IXIARO.....                                | 36     |
| HUMALOG MIX 50/50.....                     | 22     | IMBRUVICA.....                              | 13         | JADENU.....                                | 39     |
| HUMALOG MIX 50/50                          |        | IMFINZI.....                                | 11         | JADENU SPRINKLE.....                       | 39     |
| KWIKPEN.....                               | 22     | <i>imipenem-cilastatin</i> .....            | 31         | JAKAFI.....                                | 13     |
| HUMALOG MIX 75/25.....                     | 22     | <i>imipramine hcl</i> .....                 | 53         | <i>jantoven</i> .....                      | 10     |
| HUMALOG MIX 75/25                          |        | <i>imipramine pamoate</i> .....             | 53         | JANUMET.....                               | 22     |
| KWIKPEN.....                               | 22     | <i>imiquimod</i> .....                      | 63         | JANUMET XR.....                            | 23     |
| HUMATROPE.....                             | 39     | IMOGAM RABIES-HT.....                       | 36         | JANUVIA.....                               | 23     |
| HUMIRA.....                                | 48     | IMOVAX RABIES.....                          | 36         | JARDIANCE.....                             | 23     |
| HUMIRA PEDIATRIC                           |        | INCRELEX.....                               | 39         | JENTADUETO.....                            | 23     |
| CROHNS START.....                          | 48     | INCRUSE ELLIPTA.....                        | 57         | JENTADUETO XR.....                         | 23     |
| HUMIRA PEN.....                            | 48     | <i>indapamide</i> .....                     | 20         | JEVTANA.....                               | 11     |
| HUMIRA PEN-CROHNS                          |        | INDOCIN ORAL                                |            | <i>jinteli</i> .....                       | 63     |
| STARTER.....                               | 48     | SUSPENSION.....                             | 49         | <i>june1 1.5/30</i> .....                  | 63     |
| HUMIRA PEN-PSORIASIS                       |        | <i>indomethacin</i> .....                   | 49         | <i>june1 1/20</i> .....                    | 63     |
| STARTER.....                               | 48     | <i>indomethacin er</i> .....                | 49         | <i>june1 fe 1.5/30</i> .....               | 64     |
| HUMULIN 70/30.....                         | 22     | INFANRIX.....                               | 36         | <i>june1 fe 1/20</i> .....                 | 64     |
| HUMULIN 70/30 KWIKPEN....                  | 22     | INFLECTRA.....                              | 48         | <i>june1 fe 24</i> .....                   | 64     |

|                               |        |                                    |           |                                    |        |
|-------------------------------|--------|------------------------------------|-----------|------------------------------------|--------|
| JUXTAPID.....                 | 20     | larin fe 1.5/30.....               | 64        | lincomycin hcl.....                | 31     |
| KADCYLA.....                  | 11     | larin fe 1/20.....                 | 64        | lindane.....                       | 62     |
| KALETRA.....                  | 5      | LARTRUVO.....                      | 11        | linezolid.....                     | 3, 31  |
| KALYDECO.....                 | 38     | LASTACRAFT.....                    | 24        | LINZESS.....                       | 29     |
| KANUMA.....                   | 40     | latanoprost.....                   | 26        | liothyronine sodium.....           | 35     |
| KAPVAY.....                   | 52     | LATUDA.....                        | 55        | lisinopril.....                    | 16     |
| kariva.....                   | 64     | LAZANDA.....                       | 50        | lisinopril-hydrochlorothiazide.... | 18     |
| kcl in dextrose-nacl.....     | 32     | leflunomide.....                   | 48        | lithium.....                       | 52     |
| kcl-lactated ringers-d5w..... | 32     | LENVIMA 10 MG DAILY                |           | lithium carbonate.....             | 52     |
| kelnor 1/35.....              | 64     | DOSE.....                          | 14        | lithium carbonate er.....          | 52     |
| KENALOG.....                  | 60     | LENVIMA 14 MG DAILY                |           | LO LOESTRIN FE.....                | 64     |
| ketoconazole.....             | 3, 61  | DOSE.....                          | 14        | LONSURF.....                       | 14     |
| ketoprofen.....               | 49     | LENVIMA 18 MG DAILY                |           | loperamide hcl.....                | 28     |
| ketoprofen er.....            | 49     | DOSE.....                          | 14        | lopinavir-ritonavir.....           | 5      |
| ketorolac tromethamine.....   | 25     | LENVIMA 20 MG DAILY                |           | lorazepam.....                     | 51     |
| KEVEYIS.....                  | 42     | DOSE.....                          | 14        | lorazepam intensol.....            | 51     |
| KEYTRUDA.....                 | 11     | LENVIMA 24 MG DAILY                |           | losartan potassium.....            | 16     |
| KINERET.....                  | 48     | DOSE.....                          | 14        | losartan potassium-hctz.....       | 18     |
| KINRIX.....                   | 36     | LENVIMA 8 MG DAILY                 |           | LOTEMAX.....                       | 25     |
| kionex.....                   | 42     | DOSE.....                          | 14        | lovastatin.....                    | 20     |
| KISQALI 200 DOSE.....         | 13     | lessina.....                       | 64        | loxapine succinate.....            | 55     |
| KISQALI 400 DOSE.....         | 13     | LETAIRIS.....                      | 58        | LUMIGAN.....                       | 26     |
| KISQALI 600 DOSE.....         | 14     | letrozole.....                     | 14        | LUMIZYME.....                      | 40     |
| KISQALI FEMARA 200 DOSE       | 14     | leucovorin calcium.....            | 15        | LUPRON DEPOT (1-MONTH).35          |        |
| KISQALI FEMARA 400 DOSE       | 14     | LEUKERAN.....                      | 14        | LUPRON DEPOT (3-MONTH).35          |        |
| KISQALI FEMARA 600 DOSE       | 14     | LEUKINE.....                       | 9         | LUPRON DEPOT (4-MONTH).35          |        |
| klor-con.....                 | 21     | leuprolide acetate.....            | 35        | LUPRON DEPOT (6-MONTH).35          |        |
| klor-con 10.....              | 21     | levalbuterol hcl.....              | 57        | LUPRON DEPOT-PED (1-               |        |
| klor-con m10.....             | 21     | levalbuterol tartrate.....         | 57        | MONTH).....                        | 35     |
| KLOR-CON M15.....             | 21     | levetiracetam.....                 | 46        | LYNPARZA.....                      | 14     |
| klor-con m20.....             | 21     | levetiracetam er.....              | 46        | LYRICA.....                        | 46     |
| klor-con sprinkle.....        | 21     | levetiracetam in nacl.....         | 31        | LYSODREN.....                      | 14     |
| KORLYM.....                   | 38     | levobunolol hcl.....               | 26        | magnesium sulfate.....             | 32     |
| KRISTALOSE.....               | 28     | levocarnitine.....                 | 28        | MAKENA.....                        | 66     |
| K-TAB.....                    | 21     | levocetirizine dihydrochloride.... | 24        | malathion.....                     | 62     |
| KUVAN.....                    | 42     | levofloxacin.....                  | 8, 25, 31 | maprotiline hcl.....               | 53     |
| KYNAMRO.....                  | 20     | levofloxacin in d5w.....           | 31        | marlissa.....                      | 64     |
| KYPROLIS.....                 | 14     | levoleucovorin calcium.....        | 15        | MARPLAN.....                       | 53     |
| labetalol hcl.....            | 18, 31 | levonest.....                      | 64        | MATULANE.....                      | 14     |
| lactated ringers.....         | 32     | levonorgest-eth estrad 91-day....  | 64        | matzim la.....                     | 19     |
| lactulose.....                | 28     | levonorgestrel-ethinyl estradiol.. | 64        | MAXIDEX.....                       | 25     |
| lamivudine.....               | 5      | levora 0.15/30 (28).....           | 64        | meclizine hcl.....                 | 27     |
| lamivudine-zidovudine.....    | 5      | levorphanol tartrate.....          | 50        | meclofenamate sodium.....          | 49     |
| lamotrigine.....              | 46     | levothyroxine sodium.....          | 31, 35    | MEDROL.....                        | 34     |
| lamotrigine er.....           | 46     | levoxyl.....                       | 35        | medroxyprogesterone acetate....    | 66     |
| lancets.....                  | 21     | LEXIVA.....                        | 5         | mefenamic acid.....                | 49     |
| LANOXIN.....                  | 17     | lidocaine.....                     | 62        | mefloquine hcl.....                | 4      |
| lansoprazole.....             | 28     | lidocaine hcl.....                 | 31, 62    | megestrol acetate.....             | 14, 28 |
| LANTUS.....                   | 22     | lidocaine hcl (pf).....            | 31        | MEKINIST.....                      | 14     |
| LANTUS SOLOSTAR.....          | 22     | lidocaine viscous.....             | 62        | meloxicam.....                     | 49     |
| larin 1.5/30.....             | 64     | lidocaine-prilocaine.....          | 62        | melphalan hcl.....                 | 11     |
| larin 1/20.....               | 64     | LINCOCIN.....                      | 31        | memantine hcl.....                 | 44     |

|                                          |           |                                           |        |                                            |    |
|------------------------------------------|-----------|-------------------------------------------|--------|--------------------------------------------|----|
| MENACTRA.....                            | 36        | <i>microgestin 1/20</i> .....             | 64     | NAMENDA XR TITRATION                       |    |
| MENEST.....                              | 66        | <i>microgestin fe 1.5/30</i> .....        | 64     | PACK.....                                  | 44 |
| MENOMUNE.....                            | 36        | <i>microgestin fe 1/20</i> .....          | 64     | <i>naproxen</i> .....                      | 49 |
| MENOSTAR.....                            | 66        | <i>midodrine hcl</i> .....                | 19     | <i>naproxen dr</i> .....                   | 49 |
| MENTAX.....                              | 61        | MIGERGOT.....                             | 44     | <i>naproxen sodium</i> .....               | 49 |
| MENVEO.....                              | 36        | <i>miglitol</i> .....                     | 23     | <i>naproxen sodium er</i> .....            | 49 |
| <i>mercaptapurine</i> .....              | 14        | MIGRANAL.....                             | 44     | <i>naratriptan hcl</i> .....               | 44 |
| <i>meropenem</i> .....                   | 31        | MILLIPRED.....                            | 34     | NARCAN.....                                | 41 |
| <i>mesalamine</i> .....                  | 29        | <i>minocycline hcl</i> .....              | 9      | NATACYN.....                               | 26 |
| <i>mesalamine-cleanser</i> .....         | 29        | <i>minocycline hcl er</i> .....           | 9      | <i>nateglinide</i> .....                   | 23 |
| <i>mesna</i> .....                       | 15        | <i>minoxidil</i> .....                    | 21     | NATPARA.....                               | 40 |
| MESNEX.....                              | 15        | <i>mirtazapine</i> .....                  | 53     | NEBUPENT.....                              | 4  |
| MESTINON SYRUP.....                      | 41        | <i>misoprostol</i> .....                  | 28     | <i>necon 0.5/35 (28)</i> .....             | 64 |
| METADATE CD.....                         | 52        | <i>mitomycin</i> .....                    | 12     | <i>necon 1/50 (28)</i> .....               | 64 |
| METADATE ER.....                         | 52        | <i>mitoxantrone hcl</i> .....             | 12     | NECON 10/11 (28).....                      | 64 |
| <i>metaproterenol sulfate</i> .....      | 57        | M-M-R II.....                             | 36     | <i>necon 7/7/7</i> .....                   | 64 |
| <i>metformin hcl</i> .....               | 23        | <i>modafinil</i> .....                    | 54     | <i>nefazodone hcl</i> .....                | 54 |
| <i>metformin hcl er</i> .....            | 23        | <i>moexipril hcl</i> .....                | 16     | <i>neomycin sulfate</i> .....              | 3  |
| <i>metformin hcl er 1,000 mg</i> .....   | 23        | <i>moexipril-hydrochlorothiazide</i> ...  | 18     | <i>neomycin-bacitracin zn-polymyx</i>      | 25 |
| <i>methadone hcl</i> .....               | 50        | <i>mometasone furoate</i> .....           | 24, 60 | <i>neomycin-polymyxin b</i> .....          | 62 |
| <i>methamphetamine hcl</i> .....         | 52        | <i>montelukast sodium</i> .....           | 57     | <i>neomycin-polymyxin-dexameth.</i>        | 25 |
| <i>methazolamide</i> .....               | 26        | MONUROL.....                              | 3      | <i>neomycin-polymyxin-gramicidin</i>       | 25 |
| <i>methenamine hippurate</i> .....       | 3         | <i>morphine sulfate</i> .....             | 50     | <i>neomycin-polymyxin-hc</i> .....         | 25 |
| <i>methimazole</i> .....                 | 35        | <i>morphine sulfate (concentrate)</i> ... | 50     | NEPHRAMINE.....                            | 33 |
| METHITEST.....                           | 34        | <i>morphine sulfate er</i> .....          | 50     | NEULASTA.....                              | 9  |
| <i>methotrexate</i> .....                | 48        | <i>morphine sulfate er beads</i> .....    | 50     | NEUPOGEN.....                              | 9  |
| <i>methotrexate sodium</i> .....         | 31        | MOVANTIK.....                             | 28     | NEUPRO.....                                | 45 |
| <i>methotrexate sodium (pf)</i> .....    | 31        | MOVIPREP.....                             | 28     | NEVANAC.....                               | 25 |
| <i>methoxsalen rapid</i> .....           | 61        | MOXEZA.....                               | 25     | <i>nevirapine</i> .....                    | 5  |
| <i>methscopolamine bromide</i> .....     | 28        | <i>moxifloxacin hcl</i> .....             | 8, 31  | <i>nevirapine er</i> .....                 | 5  |
| <i>methyclothiazide</i> .....            | 20        | MOZOBIL.....                              | 9      | NEXAVAR.....                               | 14 |
| METHYLIN.....                            | 52        | MULTAQ.....                               | 17     | <i>niacin er</i> .....                     | 20 |
| <i>methylphenidate hcl</i> .....         | 52        | <i>mupirocin</i> .....                    | 59     | <i>niacor</i> .....                        | 20 |
| <i>methylphenidate hcl er</i> .....      | 52        | <i>mupirocin calcium</i> .....            | 59     | <i>nicardipine hcl</i> .....               | 19 |
| <i>methylphenidate hcl er (cd)</i> ..... | 52        | MUSTARGEN.....                            | 12     | NICOTROL.....                              | 42 |
| <i>methylphenidate hcl er (la)</i> ..... | 52        | MYCAMINE.....                             | 31     | NICOTROL NS.....                           | 42 |
| <i>methylprednisolone</i> .....          | 34        | <i>mycophenolate mofetil</i> .....        | 37     | <i>nifedipine</i> .....                    | 19 |
| <i>methylprednisolone acetate</i> .....  | 34        | <i>mycophenolate mofetil hcl</i> .....    | 37     | <i>nifedipine er</i> .....                 | 19 |
| <i>methylprednisolone sodium succ</i>    | 34        | <i>mycophenolate sodium</i> .....         | 37     | <i>nifedipine er osmotic release</i> ..... | 19 |
| <i>methyltestosterone</i> .....          | 34        | MYLERAN.....                              | 14     | <i>nikki</i> .....                         | 64 |
| <i>metipranolol</i> .....                | 26        | MYRBETRIQ.....                            | 43     | <i>nilutamide</i> .....                    | 14 |
| <i>metoclopramide hcl</i> .....          | 27, 31    | MYTESI.....                               | 28     | <i>nimodipine</i> .....                    | 19 |
| <i>metolazone</i> .....                  | 20        | <i>nabumetone</i> .....                   | 49     | NINLARO.....                               | 14 |
| <i>metoprolol succinate er</i> .....     | 18        | <i>nadolol</i> .....                      | 18     | <i>nisoldipine er</i> .....                | 19 |
| <i>metoprolol tartrate</i> .....         | 18, 31    | <i>nadolol-bendroflumethiazide</i> .....  | 18     | NITRO-BID.....                             | 16 |
| <i>metoprolol-hydrochlorothiazide</i>    | 18        | <i>nafticillin sodium</i> .....           | 31     | <i>nitrofurantoin macrocrystal</i> .....   | 3  |
| <i>metronidazole</i> .....               | 3, 59, 66 | <i>naftifine hcl</i> .....                | 61     | <i>nitrofurantoin monohyd macro</i> ...    | 3  |
| <i>metronidazole in nacl</i> .....       | 31        | NAFTIN GEL.....                           | 61     | <i>nitroglycerin</i> .....                 | 16 |
| <i>mexiletine hcl</i> .....              | 17        | NAGLAZYME.....                            | 40     | NITROMIST.....                             | 16 |
| MIACALCIN.....                           | 66        | <i>naloxone hcl</i> .....                 | 41     | NITROSTAT.....                             | 16 |
| <i>miconazole 3</i> .....                | 66        | <i>naltrexone hcl</i> .....               | 51     | <i>nizatidine</i> .....                    | 28 |
| <i>microgestin 1.5/30</i> .....          | 64        | NAMENDA XR.....                           | 44     | <i>nolix</i> .....                         | 60 |

|                                    |           |                              |        |                                     |        |
|------------------------------------|-----------|------------------------------|--------|-------------------------------------|--------|
| NORDITROPIN FLEXPPO.....           | 39        | ondansetron hcl.....         | 27, 31 | PEDVAX HIB.....                     | 36     |
| norethin ace-eth estrad-fe.....    | 64        | ONETOUCH TEST STRIPS.....    | 21     | peg 3350-kcl-na bicarb-nacl.....    | 28     |
| norethindrone acetate.....         | 66        | ONFI.....                    | 46     | peg-3350/electrolytes.....          | 28     |
| norethindrone-eth estradiol.....   | 64        | OPDIVO.....                  | 12     | PEGANONE.....                       | 46     |
| norethin-eth estradiol-fe.....     | 64        | OPSUMIT.....                 | 58     | PEGASYS.....                        | 5      |
| NORITATE.....                      | 59        | ORALAIR.....                 | 58     | PEGASYS PROCLICK.....               | 5      |
| norlyroc.....                      | 64        | ORAP.....                    | 55     | penicillin g pot in dextrose.....   | 31     |
| NORMOSOL-M IN D5W.....             | 32        | ORAPRED ODT.....             | 34     | penicillin g potassium.....         | 31     |
| NORMOSOL-R IN D5W.....             | 32        | ORBACTIV.....                | 31     | penicillin g sodium.....            | 31     |
| NORMOSOL-R PH 7.4.....             | 32        | ORENCIA.....                 | 48     | penicillin v potassium.....         | 7      |
| NORPACE CR.....                    | 17        | ORENCIA CLICKJECT.....       | 48     | PENTAM.....                         | 4      |
| NORTHERA.....                      | 19        | ORENITRAM.....               | 58     | pentoxifylline er.....              | 10     |
| nortrel 0.5/35 (28).....           | 64        | ORFADIN.....                 | 40     | PERFOROMIST.....                    | 57     |
| nortrel 1/35 (21).....             | 64        | ORKAMBI.....                 | 38     | perindopril erbumine.....           | 16     |
| nortrel 1/35 (28).....             | 64        | orsythia.....                | 64     | periogard.....                      | 23     |
| nortrel 7/7/7.....                 | 64        | ORTHO TRI-CYCLEN (28).....   | 64     | PERJETA.....                        | 12     |
| nortriptyline hcl.....             | 54        | oseltamivir phosphate.....   | 5      | permethrin.....                     | 62     |
| NORVIR.....                        | 5         | OSMOPREP.....                | 28     | perphenazine.....                   | 55     |
| NOXAFIL.....                       | 3         | OTEZLA.....                  | 61     | perphenazine-amitriptyline.....     | 55     |
| NUCALA.....                        | 58        | oxacillin sodium.....        | 31     | PEXEVA.....                         | 54     |
| NUEDEXTA.....                      | 45        | oxaliplatin.....             | 12     | phenelzine sulfate.....             | 54     |
| NULOJIX.....                       | 37        | oxandrolone.....             | 34     | phenobarbital.....                  | 46     |
| NUPLAZID.....                      | 55        | oxaprozin.....               | 49     | phenoxybenzamine hcl.....           | 42     |
| NUTRILIPID.....                    | 33        | oxazepam.....                | 51     | phenytoin.....                      | 46     |
| NUTROPIN AQ NUSPIN 10.....         | 39        | oxcarbazepine.....           | 46     | phenytoin sodium.....               | 46     |
| NUTROPIN AQ NUSPIN 20.....         | 39        | oxiconazole nitrate.....     | 61     | phenytoin sodium extended.....      | 46     |
| NUTROPIN AQ NUSPIN 5.....          | 39        | OXISTAT.....                 | 61     | PHOSPHOLINE IODIDE.....             | 26     |
| NUVARING.....                      | 64        | OXTELLAR XR.....             | 46     | pilocarpine hcl.....                | 23, 26 |
| NUVESSA.....                       | 66        | oxybutynin chloride.....     | 43     | pimozide.....                       | 55     |
| nyamyc.....                        | 61        | oxybutynin chloride er.....  | 43     | pindolol.....                       | 18     |
| nyata.....                         | 61        | oxycodone hcl.....           | 51     | pioglitazone hcl.....               | 23     |
| nystatin.....                      | 3, 61     | oxycodone hcl er.....        | 51     | pioglitazone hcl-glimepiride.....   | 23     |
| nystatin-triamcinolone.....        | 61        | oxycodone-acetaminophen..... | 51     | pioglitazone hcl-metformin hcl..... | 23     |
| nystop.....                        | 61        | oxycodone-aspirin.....       | 51     | piperacillin sod-tazobactam so..    | 31     |
| OICALIVA.....                      | 28        | oxycodone-ibuprofen.....     | 51     | piroxicam.....                      | 49     |
| OCTAGAM.....                       | 36        | OXYCONTIN.....               | 51     | PLASMA-LYTE 148.....                | 32     |
| octreotide acetate.....            | 37        | oxymorphone hcl.....         | 51     | PLASMA-LYTE A.....                  | 32     |
| ODEFSEY.....                       | 5         | oxymorphone hcl er.....      | 51     | PLEGRIDY.....                       | 41     |
| ODOMZO.....                        | 14        | paclitaxel.....              | 12     | PLEGRIDY STARTER PACK..             | 41     |
| OFEV.....                          | 58        | paliperidone er.....         | 55     | PLENAMINE.....                      | 33     |
| ofloxacin.....                     | 8, 23, 25 | pamidronate disodium.....    | 66     | PNEUMOVAX 23.....                   | 36     |
| olanzapine.....                    | 55        | PANDEL.....                  | 60     | podofilox.....                      | 63     |
| olanzapine-fluoxetine hcl.....     | 52        | PANRETIN.....                | 62     | polyethylene glycol 3350.....       | 28     |
| olmesartan medoxomil.....          | 17        | pantoprazole sodium.....     | 28     | polymyxin b sulfate.....            | 31     |
| olmesartan medoxomil-hctz.....     | 18        | paricalcitol.....            | 40     | polymyxin b-trimethoprim.....       | 25     |
| olmesartan-amlodipine-hctz.....    | 18        | paromomycin sulfate.....     | 4      | POMALYST.....                       | 14     |
| olopatadine hcl.....               | 24        | paroxetine hcl.....          | 54     | portia-28.....                      | 64     |
| omega-3-acid ethyl esters.....     | 20        | paroxetine hcl er.....       | 54     | potassium chloride.....             | 21, 32 |
| omeprazole.....                    | 28        | PASER.....                   | 8      | potassium chloride crys er.....     | 21     |
| omeprazole-sodium bicarbonate..... | 28        | PAXIL ORAL SUSPENSION...     | 54     | potassium chloride er.....          | 21     |
| OMNITROPE.....                     | 39        | PCE.....                     | 7      | potassium chloride in dextrose...   | 32     |
| ondansetron.....                   | 27        | PEDIARIX.....                | 36     | potassium chloride in nacl.....     | 32     |

|                                             |        |                                          |        |                                        |       |
|---------------------------------------------|--------|------------------------------------------|--------|----------------------------------------|-------|
| <i>potassium citrate er</i> .....           | 43     | <i>propantheline bromide</i> .....       | 28     | RELI-ON INSULIN SYRINGE.....           | 21    |
| PRADAXA.....                                | 10     | <i>proparacaine hcl</i> .....            | 27     | RELISTOR.....                          | 28    |
| <i>pramipexole dihydrochloride</i> .....    | 45     | <i>propranolol hcl</i> .....             | 18, 19 | REMICADE.....                          | 48    |
| <i>pramipexole dihydrochloride er</i> ..... | 45     | <i>propranolol hcl er</i> .....          | 18     | REMODULIN.....                         | 58    |
| <i>pravastatin sodium</i> .....             | 20     | <i>propranolol-hctz</i> .....            | 18     | RENVELA.....                           | 42    |
| <i>prazosin hcl</i> .....                   | 16     | <i>propylthiouracil</i> .....            | 35     | <i>repaglinide</i> .....               | 23    |
| PRED MILD.....                              | 25     | PROQUAD.....                             | 36     | <i>repaglinide-metformin hcl</i> ..... | 23    |
| PRED-G.....                                 | 25     | PROSOL.....                              | 33     | REPATHA.....                           | 20    |
| PRED-G S.O.P.....                           | 25     | <i>protriptyline hcl</i> .....           | 54     | REPATHA PUSHTRONEX                     |       |
| <i>prednicarbate</i> .....                  | 61     | PROVENTIL HFA.....                       | 57     | SYSTEM.....                            | 20    |
| <i>prednisolone acetate</i> .....           | 25     | <i>prudoxin</i> .....                    | 62     | REPATHA SURECLICK.....                 | 20    |
| <i>prednisolone sodium phosphate</i>        |        | PULMICORT FLEXHALER.....                 | 57     | RESCRIPTOR.....                        | 5     |
| .....                                       | 25, 34 | PULMOZYME.....                           | 38     | RESTASIS.....                          | 27    |
| <i>prednisone</i> .....                     | 34     | PURIXAN.....                             | 14     | RETIN-A.....                           | 59    |
| PREDNISONE INTENSOL.....                    | 34     | PYLERA.....                              | 28     | RETIN-A MICRO.....                     | 59    |
| <i>preferred plus insulin syringe</i> ..... | 21     | <i>pyrazinamide</i> .....                | 8      | RETIN-A MICRO PUMP.....                | 59    |
| PREMARIN.....                               | 66     | <i>pyridostigmine bromide</i> .....      | 41     | RETROVIR.....                          | 32    |
| PREMASOL.....                               | 33     | <i>pyridostigmine bromide er</i> .....   | 41     | REVATIO ORAL SOLUTION.....             | 58    |
| PREMPHASE.....                              | 66     | QUADRACEL.....                           | 36     | REVLIMID.....                          | 14    |
| PREMPRO.....                                | 66     | <i>quasense</i> .....                    | 65     | REXULTI.....                           | 56    |
| <i>prenatal</i> .....                       | 66     | QUDEXY XR.....                           | 46     | REYATAZ.....                           | 5     |
| PREVALITE.....                              | 20     | <i>quetiapine fumarate</i> .....         | 55     | <i>ribasphere</i> .....                | 6     |
| PREVNAR 13.....                             | 36     | <i>quetiapine fumarate er</i> .....      | 55     | RIBASPHERE RIBAPAK.....                | 6     |
| PREZCOBIX.....                              | 5      | QUILLIVANT XR.....                       | 52     | <i>ribavirin</i> .....                 | 6     |
| PREZISTA.....                               | 5      | <i>quinapril hcl</i> .....               | 16     | RIDAURA.....                           | 48    |
| PRIFTIN.....                                | 8      | <i>quinapril-hydrochlorothiazide</i> ... | 18     | <i>rifabutin</i> .....                 | 8     |
| <i>primaquine phosphate</i> .....           | 4      | <i>quinidine gluconate er</i> .....      | 17     | RIFAMATE.....                          | 8     |
| <i>primidone</i> .....                      | 46     | <i>quinidine sulfate</i> .....           | 17     | <i>rifampin</i> .....                  | 8, 32 |
| PRIVIGEN.....                               | 36     | <i>quinine sulfate</i> .....             | 4      | RIFATER.....                           | 8     |
| PROAIR HFA.....                             | 57     | QVAR.....                                | 57     | <i>riluzole</i> .....                  | 38    |
| PROAIR RESPICLICK.....                      | 57     | RABAVERT.....                            | 36     | <i>rimantadine hcl</i> .....           | 6     |
| <i>probenecid</i> .....                     | 49     | <i>rabeprazole sodium</i> .....          | 29     | <i>ringers</i> .....                   | 32    |
| PROCALAMINE.....                            | 33     | RAGWITEK.....                            | 58     | RIOMET.....                            | 23    |
| <i>prochlorperazine</i> .....               | 27     | <i>raloxifene hcl</i> .....              | 66     | <i>risedronate sodium</i> .....        | 66    |
| <i>prochlorperazine edisylate</i> .....     | 31     | <i>ramipril</i> .....                    | 16     | RISPERDAL CONSTA.....                  | 52    |
| <i>prochlorperazine maleate</i> .....       | 27     | RANEXA.....                              | 16     | <i>risperidone</i> .....               | 52    |
| PROCRT.....                                 | 9      | <i>ranitidine hcl</i> .....              | 29     | RITUXAN.....                           | 12    |
| <i>procto-med hc</i> .....                  | 62     | RAPAMUNE ORAL                            |        | <i>rivastigmine</i> .....              | 44    |
| <i>procto-pak</i> .....                     | 62     | SOLUTION.....                            | 37     | <i>rivastigmine tartrate</i> .....     | 44    |
| <i>proctosol hc</i> .....                   | 62     | <i>rasagiline mesylate</i> .....         | 45     | <i>rizatriptan benzoate</i> .....      | 44    |
| <i>proctozone-hc</i> .....                  | 62     | RASUVO.....                              | 48     | <i>ropinirole hcl</i> .....            | 45    |
| <i>progesterone micronized</i> .....        | 66     | RAVICTI.....                             | 43     | <i>ropinirole hcl er</i> .....         | 45    |
| PROGLYCEM.....                              | 21     | REBETOL.....                             | 5      | <i>rosuvastatin calcium</i> .....      | 20    |
| PROGRAF INJECTION.....                      | 31     | REBIF.....                               | 41     | ROTARIX.....                           | 37    |
| PROLASTIN-C.....                            | 58     | REBIF REBIDOSE.....                      | 41     | ROTATEQ.....                           | 37    |
| PROLENSA.....                               | 26     | REBIF REBIDOSE                           |        | <i>roweepra</i> .....                  | 46    |
| PROLEUKIN.....                              | 12     | TITRATION PACK.....                      | 41     | ROZEREM.....                           | 54    |
| PROLIA.....                                 | 66     | REBIF TITRATION PACK.....                | 41     | RUBRACA.....                           | 14    |
| PROMACTA.....                               | 9      | RECLAST.....                             | 66     | RUCONEST.....                          | 40    |
| <i>promethazine hcl</i> .....               | 27, 31 | RECOMBIVAX HB.....                       | 37     | RYDAPT.....                            | 14    |
| <i>propafenone hcl</i> .....                | 17     | REGRANEX.....                            | 62     | RYTARY.....                            | 45    |
| <i>propafenone hcl er</i> .....             | 17     | RELENZA DISKHALER.....                   | 5      | SABRIL.....                            | 46    |

|                                          |        |                                           |        |                                            |        |
|------------------------------------------|--------|-------------------------------------------|--------|--------------------------------------------|--------|
| SAFYRAL.....                             | 65     | spironolactone-hctz.....                  | 20     | TALTZ.....                                 | 62     |
| SAIZEN.....                              | 39     | SPRITAM.....                              | 47     | TAMIFLU ORAL SOLUTION... 6                 |        |
| SAIZEN CLICK.EASY.....                   | 39     | SPRYCEL.....                              | 14     | <i>tamoxifen citrate</i> .....             | 15     |
| SAMSCA.....                              | 43     | <i>sps</i> .....                          | 42     | <i>tamsulosin hcl</i> .....                | 43     |
| SANCUSO.....                             | 27     | <i>ssd</i> .....                          | 59     | TARCEVA.....                               | 15     |
| SANDOSTATIN LAR DEPOT.....               | 38     | <i>stavudine</i> .....                    | 6      | TARGRETIN.....                             | 15, 63 |
| SANTYL.....                              | 62     | STELARA.....                              | 62     | <i>tarina fe 1/20</i> .....                | 65     |
| SAPHRIS.....                             | 56     | <i>sterile water for irrigation</i> ..... | 62     | TASIGNA.....                               | 15     |
| SAVELLA.....                             | 47     | STIMATE.....                              | 10     | <i>tazarotene</i> .....                    | 62     |
| <i>selegiline hcl</i> .....              | 45     | STIVARGA.....                             | 14     | TAZORAC.....                               | 62     |
| <i>selenium sulfide</i> .....            | 62     | STRENSIQ.....                             | 40     | <i>taztia xt</i> .....                     | 19     |
| SELZENTRY.....                           | 6      | <i>streptomycin sulfate</i> .....         | 32     | TECENTRIQ.....                             | 12     |
| SENSIPAR.....                            | 40     | STRIBILD.....                             | 6      | TECFIDERA.....                             | 41     |
| SEREVENT DISKUS.....                     | 57     | STRIVERDI RESPIMAT.....                   | 57     | TEFLARO.....                               | 32     |
| SEROSTIM.....                            | 39     | STROMECTOL.....                           | 3      | TEGRETOL-XR.....                           | 47     |
| <i>sertraline hcl</i> .....              | 54     | SUBOXONE FILM.....                        | 41     | TEKTRUNA.....                              | 19     |
| <i>sevelamer carbonate oral</i>          |        | SUBSYS.....                               | 51     | TEKTRUNA HCT.....                          | 18     |
| <i>packets</i> .....                     | 42     | SUCRAID.....                              | 42     | <i>telmisartan</i> .....                   | 17     |
| SFROWASA.....                            | 29     | <i>sucrafate</i> .....                    | 29     | <i>telmisartan-amlodipine</i> .....        | 18     |
| <i>sharobel</i> .....                    | 65     | <i>sulfacetamide sodium</i> .....         | 25     | <i>telmisartan-hctz</i> .....              | 18     |
| SIGNIFOR.....                            | 38     | <i>sulfacetamide sodium (acne)</i> .....  | 63     | <i>temazepam</i> .....                     | 54     |
| SIGNIFOR LAR.....                        | 38     | <i>sulfacetamide-prednisolone</i> .....   | 25     | <i>temozolomide</i> .....                  | 15     |
| <i>sildenafil citrate</i> .....          | 58     | <i>sulfadiazine</i> .....                 | 8      | TENIVAC.....                               | 37     |
| SILENOR.....                             | 54     | <i>sulfamethoxazole-trimethoprim</i>      |        | <i>terazosin hcl</i> .....                 | 16     |
| <i>silver sulfadiazine</i> .....         | 59     | .....                                     | 8, 32  | <i>terbinafine hcl</i> .....               | 3      |
| SIMBRINZA.....                           | 26     | SULFAMYLLON.....                          | 63     | <i>terbutaline sulfate</i> .....           | 57     |
| SIMPONI.....                             | 48     | <i>sulfasalazine</i> .....                | 29     | <i>terconazole</i> .....                   | 67     |
| SIMPONI ARIA.....                        | 48     | <i>sulindac</i> .....                     | 49     | <i>testosterone</i> .....                  | 34     |
| SIMULECT.....                            | 37     | <i>sumatriptan</i> .....                  | 44     | <i>testosterone cypionate</i> .....        | 34     |
| <i>simvastatin</i> .....                 | 20     | <i>sumatriptan succinate</i> .....        | 44     | <i>testosterone enanthate</i> .....        | 34     |
| <i>sirolimus</i> .....                   | 37     | <i>sumatriptan succinate refill</i> ..... | 44     | <i>tetanus-diphtheria toxoids td</i> ..... | 37     |
| SIRTURO.....                             | 8      | SUPRAX.....                               | 7      | <i>tetrabenazine</i> .....                 | 40     |
| SIVEXTRO.....                            | 3, 32  | SUPREP BOWEL PREP KIT... 28               |        | <i>tetracycline hcl</i> .....              | 9      |
| SKLICE.....                              | 62     | SURMONTIL.....                            | 54     | THALOMID.....                              | 15     |
| <i>sodium chloride</i> .....             | 32, 62 | SUSTIVA.....                              | 6      | <i>theophylline</i> .....                  | 57     |
| <i>sodium lactate</i> .....              | 32     | SUTENT.....                               | 15     | <i>theophylline er</i> .....               | 57     |
| <i>sodium phenylbutyrate</i> .....       | 43     | SYLATRON.....                             | 12     | <i>thioridazine hcl</i> .....              | 56     |
| <i>sodium polystyrene sulfonate</i> .... | 42     | SYLVANT.....                              | 38     | <i>thiotepa</i> .....                      | 12     |
| SOLTAMOX.....                            | 14     | SYMBICORT.....                            | 57     | <i>thiothixene</i> .....                   | 56     |
| SOLU-CORTEF.....                         | 34     | SYMLINPEN 120.....                        | 22     | THYMOGLOBULIN.....                         | 37     |
| SOLU-MEDROL.....                         | 34     | SYMLINPEN 60.....                         | 22     | THYROLAR-1.....                            | 35     |
| SOMATULINE DEPOT.....                    | 38     | SYNAGIS.....                              | 42     | THYROLAR-1/2.....                          | 35     |
| SOMAVERT.....                            | 38     | SYNAREL.....                              | 35     | THYROLAR-1/4.....                          | 35     |
| SOOLANTRA.....                           | 59     | SYNERCID.....                             | 32     | THYROLAR-2.....                            | 35     |
| <i>sorine</i> .....                      | 17     | SYNJARDY.....                             | 23     | THYROLAR-3.....                            | 35     |
| <i>sotalol hcl</i> .....                 | 17     | SYNRIBO.....                              | 12     | <i>tiagabine hcl</i> .....                 | 47     |
| <i>sotalol hcl (af)</i> .....            | 17     | SYNTHROID.....                            | 35     | <i>tigecycline</i> .....                   | 32     |
| SOTYLIZE.....                            | 17     | SYPRINE.....                              | 43     | <i>timolol maleate</i> .....               | 19, 26 |
| SOVALDI.....                             | 6      | TABLOID.....                              | 15     | <i>tinidazole</i> .....                    | 4      |
| SPIRIVA HANDIHALER.....                  | 57     | <i>tacrolimus</i> .....                   | 37, 63 | TIROSINT.....                              | 35     |
| SPIRIVA RESPIMAT.....                    | 57     | TAFINLAR.....                             | 15     | TIVICAY.....                               | 6      |
| <i>spironolactone</i> .....              | 20     | TAGRISSO.....                             | 15     | <i>tizanidine hcl</i> .....                | 47     |

|                                             |        |                                             |        |                                   |       |
|---------------------------------------------|--------|---------------------------------------------|--------|-----------------------------------|-------|
| TOBI PODHALER.....                          | 38     | TRINTELLIX.....                             | 54     | VENTAVIS.....                     | 58    |
| TOBRADEX.....                               | 25     | TRIOSTAT.....                               | 35     | VENTOLIN HFA.....                 | 57    |
| TOBRADEX ST.....                            | 25     | <i>tri-previfem</i> .....                   | 65     | <i>verapamil hcl</i> .....        | 19    |
| <i>tobramycin</i> .....                     | 25, 38 | TRISENOX.....                               | 12     | <i>verapamil hcl er</i> .....     | 19    |
| <i>tobramycin sulfate</i> .....             | 32     | <i>tri-sprintec</i> .....                   | 65     | VERIPRED 20.....                  | 34    |
| <i>tobramycin-dexamethasone</i> .....       | 25     | TRIUMEQ.....                                | 6      | VERSACLOZ.....                    | 56    |
| <i>tolazamide</i> .....                     | 23     | <i>trivora (28)</i> .....                   | 65     | VESICARE.....                     | 43    |
| <i>tolbutamide</i> .....                    | 23     | TROKENDI XR.....                            | 47     | VIBRAMYCIN.....                   | 9     |
| <i>tolcapone</i> .....                      | 45     | TROPHAMINE.....                             | 33     | VIDEX.....                        | 6     |
| <i>tolmetin sodium</i> .....                | 49     | <i>trospium chloride</i> .....              | 43     | VIGAMOX.....                      | 25    |
| <i>tolterodine tartrate</i> .....           | 43     | <i>trospium chloride er</i> .....           | 43     | VIIBRYD.....                      | 54    |
| <i>tolterodine tartrate er</i> .....        | 43     | TRULICITY.....                              | 22     | VIIBRYD STARTER PACK....          | 54    |
| <i>topiramate</i> .....                     | 47     | TRUMENBA.....                               | 37     | VIMPAT.....                       | 47    |
| <i>topiramate er</i> .....                  | 47     | TRUVADA.....                                | 6      | <i>vinblastine sulfate</i> .....  | 12    |
| <i>topotecan hcl</i> .....                  | 12     | TWINRIX.....                                | 37     | <i>vincasar pfs</i> .....         | 12    |
| TORISEL.....                                | 12     | TYBOST.....                                 | 6      | <i>vincristine sulfate</i> .....  | 12    |
| <i>torsemide</i> .....                      | 20     | TYGACIL.....                                | 32     | <i>vinorelbine tartrate</i> ..... | 12    |
| TOUJEO SOLOSTAR.....                        | 22     | TYKERB.....                                 | 15     | VIRACEPT.....                     | 6     |
| TOVIAZ.....                                 | 43     | TYPHIM VI.....                              | 37     | VIREAD.....                       | 6     |
| <i>tpn electrolytes</i> .....               | 33     | TYSABRI.....                                | 41     | VIVITROL.....                     | 51    |
| TRACLEER.....                               | 58     | UCERIS.....                                 | 28, 29 | <i>voriconazole</i> .....         | 3, 32 |
| TRADJENTA.....                              | 23     | ULORIC.....                                 | 49     | VOTRIENT.....                     | 15    |
| <i>tramadol hcl</i> .....                   | 51     | <i>unithroid</i> .....                      | 35     | VPRIV.....                        | 39    |
| <i>tramadol hcl er</i> .....                | 51     | UPTRAVI.....                                | 58     | VRAYLAR.....                      | 56    |
| <i>tramadol hcl er (biphasic)</i> .....     | 51     | UROCIT-K 10.....                            | 43     | <i>vyfemla</i> .....              | 65    |
| <i>tramadol-acetaminophen</i> .....         | 51     | UROCIT-K 15.....                            | 43     | VYVANSE.....                      | 52    |
| <i>trandolapril</i> .....                   | 16     | UROCIT-K 5.....                             | 43     | <i>warfarin sodium</i> .....      | 10    |
| <i>trandolapril-verapamil hcl er</i> ....   | 18     | <i>ursodiol</i> .....                       | 28     | WELCHOL.....                      | 21    |
| <i>tranexamic acid</i> .....                | 10     | <i>valacyclovir hcl</i> .....               | 6      | XALKORI.....                      | 15    |
| TRANSDERM-SCOP PATCH..                      | 27     | VALCHLOR.....                               | 63     | XARELTO.....                      | 10    |
| <i>tranylcypromine sulfate</i> .....        | 54     | <i>valganciclovir hcl</i> .....             | 6      | XARELTO STARTER PACK... 10        |       |
| TRAVASOL.....                               | 33     | <i>valproate sodium</i> .....               | 32, 47 | XELJANZ.....                      | 48    |
| TRAVATAN Z.....                             | 26     | <i>valproic acid</i> .....                  | 47     | XELJANZ XR.....                   | 48    |
| <i>trazodone hcl</i> .....                  | 54     | <i>valsartan</i> .....                      | 17     | XEOMIN.....                       | 38    |
| TREANDA.....                                | 12     | <i>valsartan-hydrochlorothiazide</i> ... 18 |        | XGEVA.....                        | 66    |
| TRECTOR.....                                | 8      | <i>vancomycin hcl</i> .....                 | 3, 32  | XIFAXAN.....                      | 3, 4  |
| TRELSTAR MIXJECT.....                       | 35     | <i>vandazole</i> .....                      | 67     | XOLAIR.....                       | 58    |
| <i>tretinoin</i> .....                      | 15, 59 | VAQTA.....                                  | 37     | XTANDI.....                       | 15    |
| <i>tretinoin microsphere</i> .....          | 59     | VARIVAX.....                                | 37     | XYREM.....                        | 54    |
| TREXALL.....                                | 48     | VARIZIG.....                                | 37     | YERVOY.....                       | 12    |
| <i>triamcinolone acetonide</i> . 23, 24, 61 |        | VARUBI.....                                 | 27     | YF-VAX.....                       | 37    |
| <i>triamterene-hctz</i> .....               | 20     | VASCEPA.....                                | 21     | YONDELIS.....                     | 12    |
| TRIANEX.....                                | 61     | VECTIBIX.....                               | 12     | <i>yuvaferm</i> .....             | 66    |
| <i>triazolam</i> .....                      | 54     | VELCADE.....                                | 12     | <i>zafirlukast</i> .....          | 57    |
| <i>triderm</i> .....                        | 61     | <i>velivet</i> .....                        | 65     | <i>zaleplon</i> .....             | 54    |
| <i>trifluoperazine hcl</i> .....            | 56     | VELTASSA.....                               | 42     | ZALTRAP.....                      | 12    |
| <i>trifluridine</i> .....                   | 26     | VEMLIDY.....                                | 6      | ZANOSAR.....                      | 12    |
| <i>trihexyphenidyl hcl</i> .....            | 45     | VENCLEXTA.....                              | 15     | ZARXIO.....                       | 9     |
| <i>trilyte</i> .....                        | 28     | VENCLEXTA STARTING                          |        | ZAVESCA.....                      | 39    |
| <i>trimethoprim</i> .....                   | 3      | PACK.....                                   | 15     | ZEJULA.....                       | 15    |
| <i>trimipramine maleate</i> .....           | 54     | <i>venlafaxine hcl</i> .....                | 54     | ZELBORAF.....                     | 15    |
| <i>trinessa (28)</i> .....                  | 65     | <i>venlafaxine hcl er</i> .....             | 54     | ZEMAIRA.....                      | 58    |

|                                   |    |
|-----------------------------------|----|
| ZENCHENT .....                    | 65 |
| ZENCHENT FE .....                 | 65 |
| ZENPEP .....                      | 27 |
| ZERBAXA .....                     | 32 |
| ZERIT .....                       | 6  |
| ZIAGEN .....                      | 6  |
| <i>zidovudine</i> .....           | 6  |
| <i>zileuton er</i> .....          | 58 |
| ZINBRYTA .....                    | 41 |
| ZINECARD .....                    | 15 |
| ZINPLAVA .....                    | 37 |
| <i>ziprasidone hcl</i> .....      | 56 |
| ZIRGAN .....                      | 26 |
| ZMAX .....                        | 7  |
| <i>zoledronic acid</i> .....      | 66 |
| ZOLINZA .....                     | 15 |
| <i>zolmitriptan</i> .....         | 44 |
| <i>zolpidem tartrate</i> .....    | 54 |
| <i>zolpidem tartrate er</i> ..... | 54 |
| ZOMACTON .....                    | 39 |
| <i>zonisamide</i> .....           | 47 |
| ZONTIVITY .....                   | 9  |
| ZORBTIVE .....                    | 39 |
| ZORTRESS .....                    | 37 |
| ZOSTAVAX .....                    | 37 |
| <i>zovia 1/35e (28)</i> .....     | 65 |
| <i>zovia 1/50e (28)</i> .....     | 65 |
| ZOVIRAX .....                     | 63 |
| ZURAMPIC .....                    | 15 |
| ZYDELIG .....                     | 15 |
| ZYKADIA .....                     | 15 |
| ZYLET .....                       | 26 |
| ZYPREXA .....                     | 56 |
| ZYPREXA RELPREVV .....            | 56 |
| ZYTIGA .....                      | 15 |

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**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Tufts Health Plan, Attention:**

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[thpmp.org](http://thpmp.org) | 1-800-701-9000

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (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 1-800-701-9000 (TTY 711)。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-701-9000 (TTY: 711) با تماس بگیرید.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

**Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (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。1-800-701-9000 (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 1-800-701-9000 (TTY: 711)

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**Navajo:** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwoḍęę, t'áá jiik'eh, 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 1-800-701-9000 (TTY: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (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 1-800-701-9000 (TTY: 711).

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Este formulario se actualizó en septiembre de 2017. Para obtener información más actualizada o para realizar otras preguntas, comuníquese con nosotros al 1-800-701-9000 o, para usuarios de TTY, al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (desde el 1 de octubre hasta el 14 de febrero, los representantes están disponibles los 7 días de la semana, de 8:00 a. m. a 8:00 p. m.). Fuera del horario de atención y los días feriados, deje un mensaje y un representante le devolverá la llamada el siguiente día hábil.

O visite **[tuftsmedicarepreferred.org](https://tuftsmedicarepreferred.org)**.

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Tufts Health Plan es un plan de una Organización de Mantenimiento de la Salud (HMO) que tiene contrato con Medicare. La inscripción a Tufts Health Plan depende de la renovación del contrato.

El formulario está sujeto a cambios en cualquier momento. Recibirá una notificación cuando sea necesario.



705 Mount Auburn Street,  
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