



# Tufts Medicare Preferred HMO 2021 Formulary (List of Covered Drugs)

Tufts Medicare Preferred HMO Plans

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

21576 Version 14

This formulary was updated on 5/01/2021. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30, or visit [www.thpmp.org](http://www.thpmp.org).

# **Tufts Medicare Preferred HMO 2021 Formulary (List of Covered Drugs)**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan Medicare Preferred. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of May 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## **What is the Tufts Medicare Preferred HMO Formulary?**

A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## **Can the Formulary (drug list) change?**

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

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to

cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5.

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5.

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2020. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 19. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Agents*.” If you know what your drug is used for,

look for the category name in the list that begins on page 17. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Tufts Medicare Preferred HMO covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelton*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits, or for

a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered.

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Tufts Medicare Preferred HMO Formulary?**

You can ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Tufts Medicare Preferred HMO will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to

72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Customer Relations department.

## **For more information**

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **Tufts Medicare Preferred HMO Formulary**

The formulary that begins on page 19 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

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

## **B vs D: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver Rx, Basic Rx, and Basic No Rx members.

## **QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5 for information about how to request an exception.

## **HI: Home Infusion Drug**

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members. For more information, please contact us at **1-800-701-9000** or, for TTY users, 711. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30.

## **LA: Limited Access Drug**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or contact us at **1-800-701-9000** or, for TTY users, 711. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30.

## **PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

## **STPA: Step Therapy Prior Authorization Applies**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*" on page 5 for information about how to request an exception.

## **Transplant:**

This drug is covered under Part B when used for a Medicare covered organ transplant. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members.

## **Coverage Gap:**

For Tufts Medicare Preferred HMO Prime Rx Plus members, we provide additional coverage for Tier 1 and Tier 2 drugs in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

## **Part B Drug:**

No copayment is required and the cost of the medication does not apply to your Part D benefit. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members.

## **NEDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

## **SP: Available Through a Designated Special Pharmacy Provider**

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

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

	<b>HMO Saver Rx</b>		
Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties			
<b>Deductible</b>	<b>\$250</b> (for your Tier 3, Tier 4, and Tier 5 drugs)		
<b>Copays</b>	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
<b>Tier 1</b>	\$0	\$0	\$0
<b>Tier 2</b>	\$4	\$8	\$12
<b>Tier 3</b>	\$47	\$94	\$141
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	28%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
<b>Tier 1</b>	\$14	\$28	\$42
<b>Tier 2</b>	\$19	\$38	\$57
<b>Tier 3</b>	\$47	\$94	\$141
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	28%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
<b>Tier 1</b>	\$0	\$0	\$0
<b>Tier 2</b>	\$4	\$8	\$8
<b>Tier 3</b>	\$47	\$94	\$94
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	28%	N/A	N/A
<b>Tier 6</b>	N/A	N/A	N/A

<b>Coverage Gap Stage</b>  After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:	<ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>
<b>Catastrophic Coverage Stage</b>  After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.

	<b>HMO Basic Rx</b>  Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties		
<b>Deductible</b>	<b>\$225</b> (for your Tier 3, Tier 4, and Tier 5 drugs)		
<b>Copays</b>	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
<b>Tier 1</b>	\$0	\$0	\$0
<b>Tier 2</b>	\$4	\$8	\$12
<b>Tier 3</b>	\$47	\$94	\$141
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	29%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
<b>Tier 1</b>	\$14	\$28	\$42
<b>Tier 2</b>	\$19	\$38	\$57
<b>Tier 3</b>	\$47	\$94	\$141
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	29%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
<b>Tier 1</b>	\$0	\$0	\$0
<b>Tier 2</b>	\$4	\$8	\$8
<b>Tier 3</b>	\$47	\$94	\$94
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	29%	N/A	N/A
<b>Tier 6</b>	N/A	N/A	N/A

<b>Coverage Gap Stage</b>  After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:	<ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>
<b>Catastrophic Coverage Stage</b>  After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.

	<b>HMO Value Rx</b>		
Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties			
<b>Deductible</b>	<b>\$200</b> (for your Tier 3, Tier 4, and Tier 5 drugs)		
<b>Copays</b>	Retail 30-day supply	Retail 60-day supply	Retail 90-day supply
<b>Tier 1</b>	\$4	\$8	\$12
<b>Tier 2</b>	\$8	\$16	\$24
<b>Tier 3</b>	\$45	\$90	\$135
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	29%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
<b>Tier 1</b>	\$4	\$8	\$8
<b>Tier 2</b>	\$8	\$16	\$16
<b>Tier 3</b>	\$45	\$90	\$90
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	29%	N/A	N/A
<b>Tier 6</b>	N/A	N/A	N/A

<b>Coverage Gap Stage</b>  After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:	<ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>
<b>Catastrophic Coverage Stage</b>  After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.

	<b>HMO Prime Rx</b>		
Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties			
<b>Deductible</b>	<b>\$0</b>		
<b>Copays</b>	Retail 30-day supply	Retail 60-day supply	Retail 90-day supply
<b>Tier 1</b>	\$4	\$8	\$12
<b>Tier 2</b>	\$8	\$16	\$24
<b>Tier 3</b>	\$45	\$90	\$135
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	33%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
<b>Tier 1</b>	\$4	\$8	\$8
<b>Tier 2</b>	\$8	\$16	\$16
<b>Tier 3</b>	\$45	\$90	\$90
<b>Tier 4</b>	\$100	\$200	\$300
<b>Tier 5</b>	33%	N/A	N/A
<b>Tier 6</b>	N/A	N/A	N/A

<b>Coverage Gap Stage</b>  After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:	<ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>
<b>Catastrophic Coverage Stage</b>  After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.

	<b>HMO Prime Rx Plus</b>		
	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk Counties		
<b>Deductible</b>	<b>\$0</b>		
<b>Copays</b>	Retail 30-day supply	Retail 60-day supply	Retail 90-day supply
<b>Tier 1</b>	\$2	\$4	\$6
<b>Tier 2</b>	\$4	\$8	\$12
<b>Tier 3</b>	\$30	\$60	\$90
<b>Tier 4</b>	\$80	\$160	\$240
<b>Tier 5</b>	33%	N/A	N/A
<b>Tier 6</b>	\$0	N/A	N/A
<b>Copays</b>	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
<b>Tier 1</b>	\$2	\$4	\$4
<b>Tier 2</b>	\$4	\$8	\$8
<b>Tier 3</b>	\$30	\$60	\$60
<b>Tier 4</b>	\$80	\$160	\$240
<b>Tier 5</b>	33%	N/A	N/A
<b>Tier 6</b>	N/A	N/A	N/A

<b>Coverage Gap Stage</b>  After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:	<ul style="list-style-type: none"> <li>• Tier 1 copayments for preferred generic drugs on Tier 1</li> <li>• Tier 2 copayments for generic drugs on Tier 2</li> <li>• 25% of costs for all other Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>
<b>Catastrophic Coverage Stage</b>  After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:	5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**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: 711)  
Fax: 1-617-972-9048  
Email: [OCRCordinator@tufts-health.com](mailto:OCRCordinator@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 (TDD: 1-800-537-7697)

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

[thpmp.org](http://thpmp.org) | 1-800-701-9000 (TTY: 711)

**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) فراهم می باشد. با تماس بگیرید.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (TTY: 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:** સુધ્યના: જો તમે ગુજરાતી ભોલતા 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 ភាសាដូរ, សេវាដំឡើយដែកភាសា ដោយមិនគិតលប្បីលគិតអចមានសំរប់បំផ្តុក។ ចូរ ទូរសព្ទ 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:** ໂປ່ຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສ්ຈ່າ, ແມ່ນມີພອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníltígo Diné Bizaad, saad bee ákáánida'áwo'déq, t'áá jiik'eh, eí ná hóló, koji' hódíílnih 1-800-701-9000 (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 (TTY: 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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Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
<i>clotrimazole mouth/throat troche</i>	Tier-2	
CRESEMBA ORAL CAPSULE	Tier-5	NEDS
<i>fluconazole oral suspension reconstituted</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-2	
<i>flucytosine oral capsule</i>	Tier-5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier-2	
<i>griseofulvin microsize oral tablet</i>	Tier-2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-2	
<i>itraconazole oral capsule</i>	Tier-2	
<i>itraconazole oral solution</i>	Tier-3	
<i>ketoconazole oral tablet</i>	Tier-2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier-3	
NOXAFIL ORAL SUSPENSION	Tier-5	NEDS
<i>nystatin oral tablet</i>	Tier-2	
<i>posaconazole oral tablet delayed release</i>	Tier-5	NEDS
<i>terbinafine hcl oral tablet</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-4	QL (56 EA per 14 days)
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier-4	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	Tier-5	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-4	
ALINIA ORAL TABLET	Tier-4	
ARIKAYCE INHALATION SUSPENSION	Tier-5	NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-4	
<i>fosfomycin tromethamine oral packet</i>	Tier-3	
<i>ivermectin oral tablet</i>	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-5	NEDS
<i>linezolid oral tablet</i>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methenamine hippurate oral tablet</i>	Tier-2	
<i>metronidazole oral capsule</i>	Tier-2	
<i>metronidazole oral tablet</i>	Tier-2	
<b>MONUROL ORAL PACKET</b>	Tier-4	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>nitazoxanide oral tablet</i>	Tier-3	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier-2	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-2	
<i>praziquantel oral tablet</i>	Tier-3	
<b>SIVEXTRO ORAL TABLET</b>	Tier-5	NEDS
<b>STROMECTOL ORAL TABLET</b>	Tier-3	
<i>trimethoprim oral tablet</i>	Tier-1	
<i>vancomycin hcl oral capsule</i>	Tier-3	
<i>vancomycin hcl oral solution reconstituted</i>	Tier-4	
<b>XENLETA ORAL TABLET</b>	Tier-5	NEDS
<b>XIFAXAN ORAL TABLET 200 MG</b>	Tier-5	NEDS
<b>XIFAXAN ORAL TABLET 550 MG</b>	Tier-5	PA; NEDS

## **ANTIMALARIALS AND ANTIPROTOZOALS**

<i>atovaquone oral suspension</i>	Tier-5	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	Tier-4	
<b>BENZNIDAZOLE ORAL TABLET</b>	Tier-4	
<i>chloroquine phosphate oral tablet</i>	Tier-2	
<b>COARTEM ORAL TABLET</b>	Tier-3	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	Tier-4	
<b>DARAPRIM ORAL TABLET</b>	Tier-3	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-2	
<b>KRINTAFEL ORAL TABLET</b>	Tier-3	
<b>LAMPIT ORAL TABLET</b>	Tier-4	
<i>mefloquine hcl oral tablet</i>	Tier-2	
<i>paromomycin sulfate oral capsule</i>	Tier-2	
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	Tier-3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier-3	B vs D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier-3	
<i>primaquine phosphate oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyrimethamine oral tablet</i>	Tier-3	
<i>quinine sulfate oral capsule</i>	Tier-2	
<i>tinidazole oral tablet</i>	Tier-2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate oral solution</i>	Tier-3	
<i>abacavir sulfate oral tablet</i>	Tier-2	
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier-3	
<i>abacavir-lamivudine-zidovudine oral tablet</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 oral tablet</i>	Tier-5	NEDS
<i>amantadine hcl oral capsule</i>	Tier-2	
<i>amantadine hcl oral syrup</i>	Tier-2	
<i>amantadine hcl oral tablet</i>	Tier-2	
<b>APTIVUS ORAL CAPSULE</b>	Tier-5	NEDS
<b>APTIVUS ORAL SOLUTION</b>	Tier-5	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier-4	
<b>ATRIPLA ORAL TABLET</b>	Tier-5	NEDS
<b>BIKTARVY ORAL TABLET</b>	Tier-5	NEDS
<b>CIMDUO ORAL TABLET</b>	Tier-5	NEDS
<b>COMPLERA ORAL TABLET</b>	Tier-5	NEDS
<b>CRIXIVAN ORAL CAPSULE</b>	Tier-3	
<b>DELSTRIGO ORAL TABLET</b>	Tier-3	
<b>DESCOVY ORAL TABLET</b>	Tier-5	NEDS
<b>DOVATO ORAL TABLET</b>	Tier-5	NEDS
<b>EDURANT ORAL TABLET</b>	Tier-5	NEDS
<i>efavirenz oral capsule</i>	Tier-3	
<i>efavirenz oral tablet</i>	Tier-5	NEDS
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier-5	NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier-5	NEDS
<i>emtricitabine oral capsule</i>	Tier-3	
<i>emtricitabine-tenofovir df oral tablet</i>	Tier-5	NEDS
<b>EMTRIVA ORAL CAPSULE</b>	Tier-3	
<b>EMTRIVA ORAL SOLUTION</b>	Tier-3	
<i>entecavir oral tablet</i>	Tier-3	
<b>EPCLUSIA ORAL TABLET</b>	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIVIR ORAL SOLUTION	Tier-3	
EVOTAZ ORAL TABLET	Tier-5	NEDS
<i>famciclovir oral tablet</i>	Tier-4	
<i>fosamprenavir calcium oral tablet</i>	Tier-5	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	Tier-5	NEDS
HARVONI ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	NEDS
INTRON A INJECTION SOLUTION	Tier-3	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty
INVIRASE ORAL TABLET	Tier-5	NEDS
ISENTRESS HD ORAL TABLET	Tier-5	QL (60 EA per 30 days); 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)
JULUCA ORAL TABLET	Tier-5	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	NEDS
<i>lamivudine oral solution</i>	Tier-2	
<i>lamivudine oral tablet</i>	Tier-2	
<i>lamivudine-zidovudine oral tablet</i>	Tier-2	
LEXIVA ORAL SUSPENSION	Tier-3	
<i>lopinavir-ritonavir oral solution</i>	Tier-3	
MAVYRET ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-2	
<i>nevirapine oral suspension</i>	Tier-2	
<i>nevirapine oral tablet</i>	Tier-2	
NORVIR ORAL PACKET	Tier-3	
NORVIR ORAL SOLUTION	Tier-3	
ODEFSEY ORAL TABLET	Tier-5	NEDS
<i>oseltamivir phosphate oral capsule</i>	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-1	
PEGASYS SUBCUTANEOUS SOLUTION	Tier-5	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	Tier-5	NEDS
PREVYMIS ORAL TABLET	Tier-5	PA; NEDS
PREZCOBIX ORAL TABLET	Tier-5	NEDS
PREZISTA ORAL SUSPENSION	Tier-5	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier-5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier-4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	Tier-5	NEDS
<i>ribavirin oral capsule</i>	Tier-2	SP-CVS specialty
<i>ribavirin oral tablet</i>	Tier-2	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	Tier-2	
<i>ritonavir oral tablet</i>	Tier-3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-5	NEDS
SELZENTRY ORAL SOLUTION	Tier-3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	Tier-3	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-3	QL (60 EA per 30 days)
STRIBILD ORAL TABLET	Tier-5	NEDS
SYMFI LO ORAL TABLET	Tier-5	NEDS
SYMFI ORAL TABLET	Tier-5	NEDS
SYMTUZA ORAL TABLET	Tier-5	NEDS
TEMIXYS ORAL TABLET	Tier-5	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-3	
TIVICAY ORAL TABLET 10 MG	Tier-3	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-5	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier-4	
TRIUMEQ ORAL TABLET	Tier-5	NEDS
TRUVADA ORAL TABLET	Tier-5	NEDS
TYBOST ORAL TABLET	Tier-3	
<i>valacyclovir hcl oral tablet</i>	Tier-3	
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-5	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valganciclovir hcl oral tablet</i>	Tier-5	NEDS
VEMLIDY ORAL TABLET	Tier-5	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	Tier-3	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	NEDS
VIREAD ORAL POWDER	Tier-5	NEDS
VIREAD ORAL TABLET	Tier-5	NEDS
VOSEVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	QL (2 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	QL (2 EA per 7 days)
ZIAGEN ORAL TABLET	Tier-3	
<i>zidovudine oral capsule</i>	Tier-2	
<i>zidovudine oral syrup</i>	Tier-2	
<i>zidovudine oral tablet</i>	Tier-2	
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet chewable</i>	Tier-1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	Tier-3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier-3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	Tier-3	
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-2	
<i>cefaclor oral suspension reconstituted</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-2	
<i>cefadroxil oral tablet</i>	Tier-2	
<i>cefdinir oral capsule</i>	Tier-2	
<i>cefdinir oral suspension reconstituted</i>	Tier-2	
<i>cefixime oral capsule</i>	Tier-3	
<i>cefixime oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral tablet</i>	Tier-2	
<i>ceprozil oral suspension reconstituted</i>	Tier-2	
<i>ceprozil oral tablet</i>	Tier-2	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-3	
<i>cephalexin oral tablet</i>	Tier-2	
<i>dicloxacillin sodium oral capsule</i>	Tier-3	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	
SUPRAX ORAL SUSPENSION RECONSTITUTED	Tier-4	
SUPRAX ORAL TABLET CHEWABLE	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 er oral tablet extended release 24 hour</i>	Tier-2	
<i>clarithromycin oral suspension reconstituted</i>	Tier-3	
<i>clarithromycin oral tablet</i>	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-3	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier-5	PA; NEDS
DIFICID ORAL TABLET	Tier-5	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	Tier-2	
<i>erythrocin stearate oral tablet</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin base oral capsule delayed release particles</i>	Tier-2	
<i>erythromycin base oral tablet</i>	Tier-3	
<i>erythromycin base oral tablet delayed release</i>	Tier-3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier-3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
<b>MYCOBACTERIAL INFECTIONS</b>		
<i>ethambutol hcl oral tablet</i>	Tier-3	
<i>isoniazid oral syrup</i>	Tier-2	
<i>isoniazid oral tablet</i>	Tier-1	
<b>PASER ORAL PACKET</b>	Tier-4	
<i>pretomanid oral tablet</i>	Tier-4	
<b>PRIFTIN ORAL TABLET</b>	Tier-3	
<i>pyrazinamide oral tablet</i>	Tier-2	
<i>rifabutin oral capsule</i>	Tier-2	
<i>rifampin oral capsule</i>	Tier-3	
<b>SIRTURO ORAL TABLET</b>	Tier-5	PA; NEDS
<b>TRECATOR ORAL TABLET</b>	Tier-4	
<b>QUINOLONES</b>		
<b>BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier-5	HI; NEDS
<b>BAXDELA ORAL TABLET</b>	Tier-5	NEDS
<i>ciprofloxacin hcl oral tablet</i>	Tier-1	
<i>levofloxacin oral solution</i>	Tier-3	
<i>levofloxacin oral tablet</i>	Tier-1	
<i>moxifloxacin hcl oral tablet</i>	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-2	
<b>SULFONAMIDES</b>		
<i>sulfadiazine oral tablet</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclacycline hcl oral tablet</i>	Tier-4	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate oral tablet</i>	Tier-2	
<i>doxycycline hyclate oral tablet delayed release</i>	Tier-3	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier-2	
<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 er oral tablet extended release 24 hour</i>	Tier-3	
<i>minocycline hcl oral capsule</i>	Tier-2	
<i>minocycline hcl oral tablet</i>	Tier-4	
<i>monodoxine nl oral capsule</i>	Tier-1	
<b>NUZYRA ORAL TABLET</b>	Tier-5	NEDS
<i>tetracycline hcl oral capsule</i>	Tier-3	
<b>VIBRAMYCIN ORAL SYRUP</b>	Tier-4	

## BLOOD MODIFYING AGENTS

### ANTIPLATELET THERAPY

<i>anagrelide hcl oral capsule</i>	Tier-2	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-3	
<b>BRILINTA ORAL TABLET</b>	Tier-3	
<i>cilostazol oral tablet</i>	Tier-1	
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
<i>dipyridamole oral tablet</i>	Tier-3	
<i>prasugrel hcl oral tablet</i>	Tier-3	

### BLOOD CELL STIMULATORS

<b>DOPTELET ORAL TABLET</b>	Tier-5	PA; SP-CVS specialty; NEDS
<b>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-5	SP-CVS specialty; NEDS
<b>LEUKINE INJECTION SOLUTION RECONSTITUTED</b>	Tier-5	SP-CVS specialty; NEDS
<b>MULPLETA ORAL TABLET</b>	Tier-5	PA; SP-CVS specialty; NEDS
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-5	SP-CVS specialty; NEDS
<b>PROMACTA ORAL PACKET</b>	Tier-5	PA; SP-CVS specialty; NEDS
<b>PROMACTA ORAL TABLET</b>	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier-5	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
<b>BLOOD THINNERS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	Tier-3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier-3	
ELIQUIS ORAL TABLET	Tier-3	
<i>enoxaparin sodium subcutaneous solution</i>	Tier-3	
<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 oral tablet</i>	Tier-1	
PRADAXA ORAL CAPSULE	Tier-4	
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL TABLET	Tier-3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-3	
<b>BLOOD, MISCELLANEOUS</b>		
CABLIVI INJECTION KIT	Tier-5	NEDS
OXBRYTA ORAL TABLET	Tier-5	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier-2	
TAVALISSE ORAL TABLET	Tier-5	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
<b>ORAL AGENTS</b>		
<i>abiraterone acetate oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECensa ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Tier-3	Part B
ALUNBRIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	Tier-1	
AYVAKIT ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	Tier-5	PA; NEDS
<i>bexarotene oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	Tier-2	SP-CVS specialty
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	Tier-5	PA; NEDS
BRUKINSA ORAL CAPSULE	Tier-5	PA; NEDS
CABOMETYX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	Tier-5	PA; NEDS
<i>capecitabine oral tablet</i>	Tier-5	Part B; SP-CVS specialty; NEDS
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) ORAL KIT	Tier-5	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-5	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-5	PA; NEDS
COPIKTRA ORAL CAPSULE	Tier-5	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COTELLIC ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>cyclophosphamide oral capsule</i>	Tier-3	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	Tier-3	
EMCYT ORAL CAPSULE	Tier-3	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	Tier-5	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	Tier-2	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	Tier-2	
FARYDAK ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	Tier-2	
GAVRETO ORAL CAPSULE	Tier-5	PA; NEDS
GILOTRIF ORAL TABLET	Tier-5	PA; NEDS
HYCAMTIN ORAL CAPSULE	Tier-3	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	Tier-2	
IBRANCE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	Tier-5	PA; NEDS
IDHIFA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier-5	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	Tier-5	PA; NEDS
IMBRUVICA ORAL TABLET	Tier-5	PA; NEDS
INLYTA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	Tier-5	PA; NEDS
JAKAFI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	Tier-5	PA; NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier-5	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
<i>letrozole oral tablet</i>	Tier-1	
LEUKERAN ORAL TABLET	Tier-3	
LONSURF ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	Tier-3	
MATULANE ORAL CAPSULE	Tier-5	NEDS
<i>megestrol acetate oral tablet</i>	Tier-1	
MEKINIST ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	Tier-5	PA; NEDS
<i>melphalan oral tablet</i>	Tier-2	Part B
<i>mercaptopurine oral tablet</i>	Tier-2	
MYLERAN ORAL TABLET	Tier-3	Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NERLYNX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	Tier-5	NEDS
NINLARO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ONUREG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ORGOVYX ORAL TABLET	Tier-5	PA; NEDS
PEMAZYRE ORAL TABLET	Tier-5	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	Tier-5	NEDS
QINLOCK ORAL TABLET	Tier-5	PA; NEDS
RETEVMO ORAL CAPSULE	Tier-5	PA; NEDS
REVLIMID ORAL CAPSULE	Tier-5	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	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 ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	Tier-3	SP-CVS specialty
TABRECTA ORAL TABLET	Tier-5	PA; NEDS
TAFINLAR ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	Tier-5	PA; NEDS
TALZENNA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARGRETIN ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	Tier-5	PA; NEDS
<i>temozolomide oral capsule</i>	Tier-3	Part B; SP-CVS specialty
TEPMETKO ORAL TABLET	Tier-5	PA; NEDS
THALOMID ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	Tier-5	PA; NEDS
<i>toremifene citrate oral tablet</i>	Tier-3	
<i>tretinooin oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
TUKYSA ORAL TABLET	Tier-5	PA; NEDS
TURALIO ORAL CAPSULE	Tier-5	PA; NEDS
TYKERB ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-3	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-5	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
VERZENIO ORAL TABLET	Tier-5	PA; NEDS
VITRAKVI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
VOTRIENT ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	Tier-5	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XTANDI ORAL CAPSULE	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
YONSA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	Tier-5	PA; NEDS
ZELBORA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet</i>	Tier-2	
MESNEX ORAL TABLET	Tier-5	NEDS
XURIDEN ORAL PACKET	Tier-5	PA; QL (120 EA per 30 days); NEDS
<b>CARDIOVASCULAR AGENTS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl oral tablet</i>	Tier-1	
<i>captopril oral tablet</i>	Tier-4	
<i>enalapril maleate oral tablet</i>	Tier-2	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-3	
<i>perindopril erbumine oral tablet</i>	Tier-3	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
<i>trandolapril oral tablet</i>	Tier-2	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>terazosin hcl oral capsule</i>	Tier-2	
<b>ANGINA</b>		
CORLANOR ORAL SOLUTION	Tier-4	
CORLANOR ORAL TABLET	Tier-4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier-1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier-3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-2	
<i>isosorbide mononitrate oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NITRO-BID TRANSDERMAL OINTMENT	Tier-4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual solution</i>	Tier-3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier-3	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
<i>candesartan cilexetil oral tablet</i>	Tier-2	
<i>irbesartan oral tablet</i>	Tier-2	
<i>losartan potassium oral tablet</i>	Tier-1	
<i>olmesartan medoxomil oral tablet</i>	Tier-3	
<i>telmisartan oral tablet</i>	Tier-3	
<i>valsartan oral tablet</i>	Tier-2	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone hcl oral tablet</i>	Tier-2	
<i>digitek oral tablet</i>	Tier-1	
<i>digox oral tablet</i>	Tier-1	
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-4	
<i>dofetilide oral capsule</i>	Tier-4	
<i>flecainide acetate oral tablet</i>	Tier-2	
LANOXIN ORAL TABLET	Tier-4	
<i>mexiletine hcl oral capsule</i>	Tier-2	
MULTAQ ORAL TABLET	Tier-4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-4	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-4	
<i>propafenone hcl oral tablet</i>	Tier-2	
<i>quinidine gluconate er oral tablet extended release</i>	Tier-2	
<i>quinidine sulfate oral tablet</i>	Tier-2	
<i>sorine oral tablet</i>	Tier-2	
<i>sotalol hcl (af) oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOTYLIZE ORAL SOLUTION	Tier-4	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-2	
<i>amlodipine-atorvastatin oral tablet</i>	Tier-4	
<i>amlodipine-olmesartan oral tablet</i>	Tier-3	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-3	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier-1	
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
ENTRESTO ORAL TABLET	Tier-3	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier-3	
<i>olmesartan-amlodipine-hctz oral tablet</i>	Tier-3	
<i>propranolol-hctz oral tablet</i>	Tier-2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-2	
TEKTURNA HCT ORAL TABLET	Tier-3	
<i>telmisartan-amlodipine oral tablet</i>	Tier-1	
<i>telmisartan-hctz oral tablet</i>	Tier-3	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier-2	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-2	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol oral tablet</i>	Tier-1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA BLOCKERS</b>		
<i>acebutolol hcl oral capsule</i>	Tier-2	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-2	
<i>bisoprolol fumarate oral tablet</i>	Tier-2	
<b>BYSTOLIC ORAL TABLET</b>		
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier-3	
<i>nadolol oral tablet</i>	Tier-3	
<i>pindolol oral tablet</i>	Tier-3	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>propranolol hcl oral solution</i>	Tier-2	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>timolol maleate oral tablet</i>	Tier-2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate oral tablet</i>	Tier-1	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-2	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-2	
<i>isradipine oral capsule</i>	Tier-4	
<i>matzim la oral tablet extended release 24 hour</i>	Tier-2	
<i>nicardipine hcl oral capsule</i>	Tier-4	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-2	
<i>nifedipine oral capsule</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nimodipine oral capsule</i>	Tier-2	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-4	
<b>NYMALIZE ORAL SOLUTION</b>	Tier-5	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	Tier-2	
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier-2	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>verapamil hcl er oral tablet extended release</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
<b>CENTRALLY ACTING AGENTS</b>		
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>clonidine transdermal patch weekly</i>	Tier-3	
<i>midodrine hcl oral tablet</i>	Tier-2	
<b>NORTHERA ORAL CAPSULE</b>	Tier-5	PA; NEDS
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate oral tablet</i>	Tier-3	
<b>DIURETICS</b>		
<i>amiloride hcl oral tablet</i>	Tier-2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bumetanide oral tablet</i>	Tier-3	
<b>CAROSPIR ORAL SUSPENSION</b>	Tier-4	
<i>chlorthalidone oral tablet</i>	Tier-1	
<i>eplerenone oral tablet</i>	Tier-2	
<i>ethacrynic acid oral tablet</i>	Tier-4	
<i>furosemide oral solution</i>	Tier-1	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide oral capsule</i>	Tier-1	
<i>hydrochlorothiazide oral tablet</i>	Tier-1	
<i>indapamide oral tablet</i>	Tier-1	
<i>metolazone oral tablet</i>	Tier-2	
<i>spironolactone oral tablet</i>	Tier-1	
<i>spironolactone-hctz oral tablet</i>	Tier-2	
<i>torsemide oral tablet</i>	Tier-2	
<i>triamterene-hctz oral capsule</i>	Tier-1	
<i>triamterene-hctz oral tablet</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
<i>atorvastatin calcium oral tablet</i>	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyramine light oral powder</i>	Tier-3	
<i>cholestyramine oral packet</i>	Tier-3	
<i>colesevelam hcl oral packet</i>	Tier-3	
<i>colesevelam hcl oral tablet</i>	Tier-3	
<i>colestipol hcl oral packet</i>	Tier-2	
<i>colestipol hcl oral tablet</i>	Tier-2	
<i>ezetimibe oral tablet</i>	Tier-3	
<i>ezetimibe-simvastatin oral tablet</i>	Tier-3	
<i>fenofibrate micronized oral capsule</i>	Tier-3	
<i>fenofibrate oral capsule 134 mg</i>	Tier-3	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier-2	
<i>fenofibrate oral tablet</i>	Tier-2	
<i>fenofibric acid oral capsule delayed release</i>	Tier-3	
<b>FLOLIPID ORAL SUSPENSION</b>	Tier-3	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier-4	
<i>fluvastatin sodium oral capsule</i>	Tier-3	
<i>gemfibrozil oral tablet</i>	Tier-1	
<i>icosapent ethyl oral capsule</i>	Tier-3	
<b>JUXTAPID ORAL CAPSULE</b>	Tier-5	PA; NEDS
<i>lovastatin oral tablet</i>	Tier-1	
<b>NEXLETOL ORAL TABLET</b>	Tier-3	PA
<b>NEXLIZET ORAL TABLET</b>	Tier-3	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier-3	
<i>niacor oral tablet</i>	Tier-2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier-3	
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-Injector</b>	Tier-4	PA
<i>pravastatin sodium oral tablet</i>	Tier-2	
<i>prevalite oral packet</i>	Tier-3	
<i>rosuvastatin calcium oral tablet</i>	Tier-2	
<i>simvastatin oral tablet</i>	Tier-1	
<b>VASCEPA ORAL CAPSULE</b>	Tier-3	
<b>POTASSIUM REPLACEMENT</b>		
<i>klor-con 10 oral tablet extended release</i>	Tier-1	
<i>klor-con m10 oral tablet extended release</i>	Tier-1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-4	
<i>klor-con m20 oral tablet extended release</i>	Tier-1	
<i>klor-con oral packet</i>	Tier-1	
<i>klor-con oral tablet extended release</i>	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE	Tier-4	
<i>potassium chloride crys er oral tablet extended release</i>	Tier-1	
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release</i>	Tier-1	
<i>potassium chloride oral packet</i>	Tier-1	
<i>potassium chloride oral solution</i>	Tier-1	
<b>VASODILATORS</b>		
BIDIL ORAL TABLET	Tier-3	
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-1	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
<i>assure insulin safety syringe</i>	Tier-2	
<i>bd disp needle</i>	Tier-2	
<i>bd insulin syringe</i>	Tier-2	
<i>bd insulin syringe u-500</i>	Tier-2	
<i>comfort assist insulin syringe</i>	Tier-2	
<i>cvs gauze sterile pad</i>	Tier-2	
DEXCOM RECEIVER DEVICE	Tier-3	Part B; PA
DEXCOM SENSOR	Tier-3	Part B; PA
DEXCOM TRANSMITTER	Tier-3	Part B; PA
<i>exel comfort point pen needle</i>	Tier-2	
FREESTYLE LIBRE READER DEVICE	Tier-3	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	Tier-3	Part B; PA
<i>gauze pads pad</i>	Tier-2	
<i>global alcohol prep ease pad</i>	Tier-2	
<i>insulin syringe</i>	Tier-2	
MEDTRONIC GUARDIAN SENSOR	Tier-3	Part B; PA
MEDTRONIC GUARDIAN TRANSMITTER	Tier-3	Part B; PA
<i>lancets</i>	Tier-2	Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONETOUCH TEST STRIPS	Tier-3	Part B
<i>preferred plus insulin syringe</i>	Tier-2	
<i>reli-on insulin syringe</i>	Tier-2	
<i>techlite insulin syringe</i>	Tier-2	
<i>techlite pen needles</i>	Tier-2	
<i>trueplus insulin syringe</i>	Tier-2	
<i>trueplus pen needles</i>	Tier-2	
<b>GLUCOSE ELEVATING</b>		
<i>diazoxide oral suspension</i>	Tier-3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-3	
GLUCAGON EMERGENCY INJECTION KIT	Tier-3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	
<b>INSULINS</b>		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-3	
HUMULIN R INJECTION SOLUTION	Tier-3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LANTUS SUBCUTANEOUS SOLUTION	Tier-3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LEVEMIR SUBCUTANEOUS SOLUTION	Tier-3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRESIBA SUBCUTANEOUS SOLUTION	Tier-3	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier-3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
<b>ORAL AGENTS</b>		
acarbose oral tablet	Tier-1	
CYCLOSET ORAL TABLET	Tier-3	
FARXIGA ORAL TABLET	Tier-3	
glimepiride oral tablet	Tier-1	
glipizide er oral tablet extended release 24 hour	Tier-1	
glipizide oral tablet	Tier-1	
glipizide-metformin hcl oral tablet	Tier-1	
glyburide micronized oral tablet	Tier-1	PA
glyburide oral tablet	Tier-2	PA
glyburide-metformin oral tablet	Tier-2	PA
GLYXAMBI ORAL TABLET	Tier-3	
JANUMET ORAL TABLET	Tier-3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
JANUVIA ORAL TABLET	Tier-3	
JARDIANCE ORAL TABLET	Tier-3	
JENTADUETO ORAL TABLET	Tier-3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)	Tier-1	
metformin hcl oral solution	Tier-3	
metformin hcl oral tablet	Tier-1	
miglitol oral tablet	Tier-3	
nateglinide oral tablet	Tier-3	
pioglitazone hcl oral tablet	Tier-1	
pioglitazone hcl-glimepiride oral tablet	Tier-2	
pioglitazone hcl-metformin hcl oral tablet	Tier-3	
repaglinide oral tablet	Tier-1	
RIOMET ORAL SOLUTION	Tier-3	
RYBELSUS ORAL TABLET	Tier-3	
SYNJARDY ORAL TABLET	Tier-3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
TRADJENTA ORAL TABLET	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<b>EAR, NOSE AND THROAT</b>		
<b>EAR</b>		
<i>acetic acid otic solution</i>	Tier-2	
CIPRODEX OTIC SUSPENSION	Tier-3	
<i>ciprofloxacin hcl otic solution</i>	Tier-2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier-3	
<i>flac otic oil</i>	Tier-2	
<i>fluocinolone acetonide otic oil</i>	Tier-3	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-2	
<i>ofloxacin otic solution</i>	Tier-3	
<b>MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule</i>	Tier-3	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	
<i>periogard mouth/throat solution</i>	Tier-1	
<i>pilocarpine hcl oral tablet</i>	Tier-2	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-2	
<b>NOSE</b>		
<i>azelastine hcl nasal solution</i>	Tier-2	QL (120 ML per 90 days)
<i>cyproheptadine hcl oral syrup</i>	Tier-2	
<i>cyproheptadine hcl oral tablet</i>	Tier-2	
<i>desloratadine oral tablet</i>	Tier-2	
<i>desloratadine oral tablet dispersible</i>	Tier-4	
<i>flunisolide nasal solution</i>	Tier-3	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	Tier-2	PA
<i>hydroxyzine hcl oral tablet</i>	Tier-2	PA
<i>hydroxyzine pamoate oral capsule</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 oral solution</i>	Tier-2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier-2	
<i>mometasone furoate nasal suspension</i>	Tier-3	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	Tier-3	QL (91.5 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRIL OPHTHALMIC SOLUTION	Tier-4	
ALOMIDE OPHTHALMIC SOLUTION	Tier-4	
<i>azelastine hcl ophthalmic solution</i>	Tier-2	
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>epinastine hcl ophthalmic solution</i>	Tier-4	
LASTACAFT OPHTHALMIC SOLUTION	Tier-4	
<i>loteprednol etabonate ophthalmic gel</i>	Tier-3	
<i>olopatadine hcl ophthalmic solution</i>	Tier-3	
<b>ANTI-INFECTIVES</b>		
AZASITE OPHTHALMIC SOLUTION	Tier-4	
<i>bacitracin ophthalmic ointment</i>	Tier-4	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier-2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-2	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-4	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-2	
<i>gatifloxacin ophthalmic solution</i>	Tier-2	
<i>gentak ophthalmic ointment</i>	Tier-2	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-2	
<i>levofloxacin ophthalmic solution</i>	Tier-2	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
<i>ofloxacin ophthalmic solution</i>	Tier-2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-2	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
TOBRADEX ST OPHTHALMIC SUSPENSION	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-2	
<b>ANTI-INFLAMMATORIES</b>		
ALREX OPHTHALMIC SUSPENSION	Tier-3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-3	
BROMSITE OPHTHALMIC SOLUTION	Tier-4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-2	
<i>diclofenac sodium ophthalmic solution</i>	Tier-2	
DUREZOL OPHTHALMIC EMULSION	Tier-3	
FLAREX OPHTHALMIC SUSPENSION	Tier-4	
<i>fluorometholone ophthalmic suspension</i>	Tier-2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-4	
FML OPHTHALMIC OINTMENT	Tier-3	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
INVELTYS OPHTHALMIC SUSPENSION	Tier-4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-3	
MAXIDEX OPHTHALMIC SUSPENSION	Tier-4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier-2	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
PRED MILD OPHTHALMIC SUSPENSION	Tier-3	
PRED-G OPHTHALMIC SUSPENSION	Tier-3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-2	
PROLENSA OPHTHALMIC SOLUTION	Tier-4	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIRGAN OPHTHALMIC GEL	Tier-4	
<b>GLAUCOMA</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-3	
<i>acetazolamide oral tablet</i>	Tier-2	
ALPHAGAN P OPHTHALMIC SOLUTION	Tier-3	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-2	
AZOPT OPHTHALMIC SUSPENSION	Tier-3	
<i>betaxolol hcl ophthalmic solution</i>	Tier-3	
BETIMOL OPHTHALMIC SOLUTION	Tier-4	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>bimatoprost ophthalmic solution</i>	Tier-2	
<i>brimonidine tartrate ophthalmic solution</i>	Tier-2	
<i>carteolol hcl ophthalmic solution</i>	Tier-2	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier-3	
IOPIDINE OPHTHALMIC SOLUTION	Tier-4	
<i>latanoprost ophthalmic solution</i>	Tier-2	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
LUMIGAN OPHTHALMIC SOLUTION	Tier-3	
<i>methazolamide oral tablet</i>	Tier-4	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	
<i>pilocarpine hcl ophthalmic solution</i>	Tier-2	
RHOPRESSA OPHTHALMIC SOLUTION	Tier-3	
ROCKLATAN OPHTHALMIC SOLUTION	Tier-4	
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-3	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier-3	
<i>timolol maleate pf ophthalmic solution</i>	Tier-3	
<i>travoprost (bak free) ophthalmic solution</i>	Tier-3	
VYZULTA OPHTHALMIC SOLUTION	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution</i>	Tier-2	
CYSTADROPS OPHTHALMIC SOLUTION	Tier-3	
CYSTARAN OPHTHALMIC SOLUTION	Tier-3	
EYLEA INTRAVITREAL SOLUTION	Tier-5	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION	Tier-5	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
NATACYN OPHTHALMIC SUSPENSION	Tier-4	
OXERVATE OPHTHALMIC SOLUTION	Tier-5	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	Tier-2	
RESTASIS OPHTHALMIC EMULSION	Tier-3	
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
<i>aprepitant oral capsule 125 mg</i>	Tier-5	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 &amp; 125 mg, 80 mg</i>	Tier-3	B vs D
<i>dronabinol oral capsule</i>	Tier-3	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	B vs D
<i>gransetron hcl oral tablet</i>	Tier-2	B vs D
<i>meclizine hcl oral tablet</i>	Tier-2	
<i>metoclopramide hcl oral solution</i>	Tier-2	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>metoclopramide hcl oral tablet dispersible</i>	Tier-2	
<i>ondansetron hcl oral solution</i>	Tier-2	B vs D
<i>ondansetron hcl oral tablet</i>	Tier-2	B vs D
<i>ondansetron oral tablet dispersible</i>	Tier-2	B vs D
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine rectal suppository</i>	Tier-3	
<i>promethazine hcl oral syrup</i>	Tier-2	PA
<i>promethazine hcl oral tablet</i>	Tier-2	PA
SANCUSO TRANSDERMAL PATCH	Tier-5	NEDS
<i>scopolamine transdermal patch 72 hour</i>	Tier-3	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	B vs D
VARUBI ORAL TABLET	Tier-4	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ENZYMES</b>		
CARBAGLU ORAL TABLET	Tier-5	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
CYSTAGON ORAL CAPSULE	Tier-4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-4	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
<i>alosetron hcl oral tablet</i>	Tier-5	NEDS
CHOLBAM ORAL CAPSULE	Tier-5	PA; NEDS
<i>constulose oral solution</i>	Tier-2	
<i>cromolyn sodium oral concentrate</i>	Tier-5	NEDS
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-2	
<i>enulose oral solution</i>	Tier-2	
GATTEX SUBCUTANEOUS KIT	Tier-5	PA; SP-CVS specialty; NEDS
<i>gavilyte-g oral solution reconstituted</i>	Tier-2	
<i>generlac oral solution</i>	Tier-2	
<i>glycopyrrolate oral tablet</i>	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral packet</i>	Tier-3	
<i>lactulose oral solution</i>	Tier-2	
<i>levocarnitine oral solution</i>	Tier-2	
<i>levocarnitine oral tablet</i>	Tier-2	
<i>loperamide hcl oral capsule</i>	Tier-2	
<i>megestrol acetate oral suspension</i>	Tier-2	
MOVANTIK ORAL TABLET	Tier-3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-4	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-3	PA
OCALIVA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier-4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier-2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier-3	
RELISTOR ORAL TABLET	Tier-5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier-5	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-4	
<i>trilyte oral solution reconstituted</i>	Tier-2	
UCERIS RECTAL FOAM	Tier-4	
<i>ursodiol oral capsule</i>	Tier-2	
<i>ursodiol oral tablet</i>	Tier-4	
XERMELO ORAL TABLET	Tier-5	PA; NEDS
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-3	
<i>cimetidine hcl oral solution</i>	Tier-2	
<i>cimetidine oral tablet</i>	Tier-3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-4	
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier-3	
<i>esomeprazole magnesium oral packet</i>	Tier-4	
<i>famotidine oral suspension reconstituted</i>	Tier-4	
<i>famotidine oral tablet</i>	Tier-1	
<i>lansoprazole oral capsule delayed release</i>	Tier-3	
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier-4	
<i>methscopolamine bromide oral tablet</i>	Tier-4	
<i>misoprostol oral tablet</i>	Tier-2	
<i>nizatidine oral capsule</i>	Tier-2	
<i>nizatidine oral solution</i>	Tier-2	
<i>omeprazole oral capsule delayed release</i>	Tier-1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-5	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-5	NEDS
<i>pantoprazole sodium oral packet</i>	Tier-4	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-2	
PYLERA ORAL CAPSULE	Tier-3	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-3	
<i>sucralfate oral suspension</i>	Tier-3	
<i>sucralfate oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA ORAL CAPSULE	Tier-3	
<i>balsalazide disodium oral capsule</i>	Tier-2	
<i>budesonide er oral tablet extended release 24 hour</i>	Tier-5	NEDS
<i>budesonide 3 mg oral capsule delayed release</i>	Tier-3	
<i>hydrocortisone rectal enema</i>	Tier-2	
LINZESS ORAL CAPSULE	Tier-4	
<i>lubiprostone oral capsule</i>	Tier-3	
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier-3	
<i>mesalamine oral capsule delayed release</i>	Tier-3	
<i>mesalamine oral tablet delayed release</i>	Tier-3	
<i>mesalamine rectal enema</i>	Tier-2	
<i>mesalamine rectal suppository</i>	Tier-4	
ROWASA RECTAL KIT	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfasalazine oral tablet delayed release</i>	Tier-2	
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET INTRAVENOUS SUSPENSION	Tier-4	PA
<i>acyclovir sodium intravenous solution</i>	Tier-2	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier-5	PA; NEDS
<i>amikacin sulfate injection solution</i>	Tier-2	HI
<i>amphotericin b intravenous solution reconstituted</i>	Tier-2	PA
<i>ampicillin sodium injection solution reconstituted</i>	Tier-2	HI
<i>ampicillin sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier-2	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier-2	HI
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>azithromycin intravenous solution reconstituted</i>	Tier-2	HI
<i>aztreonam injection solution reconstituted</i>	Tier-2	HI
<i>bumetanide injection solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>caspofungin acetate intravenous solution reconstituted</i>	Tier-5	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	Tier-2	HI
<i>cefepime hcl injection solution reconstituted</i>	Tier-2	HI
<i>cefotetan disodium injection solution reconstituted</i>	Tier-2	HI
<i>cefoxitin sodium injection solution reconstituted</i>	Tier-2	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>ceftazidime injection solution reconstituted</i>	Tier-2	HI
<i>ceftriaxone sodium injection solution reconstituted</i>	Tier-2	HI
<i>ceftriaxone sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>cefuroxime sodium injection solution reconstituted</i>	Tier-2	HI
<i>cefuroxime sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>ciprofloxacin in d5w intravenous solution</i>	Tier-2	HI
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier-2	HI
<i>clindamycin phosphate injection solution</i>	Tier-2	HI
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier-2	HI
<b>DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier-3	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier-2	HI
<b>DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier-3	HI
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier-3	
<i>ertapenem sodium injection solution reconstituted</i>	Tier-2	HI
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier-3	HI
<i>fluconazole in sodium chloride intravenous solution</i>	Tier-2	
<i>furosemide injection solution</i>	Tier-2	
<i>gentamicin in saline intravenous solution</i>	Tier-2	HI
<i>gentamicin sulfate injection solution</i>	Tier-2	HI
<i>heparin sodium (porcine) injection solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier-2	HI
INVANZ INJECTION SOLUTION RECONSTITUTED	Tier-3	HI
<i>levofloxacin in d5w intravenous solution</i>	Tier-2	HI
<i>levofloxacin intravenous solution</i>	Tier-2	HI
<i>linezolid intravenous solution</i>	Tier-2	HI
<i>meropenem intravenous solution reconstituted</i>	Tier-2	HI
<i>methotrexate sodium (pf) injection solution</i>	Tier-2	B vs D; SP-CVS specialty
<i>methotrexate sodium injection solution</i>	Tier-2	B vs D; SP-CVS specialty
<i>metronidazole in nacl intravenous solution</i>	Tier-2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier-2	HI
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	
<i>nafcillin sodium injection solution reconstituted</i>	Tier-2	HI
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier-2	HI
<i>oxacillin sodium injection solution reconstituted</i>	Tier-2	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier-2	HI
<i>penicillin g pot in dextrose intravenous solution</i>	Tier-2	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier-2	HI
<i>penicillin g procaine intramuscular suspension</i>	Tier-2	HI
<i>penicillin g sodium injection solution reconstituted</i>	Tier-2	HI
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier-2	HI
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier-2	HI
<i>rifampin intravenous solution reconstituted</i>	Tier-2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier-2	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>tigecycline intravenous solution reconstituted</i>	Tier-2	HI
<i>tobramycin sulfate injection solution</i>	Tier-2	HI

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>vancomycin hcl intravenous solution reconstituted</i>	Tier-2	HI
<i>voriconazole intravenous solution reconstituted</i>	Tier-2	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	HI; NEDS
ZOSYN INTRAVENOUS SOLUTION	Tier-3	HI
<b>ELECTROLYTES</b>		
<i>dextrose intravenous solution</i>	Tier-2	
<i>dextrose-nacl intravenous solution</i>	Tier-2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier-3	
ISOLYTE-S INTRAVENOUS SOLUTION	Tier-3	
<i>kcl in dextrose-nacl intravenous solution</i>	Tier-2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier-2	
<i>magnesium sulfate injection solution</i>	Tier-2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier-3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier-3	
<i>potassium chloride in dextrose intravenous solution</i>	Tier-2	
<i>potassium chloride in nacl intravenous solution</i>	Tier-2	
<i>potassium chloride intravenous solution</i>	Tier-2	
<i>sodium chloride intravenous solution</i>	Tier-2	
<b>IV NUTRITION</b>		
AMINOSYN II INTRAVENOUS SOLUTION	Tier-3	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	Tier-3	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
INTRALIPID INTRAVENOUS EMULSION	Tier-3	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
NUTRILIPID INTRAVENOUS EMULSION	Tier-3	B vs D
PLENAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
PREMASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
PROSOL INTRAVENOUS SOLUTION	Tier-3	B vs D
<i>tpn electrolytes intravenous concentrate</i>	Tier-2	B vs D
<i>tpn electrolytes intravenous solution</i>	Tier-2	B vs D
TRAVASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
<b>HORMONES</b>		
<b>ADRENAL CORTICOSTEROIDS</b>		
ACTHAR INJECTION GEL	Tier-5	PA; SP-CVS specialty; NEDS
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone oral tablet therapy pack</i>	Tier-2	
<i>fludrocortisone acetate oral tablet</i>	Tier-2	
<i>hydrocortisone oral tablet</i>	Tier-2	
MEDROL ORAL TABLET	Tier-4	Transplant
<i>methylprednisolone oral tablet</i>	Tier-2	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	Tier-2	Transplant
MILLIPRED ORAL TABLET	Tier-4	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	Tier-4	Transplant
<i>prednisolone oral solution</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral solution</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier-2	Transplant
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier-4	Transplant

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>ANDROGENS</b>		
AVEED INTRAMUSCULAR SOLUTION	Tier-4	
<i>danazol oral capsule</i>	Tier-4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Tier-4	
METHITEST ORAL TABLET	Tier-4	
<i>methyltestosterone oral capsule</i>	Tier-5	NEDS
<i>oxandrolone oral tablet</i>	Tier-2	
<i>testosterone cypionate intramuscular solution</i>	Tier-3	
<i>testosterone enanthate intramuscular solution</i>	Tier-2	
<i>testosterone transdermal gel</i>	Tier-3	
<i>testosterone transdermal solution</i>	Tier-2	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD SUBCUTANEOUS KIT	Tier-3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier-5	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier-3	
<i>leuprolide acetate injection kit</i>	Tier-2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
SYNAREL NASAL SOLUTION	Tier-5	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-5	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug Name	Drug Tier	Requirements/Limits
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
ARMOUR THYROID ORAL TABLET	Tier-4	
<i>euthyrox oral tablet</i>	Tier-1	
<i>levo-t oral tablet</i>	Tier-1	
<i>levothyroxine sodium oral capsule</i>	Tier-3	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
<i>levoxyl oral tablet</i>	Tier-2	
<i>liothyronine sodium oral tablet</i>	Tier-2	
<i>methimazole oral tablet</i>	Tier-1	
<i>propylthiouracil oral tablet</i>	Tier-2	
SYNTHROID ORAL TABLET	Tier-4	
TIROSINT ORAL CAPSULE	Tier-4	
TIROSINT-SOL ORAL SOLUTION	Tier-4	
<i>unithroid oral tablet</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-6	
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-5	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	Tier-6	
BCG VACCINE INJECTION INJECTABLE	Tier-6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
BIVIGAM INTRAVENOUS SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	Tier-6	
DAPTACEL INTRAMUSCULAR SUSPENSION	Tier-6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier-6	
ENGERIX-B INJECTION SUSPENSION	Tier-6	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; HI; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAPLEX INTRAVENOUS SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier-6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier-6	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier-6	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier-6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier-6	
IPOP INJECTION INJECTABLE	Tier-6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier-6	
KINRIX INTRAMUSCULAR SUSPENSION	Tier-6	
MENACTRA INTRAMUSCULAR INJECTABLE	Tier-6	
MENQUADFI INTRAMUSCULAR INJECTABLE	Tier-6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier-6	
OCTAGAM INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier-6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier-6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-6	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier-6	Part B
PRIVIGEN INTRAVENOUS SOLUTION	Tier-5	PA; HI; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier-6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier-6	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier-6	
ROTATEQ ORAL SOLUTION	Tier-6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier-6	
<i>tdvax intramuscular suspension</i>	Tier-6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier-6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier-6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier-6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier-6	
<b>IMMUNOSUPPRESSIVES</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-5	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Tier-5	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	Tier-2	B vs D
<i>cyclosporine modified oral solution</i>	Tier-2	B vs D
<i>cyclosporine oral capsule</i>	Tier-2	B vs D
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-5	B vs D; QL (60 EA per 30 days); NEDS
<i>gengraf oral capsule</i>	Tier-2	B vs D
<i>gengraf oral solution</i>	Tier-2	B vs D
<i>mycophenolate mofetil oral capsule</i>	Tier-2	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-5	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier-2	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	Tier-4	B vs D
PROGRAF ORAL PACKET 0.2 MG	Tier-4	B vs D
PROGRAF ORAL PACKET 1 MG	Tier-5	B vs D; NEDS
<i>sirolimus oral solution</i>	Tier-3	B vs D
<i>sirolimus oral tablet</i>	Tier-2	B vs D
<i>tacrolimus oral capsule</i>	Tier-2	B vs D
ZORTRESS ORAL TABLET	Tier-5	B vs D; QL (60 EA per 30 days); NEDS

## MISCELLANEOUS DRUGS

### ACROMEGALY

BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	Tier-5	PA; SP-CVS specialty; NEDS
<i>octreotide acetate injection solution</i>	Tier-2	SP-CVS specialty
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS

### AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY

VYNDAMAX ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS

### AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY

TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (6 ML per 30 days); NEDS
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### AMYOTROPHIC LATERAL SCLEROSIS

riluzole oral tablet	Tier-3	
TIGLUTIK ORAL SUSPENSION	Tier-5	NEDS

### ANAPHYLAXIS EMERGENCY

<i>epinephrine injection solution</i>	Tier-2	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	Tier-2	QL (2 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (20.1 ML per 28 days); NEDS
<b>CUSHING'S SYNDROME</b>		
ISTURISA ORAL TABLET 1 MG	Tier-5	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	Tier-5	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	Tier-5	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-5	PA; QL (60 ML per 30 days); NEDS
<b>CYSTIC FIBROSIS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-5	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	Tier-5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier-5	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	Tier-5	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	Tier-5	NEDS
<i>tobramycin inhalation nebulization solution</i>	Tier-5	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier-5	PA; QL (84 EA per 28 days); NEDS
<b>CYSTINURIA</b>		
CYSTADANE ORAL POWDER	Tier-5	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-5	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DETOXIFICATION AGENTS</b>		
CHEMET ORAL CAPSULE	Tier-4	
<i>deferasirox granules oral packet</i>	Tier-5	NEDS
<i>deferasirox oral tablet</i>	Tier-5	NEDS
<i>deferasirox oral tablet soluble</i>	Tier-5	NEDS
<i>deferiprone oral tablet</i>	Tier-5	NEDS
FERRIPROX ORAL SOLUTION	Tier-5	NEDS
FERRIPROX ORAL TABLET	Tier-5	NEDS
<b>DUCHENNE MUSCULAR DYSTROPHY</b>		
EMFLAZA ORAL SUSPENSION	Tier-5	PA; NEDS
EMFLAZA ORAL TABLET	Tier-5	PA; NEDS
<b>FABRY DISEASE</b>		
GALAFOLD ORAL CAPSULE	Tier-5	PA; NEDS
<b>GAUCHER'S DISEASE</b>		
CERDELGA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	Tier-5	PA; NEDS
<b>GROWTH HORMONE DEFICIENCY</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	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 CARTRIDGE 10 MG/1.5ML	Tier-5	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	Tier-3	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<b>HEREDITARY ANGIOEDEMA</b>		
BERINERT INTRAVENOUS KIT	Tier-5	PA; SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	Tier-5	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
ORLADEYO ORAL CAPSULE	Tier-5	PA; QL (30 EA per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
<b>HEREDITARY TYROSINEMIA TYPE 1</b>		
<i>nitisinone oral capsule</i>	Tier-5	PA; NEDS
NITYR ORAL TABLET	Tier-5	PA; NEDS
ORFADIN ORAL CAPSULE	Tier-5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier-5	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HUNTINGTON'S CHOREA</b>		
AUSTEDO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol oral capsule</i>	Tier-2	
<i>calcitriol oral solution</i>	Tier-2	
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier-4	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier-5	NEDS
<i>doxercalciferol oral capsule</i>	Tier-4	
<i>paricalcitol oral capsule</i>	Tier-2	
<b>HYPOPARTHYROIDISM</b>		
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
<b>LAMBERT-EATON MYASTHENIC SYNDROME</b>		
FIRDAPSE ORAL TABLET	Tier-5	PA; NEDS
RUZURGI ORAL TABLET	Tier-5	PA; NEDS
<b>LONG-CHAIN FATTY ACID OXIDATION DISORDERS</b>		
DOJOLVI ORAL LIQUID	Tier-5	NEDS
<b>MULTIPLE SCLEROSIS</b>		
AUBAGIO ORAL TABLET	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-5	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-5	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier-5	SP-CVS specialty; QL (120 EA per 30 days); NEDS
BETASERON SUBCUTANEOUS KIT	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
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier-5	SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Tier-5	SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier-5	SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXTAVIA SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	Tier-5	SP-CVS specialty; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-5	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-5	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine hcl oral tablet</i>	Tier-2	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-4	
<i>pyridostigmine bromide oral solution</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyridostigmine bromide oral tablet</i>	Tier-2	
<b>OPIOID ANTAGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	Tier-2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier-2	QL (90 EA per 30 days)
<i>naloxone hcl injection solution</i>	Tier-2	
<i>naloxone hcl injection solution cartridge</i>	Tier-2	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier-2	
NARCAN NASAL LIQUID	Tier-3	QL (4 EA per 30 days)
<b>PHENYLKETONURIA</b>		
KUVAN ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	Tier-5	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>sapropterin dihydrochloride oral tablet soluble</i>	Tier-5	PA; SP-CVS specialty; NEDS
<b>PHEOCHROMOCYTOMA</b>		
DEMSER ORAL CAPSULE	Tier-5	NEDS
DIBENZYLINE ORAL CAPSULE	Tier-4	
<i>metyrosine oral capsule</i>	Tier-5	NEDS
<i>phenoxybenzamine hcl oral capsule</i>	Tier-3	
<b>PHOSPHATE BINDERS</b>		
AURYXIA ORAL TABLET	Tier-5	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier-2	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-2	
<i>sevelamer carbonate oral packet</i>	Tier-3	
<i>sevelamer carbonate oral tablet</i>	Tier-3	
<i>sevelamer hcl oral tablet</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>POTASSIUM BINDER</b>		
LOKELMA ORAL PACKET	Tier-4	
<i>sodium polystyrene sulfonate oral powder</i>	Tier-2	
<i>sps oral suspension</i>	Tier-2	
VELTASSA ORAL PACKET	Tier-4	
<b>PRIMARY PERIODIC PARALYSIS</b>		
KEVEYIS ORAL TABLET	Tier-5	PA; NEDS
<b>SMOKING CESSATION</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier-2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier-3	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier-3	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier-3	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier-3	
NICOTROL NS NASAL SOLUTION	Tier-4	
<b>SPINAL MUSCULAR ATROPHY</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier-5	PA; NEDS
<b>SUCRASE DEFICIENCY</b>		
SUCRAID ORAL SOLUTION	Tier-5	NEDS
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>dutasteride oral capsule</i>	Tier-2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-3	
<i>finasteride oral tablet</i>	Tier-1	
<i>silodosin oral capsule</i>	Tier-3	
<i>tadalafil oral tablet</i>	Tier-3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier-2	
<b>TARDIVE DYSKINESIA</b>		
INGREZZA ORAL CAPSULE	Tier-5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
<b>UREA CYCLE DISORDERS</b>		
RAVICTI ORAL LIQUID	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 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sodium phenylbutyrate oral powder	Tier-5	NEDS
sodium phenylbutyrate oral tablet	Tier-5	NEDS
<b>UROLOGIC DISORDERS</b>		
bethanechol chloride oral tablet	Tier-3	
darifenacin hydrobromide er oral tablet extended release 24 hour	Tier-3	
desmopressin ace spray refrig nasal solution	Tier-2	
desmopressin acetate oral tablet	Tier-2	
ELMIRON ORAL CAPSULE	Tier-4	
flavoxate hcl oral tablet	Tier-2	
JYNARQUE ORAL TABLET	Tier-5	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier-5	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
oxybutynin chloride er oral tablet extended release 24 hour	Tier-2	
oxybutynin chloride oral syrup	Tier-1	
oxybutynin chloride oral tablet	Tier-1	
potassium citrate er oral tablet extended release	Tier-2	
SAMSCA ORAL TABLET	Tier-5	NEDS
solifenacain succinate oral tablet	Tier-3	
tolterodine tartrate er oral capsule extended release 24 hour	Tier-3	
tolterodine tartrate oral tablet	Tier-3	
tolvaptan oral tablet	Tier-5	NEDS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
trospium chloride er oral capsule extended release 24 hour	Tier-3	
trospium chloride oral tablet	Tier-3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	Tier-4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	Tier-4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	Tier-4	
<b>WILSON'S DISEASE</b>		
clovique oral capsule	Tier-5	NEDS
penicillamine oral capsule	Tier-5	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillamine oral tablet</i>	Tier-3	
<i>trientine hcl oral capsule</i>	Tier-5	NEDS
<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 oral tablet</i>	Tier-2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-2	
<i>galantamine hydrobromide oral solution</i>	Tier-3	
<i>galantamine hydrobromide oral tablet</i>	Tier-2	
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>memantine hcl oral solution</i>	Tier-3	
<i>memantine hcl oral tablet</i>	Tier-2	
<b>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	Tier-4	
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-4	
<i>rivastigmine tartrate oral capsule</i>	Tier-2	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-2	
<b>MIGRAINE THERAPY</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-3	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	Tier-4	
<i>dihydroergotamine mesylate nasal solution</i>	Tier-5	NEDS
<i>eletriptan hydrobromide oral tablet</i>	Tier-3	
<b>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-3	PA; QL (3 ML per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-3	PA; QL (2 ML per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier-3	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier-4	
<b>MIGERGOT RECTAL SUPPOSITORY</b>	Tier-5	NEDS
<i>naratriptan hcl oral tablet</i>	Tier-4	
<b>NAYZILAM NASAL SOLUTION</b>	Tier-4	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan benzoate oral tablet dispersible</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 tablet</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>sumatriptan-naproxen sodium oral tablet</i>	Tier-3	
<i>zolmitriptan oral tablet</i>	Tier-4	
<i>zolmitriptan oral tablet dispersible</i>	Tier-2	
<b>PARKINSON'S DISEASE</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	NEDS
<i>benztropine mesylate oral tablet</i>	Tier-1	PA
<i>bromocriptine mesylate oral capsule</i>	Tier-2	
<i>bromocriptine mesylate oral tablet</i>	Tier-2	
<i>cabergoline oral tablet</i>	Tier-2	
<i>carbidopa oral tablet</i>	Tier-2	
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier-2	
<i>carbidopa-levodopa oral tablet</i>	Tier-2	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-2	
DUOPA ENTERAL SUSPENSION	Tier-4	
<i>entacapone oral tablet</i>	Tier-2	
INBRIJA INHALATION CAPSULE	Tier-5	PA; NEDS
KYNMOBI SUBLINGUAL FILM	Tier-5	NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-4	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
ONGENTYS ORAL CAPSULE	Tier-4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier-4	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>rasagiline mesylate oral tablet</i>	Tier-4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>ropinirole hcl oral tablet</i>	Tier-1	
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	Tier-4	
<i>selegiline hcl oral capsule</i>	Tier-2	
<i>selegiline hcl oral tablet</i>	Tier-2	
<i>tolcapone oral tablet</i>	Tier-5	NEDS
<i>trihexyphenidyl hcl oral solution</i>	Tier-1	PA
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	PA
<b>PSEUDOBULBAR AFFECT</b>		
<b>NUEDEXTA ORAL CAPSULE</b>	Tier-3	PA
<b>SEIZURES</b>		
<i>APTIOM ORAL TABLET</i>	Tier-4	
<i>BANZEL ORAL SUSPENSION</i>	Tier-4	
<i>BANZEL ORAL TABLET</i>	Tier-4	
<i>BRIVIACT ORAL SOLUTION</i>	Tier-5	PA; NEDS
<i>BRIVIACT ORAL TABLET</i>	Tier-5	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-3	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-3	
<i>carbamazepine oral suspension</i>	Tier-4	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-2	
<i>CELONTIN ORAL CAPSULE</i>	Tier-4	
<i>clobazam oral suspension</i>	Tier-3	
<i>clobazam oral tablet</i>	Tier-3	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	Tier-1	
<i>clonazepam oral tablet dispersible</i>	Tier-3	
<i>DIACOMIT ORAL CAPSULE</i>	Tier-5	PA; NEDS
<i>DIACOMIT ORAL PACKET</i>	Tier-5	PA; NEDS
<i>DIASTAT ACUDIAL RECTAL GEL</i>	Tier-3	
<i>DIASTAT PEDIATRIC RECTAL GEL</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral concentrate</i>	Tier-2	
<i>diazepam oral solution</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-2	
<i>diazepam rectal gel</i>	Tier-2	
DILANTIN INFATABS ORAL TABLET CHEWABLE	Tier-3	
DILANTIN ORAL CAPSULE	Tier-3	
DILANTIN ORAL SUSPENSION	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-3	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier-2	
<i>divalproex sodium oral tablet delayed release</i>	Tier-2	
EPIDIOLEX ORAL SOLUTION	Tier-4	PA; SP-CVS specialty
<i>epitol oral tablet</i>	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-2	
<i>ethosuximide oral solution</i>	Tier-2	
<i>felbamate oral suspension</i>	Tier-2	
<i>felbamate oral tablet</i>	Tier-2	
FINTEPLA ORAL SOLUTION	Tier-5	PA; NEDS
FYCOMPA ORAL SUSPENSION	Tier-4	PA
FYCOMPA ORAL TABLET	Tier-4	PA
<i> gabapentin oral capsule</i>	Tier-1	
<i> gabapentin oral solution</i>	Tier-2	
<i> gabapentin oral tablet</i>	Tier-1	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-4	QL (60 EA per 30 days)
<i> lamotrigine er oral tablet extended release 24 hour</i>	Tier-3	
<i> lamotrigine oral kit</i>	Tier-2	
<i> lamotrigine oral tablet</i>	Tier-1	
<i> lamotrigine oral tablet chewable</i>	Tier-2	
<i> lamotrigine oral tablet dispersible</i>	Tier-2	
<i> lamotrigine starter kit-blue oral kit</i>	Tier-2	
<i> lamotrigine starter kit-green oral kit</i>	Tier-2	
<i> lamotrigine starter kit-orange oral kit</i>	Tier-2	
<i> levetiracetam er oral tablet extended release 24 hour</i>	Tier-2	
<i> levetiracetam oral solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam oral tablet</i>	Tier-2	
<b>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier-4	
<i>oxcarbazepine oral suspension</i>	Tier-2	
<i>oxcarbazepine oral tablet</i>	Tier-2	
<i>phenobarbital oral elixir</i>	Tier-2	PA
<i>phenobarbital oral tablet</i>	Tier-2	PA
<i>phenytoin oral suspension</i>	Tier-2	
<i>phenytoin oral tablet chewable</i>	Tier-2	
<i>phenytoin sodium extended oral capsule</i>	Tier-2	
<i>pregabalin oral capsule</i>	Tier-3	
<i>pregabalin oral solution</i>	Tier-3	
<i>primidone oral tablet</i>	Tier-2	
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	Tier-4	
<i>roweepra oral tablet</i>	Tier-2	
<i>rufinamide oral suspension</i>	Tier-3	
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	Tier-4	
<b>SYMPAZAN ORAL FILM</b>	Tier-4	
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>	Tier-4	
<i>tiagabine hcl oral tablet 16 mg</i>	Tier-5	NEDS
<i>topiramate er oral capsule er 24 hour sprinkle</i>	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-2	
<i>topiramate oral tablet</i>	Tier-1	
<i>valproic acid oral capsule</i>	Tier-2	
<i>valproic acid oral solution</i>	Tier-2	
<b>VALTOCO 10 MG DOSE NASAL LIQUID</b>	Tier-4	PA; QL (10 EA per 30 days)
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier-4	PA; QL (10 EA per 30 days)
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier-4	PA; QL (10 EA per 30 days)
<b>VALTOCO 5 MG DOSE NASAL LIQUID</b>	Tier-4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	Tier-5	NEDS
<i>vigabatrin oral tablet</i>	Tier-5	NEDS
<i>vigadrone oral packet</i>	Tier-5	NEDS
<b>VIMPAT ORAL SOLUTION</b>	Tier-4	
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG</b>	Tier-5	QL (60 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIMPAT ORAL TABLET 50 MG	Tier-4	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XCOPRI ORAL TABLET	Tier-5	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier-4	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier-5	PA; NEDS
<i>zonisamide oral capsule</i>	Tier-2	
<b>SPASTICITY</b>		
<i>baclofen oral tablet</i>	Tier-1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier-3	PA
<i>dantrolene sodium oral capsule</i>	Tier-2	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	Tier-4	
<i>tizanidine hcl oral capsule 6 mg</i>	Tier-3	
<i>tizanidine hcl oral tablet</i>	Tier-2	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
AZASAN ORAL TABLET	Tier-4	B vs D
<i>azathioprine oral tablet</i>	Tier-2	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; QL (8.16 ML per 28 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 (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-Injector KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/0.8ML	Tier-5	PA; SP-CVS specialty; QL (4 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	Tier-2	
<i>methotrexate oral tablet</i>	Tier-2	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	Tier-5	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	PA; SP-CVS specialty; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier-5	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	Tier-4	B vs D
XATMEP ORAL SOLUTION	Tier-4	B vs D
XELJANZ ORAL SOLUTION	Tier-5	PA; SP-CVS specialty; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<b>GOUT</b>		
<i>allopurinol oral tablet</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-3	
<i>colchicine oral tablet</i>	Tier-2	
<i>colchicine-probenecid oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>febuxostat oral tablet</i>	Tier-3	STPA
<b>GLOPERBA ORAL SOLUTION</b>	Tier-4	
<i>probenecid oral tablet</i>	Tier-2	
<b>PAIN, NSAID ANALGESICS</b>		
<i>celecoxib oral capsule</i>	Tier-3	
<i>diclofenac potassium oral tablet</i>	Tier-3	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier-2	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier-4	
<i>diflunisal oral tablet</i>	Tier-3	
<i>etodolac er oral tablet extended release 24 hour</i>	Tier-3	
<i>etodolac oral capsule</i>	Tier-3	
<i>etodolac oral tablet</i>	Tier-2	
<i>fenoprofen calcium oral capsule</i>	Tier-4	
<i>fenoprofen calcium oral tablet</i>	Tier-2	
<i>flurbiprofen oral tablet</i>	Tier-2	
<i>ibuprofen oral suspension</i>	Tier-2	
<i>ibuprofen oral tablet</i>	Tier-1	
<b>INDOCIN ORAL SUSPENSION</b>	Tier-4	
<i>indomethacin er oral capsule extended release</i>	Tier-3	
<i>indomethacin oral capsule</i>	Tier-1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-4	
<i>ketoprofen oral capsule</i>	Tier-2	
<i>meclofenamate sodium oral capsule</i>	Tier-4	
<i>mefenamic acid oral capsule</i>	Tier-2	
<i>meloxicam oral capsule</i>	Tier-3	
<i>meloxicam oral tablet</i>	Tier-1	
<i>nabumetone oral tablet</i>	Tier-2	
<i>naproxen dr oral tablet delayed release</i>	Tier-2	
<i>naproxen oral suspension</i>	Tier-2	
<i>naproxen oral tablet</i>	Tier-1	
<i>naproxen oral tablet delayed release</i>	Tier-2	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	Tier-5	NEDS
<i>naproxen sodium oral tablet</i>	Tier-1	
<i>oxaprozin oral tablet</i>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piroxicam oral capsule</i>	Tier-3	
<i>sulindac oral tablet</i>	Tier-2	
<i>tolmetin sodium oral capsule</i>	Tier-4	
<i>tolmetin sodium oral tablet</i>	Tier-2	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	Tier-2	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	Tier-2	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	Tier-5	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	Tier-4	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	Tier-3	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	Tier-2	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	Tier-3	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	Tier-3	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	Tier-2	QL (10 EA per 30 days)
<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 oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrant</i>	Tier-3	QL (30 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</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 ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Tier-3	QL (60 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	Tier-5	QL (240 EA per 30 days); NEDS
<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) oral solution</i>	Tier-2	QL (180 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-4	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-4	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</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)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant</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 tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	Tier-3	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	Tier-2	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<b>SUBSYS SUBLINGUAL LIQUID</b>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Tier-1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-2	
<i>disulfiram oral tablet</i>	Tier-2	
<i>naltrexone hcl oral tablet</i>	Tier-2	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	Tier-5	NEDS
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	Tier-5	SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	Tier-2	
<i>alprazolam intensol oral concentrate</i>	Tier-2	
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-3	
<i>buspirone hcl oral tablet</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-2	
<i>clorazepate dipotassium oral tablet</i>	Tier-4	
<i>lorazepam intensol oral concentrate</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-3	
<b>ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine er oral suspension extended release</i>	Tier-3	
<i>amphetamine sulfate oral tablet</i>	Tier-3	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	Tier-3	
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-3	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-4	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-2	
<b>DESOXYN ORAL TABLET</b>	Tier-4	PA
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier-4	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>dexmethylphenidate hcl oral tablet</i>	Tier-2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier-3	
<i>dextroamphetamine sulfate oral solution</i>	Tier-2	
<i>dextroamphetamine sulfate oral tablet</i>	Tier-3	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier-3	QL (90 EA per 90 days)
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Tier-4	
<i>methamphetamine hcl oral tablet</i>	Tier-2	PA
<b>METHYLIN ORAL SOLUTION</b>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	Tier-2	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Tier-2	
<i>methylphenidate hcl er oral tablet extended release</i>	Tier-2	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>methylphenidate hcl oral solution</i>	Tier-2	
<i>methylphenidate hcl oral tablet</i>	Tier-2	
<i>methylphenidate hcl oral tablet chewable</i>	Tier-2	
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</b>	Tier-4	
<i>relexxii oral tablet extended release</i>	Tier-2	
<b>VYVANSE ORAL CAPSULE</b>	Tier-4	PA
<b>VYVANSE ORAL TABLET CHEWABLE</b>	Tier-4	PA
<b>BIPOLAR DISORDER</b>		
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	Tier-4	
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<i>lithium carbonate oral tablet</i>	Tier-1	
<i>lithium oral solution</i>	Tier-1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-2	
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	Tier-3	
<i>risperidone oral solution</i>	Tier-2	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-2	
<b>DEPRESSION</b>		
<i>amitriptyline hcl oral tablet</i>	Tier-2	PA
<i>amoxapine oral tablet</i>	Tier-2	
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG</b>	Tier-4	STPA
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG</b>	Tier-5	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bupropion hcl oral tablet	Tier-2	
citalopram hydrobromide oral solution	Tier-2	
citalopram hydrobromide oral tablet	Tier-1	
clomipramine hcl oral capsule	Tier-2	PA
desipramine hcl oral tablet	Tier-2	
desvenlafaxine er oral tablet extended release 24 hour	Tier-2	
desvenlafaxine succinate er oral tablet extended release 24 hour	Tier-2	
doxepin hcl oral capsule	Tier-3	
doxepin hcl oral concentrate	Tier-2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-4	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	Tier-3	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	Tier-3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-5	STPA; NEDS
escitalopram oxalate oral solution	Tier-4	
escitalopram oxalate oral tablet	Tier-1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-4	STPA
fluoxetine hcl oral capsule	Tier-1	
fluoxetine hcl oral capsule delayed release	Tier-1	
fluoxetine hcl oral solution	Tier-3	
fluoxetine hcl oral tablet	Tier-4	
fluvoxamine maleate er oral capsule extended release 24 hour	Tier-4	
fluvoxamine maleate oral tablet	Tier-2	
imipramine hcl oral tablet	Tier-2	PA
imipramine pamoate oral capsule	Tier-4	PA
maprotiline hcl oral tablet	Tier-3	
MARPLAN ORAL TABLET	Tier-4	
mirtazapine oral tablet	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet dispersible</i>	Tier-2	
<i>nefazodone hcl oral tablet</i>	Tier-2	
<i>nortriptyline hcl oral capsule</i>	Tier-1	
<i>nortriptyline hcl oral solution</i>	Tier-1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-4	
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine mesylate oral capsule</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA ORAL TABLET	Tier-4	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-2	
<i>protriptyline hcl oral tablet</i>	Tier-2	
<i>sertraline hcl oral concentrate</i>	Tier-2	
<i>sertraline hcl oral tablet</i>	Tier-1	
<i>tranylcypromine sulfate oral tablet</i>	Tier-2	
<i>trazodone hcl oral tablet</i>	Tier-1	
<i>trimipramine maleate oral capsule</i>	Tier-2	PA
TRINTELLIX ORAL TABLET	Tier-4	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>venlafaxine hcl oral tablet</i>	Tier-2	
VIIIBRYD ORAL TABLET	Tier-4	
VIIIBRYD STARTER PACK ORAL KIT	Tier-4	
<b>INSOMNIA</b>		
<i>doxepin hcl oral tablet</i>	Tier-3	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	Tier-2	
<i>eszopiclone oral tablet</i>	Tier-3	
<i>flurazepam hcl oral capsule</i>	Tier-2	
HETLIOZ ORAL CAPSULE	Tier-5	PA; NEDS
<i>ramelteon oral tablet</i>	Tier-3	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier-2	
<i>triazolam oral tablet</i>	Tier-2	
<i>zaleplon oral capsule</i>	Tier-2	
<i>zolpidem tartrate er oral tablet extended release</i>	Tier-4	
<i>zolpidem tartrate oral tablet</i>	Tier-2	
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NARCOLEPSY</b>		
<i>armodafinil oral tablet</i>	Tier-3	PA
<i>modafinil oral tablet</i>	Tier-4	PA
SUNOSI ORAL TABLET	Tier-4	PA
WAKIX ORAL TABLET	Tier-5	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	Tier-5	LA; NEDS
XYWAV ORAL SOLUTION	Tier-5	NEDS
<b>PSYCHOSES</b>		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-5	NEDS
ABILITY MYCITE ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
<i>ariPIPrazole oral solution</i>	Tier-3	
<i>ariPIPrazole oral tablet</i>	Tier-3	
<i>ariPIPrazole oral tablet dispersible</i>	Tier-3	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier-3	STPA
CAPLYTA ORAL CAPSULE	Tier-5	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral tablet</i>	Tier-4	
<i>clozapine oral tablet</i>	Tier-2	
<i>clozapine oral tablet dispersible</i>	Tier-2	
FANAPT ORAL TABLET	Tier-4	STPA
FANAPT TITRATION PACK ORAL TABLET	Tier-4	STPA
<i>fluphenazine decanoate injection solution</i>	Tier-2	
<i>fluphenazine hcl injection solution</i>	Tier-2	
<i>fluphenazine hcl oral concentrate</i>	Tier-2	
<i>fluphenazine hcl oral elixir</i>	Tier-2	
<i>fluphenazine hcl oral tablet</i>	Tier-2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-4	
<i>haloperidol decanoate intramuscular solution</i>	Tier-2	
<i>haloperidol lactate injection solution</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier-3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-4	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	STPA; QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	Tier-2	
<i>molindone hcl oral tablet</i>	Tier-3	
NUPLAZID ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier-2	
<i>olanzapine oral tablet</i>	Tier-2	
<i>olanzapine oral tablet dispersible</i>	Tier-2	
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-3	
<i>perphenazine oral tablet</i>	Tier-3	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier-5	NEDS
<i>pimozide oral tablet</i>	Tier-4	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-3	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-2	QL (60 EA per 30 days)
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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	Tier-4	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-5	NEDS
<i>thioridazine hcl oral tablet</i>	Tier-1	PA
<i>thiothixene oral capsule</i>	Tier-3	
<i>trifluoperazine hcl oral tablet</i>	Tier-2	
VERSACLOZ ORAL SUSPENSION	Tier-5	NEDS
VRAYLAR ORAL CAPSULE	Tier-5	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-4	
<i>ziprasidone hcl oral capsule</i>	Tier-2	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier-3	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	
<b>RESPIRATORY DRUGS</b>		
<b>ASTHMA</b>		
ADVAIR HFA INHALATION AEROSOL	Tier-3	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier-4	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier-1	QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier-1	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier-1	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	Tier-2	B vs D
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier-3	QL (32.1 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-4	B vs D
<i>budesonide inhalation suspension</i>	Tier-2	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier-3	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-2	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier-3	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier-2	QL (3 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	Tier-2	B vs D
<i>ipratropium-albuterol inhalation solution</i>	Tier-2	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier-2	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	Tier-3	QL (90 GM per 90 days)
<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 INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (6 EA per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (12 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-4	QL (180 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-2	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-2	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-2	
<i>theophylline oral solution</i>	Tier-2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
<i>wixela inhale inhalation aerosol powder breath activated</i>	Tier-3	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	Tier-3	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-5	NEDS
<b>IDIOPATHIC PULMONARY FIBROSIS</b>		
ESBRIET ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	Tier-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<b>PULMONARY HYPERTENSION</b>		
ADEMPAS ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>ambrisentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	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
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	Tier-3	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier-5	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution</i>	Tier-2	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier-3	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	Tier-4	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
<i>azelaic acid external gel</i>	Tier-3	
<i>metronidazole external cream</i>	Tier-2	
<i>metronidazole external gel</i>	Tier-2	
<i>metronidazole external lotion</i>	Tier-4	
<b>ACNE VULGARIS</b>		
<i>adapalene external cream</i>	Tier-2	PA
<i>adapalene external gel</i>	Tier-4	PA
<i>adapalene external solution</i>	Tier-3	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier-3	PA
<i>amnesteem oral capsule</i>	Tier-2	
ATRALIN EXTERNAL GEL	Tier-4	PA
<i>avita external cream</i>	Tier-2	PA
<i>avita external gel</i>	Tier-2	PA
AZELEX EXTERNAL CREAM	Tier-4	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>claravis oral capsule</i>	Tier-4	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier-4	
<i>clindamycin phosphate external foam</i>	Tier-4	
<i>clindamycin phosphate external gel</i>	Tier-2	
<i>clindamycin phosphate external lotion</i>	Tier-2	
<i>clindamycin phosphate external solution</i>	Tier-2	
<i>clindamycin phosphate external swab</i>	Tier-2	
<i>ery external pad</i>	Tier-2	
<i>erythromycin external gel</i>	Tier-2	
<i>erythromycin external solution</i>	Tier-2	
<b>EVOCLIN EXTERNAL FOAM</b>	Tier-4	
<b>FABIOR EXTERNAL FOAM</b>	Tier-4	PA
<i>isotretinoin oral capsule</i>	Tier-4	
<b>RETIN-A EXTERNAL CREAM</b>	Tier-4	PA
<b>RETIN-A EXTERNAL GEL</b>	Tier-4	PA
<b>RETIN-A MICRO EXTERNAL GEL</b>	Tier-4	PA
<b>RETIN-A MICRO PUMP EXTERNAL GEL</b>	Tier-4	PA
<i>tretinoi external cream</i>	Tier-2	PA
<i>tretinoi external gel</i>	Tier-4	PA
<i>tretinoi microsphere external gel</i>	Tier-4	PA

#### **BACTERIAL INFECTIONS, TOPICAL**

<i>gentamicin sulfate external cream</i>	Tier-3	
<i>gentamicin sulfate external ointment</i>	Tier-3	
<i>mupirocin calcium external cream</i>	Tier-3	QL (180 GM per 30 days)
<i>mupirocin external ointment</i>	Tier-2	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	Tier-2	
<i>ssd external cream</i>	Tier-2	
<b>XEPI EXTERNAL CREAM</b>	Tier-4	QL (60 GM per 30 days)

#### **CORTICOSTEROIDS, TOPICAL**

<b>ALA SCALP EXTERNAL LOTION</b>	Tier-4	
<i>ala-cort external cream</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-4	
<i>alclometasone dipropionate external ointment</i>	Tier-2	
<i>amcinonide external cream</i>	Tier-4	
<i>amcinonide external lotion</i>	Tier-2	
<i>amcinonide external ointment</i>	Tier-4	
<b>APEXICON E EXTERNAL CREAM</b>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate aug external cream</i>	Tier-2	
<i>betamethasone dipropionate aug external gel</i>	Tier-4	
<i>betamethasone dipropionate aug external lotion</i>	Tier-4	
<i>betamethasone dipropionate aug external ointment</i>	Tier-2	
<i>betamethasone dipropionate external cream</i>	Tier-4	
<i>betamethasone dipropionate external lotion</i>	Tier-2	
<i>betamethasone dipropionate external ointment</i>	Tier-4	
<i>betamethasone valerate external cream</i>	Tier-2	
<i>betamethasone valerate external foam</i>	Tier-4	
<i>betamethasone valerate external lotion</i>	Tier-2	
<i>betamethasone valerate external ointment</i>	Tier-2	
<b>CAPEX EXTERNAL SHAMPOO</b>	Tier-4	
<i>clobetasol propionate e external cream</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier-4	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	Tier-4	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier-4	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	Tier-4	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	Tier-4	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	Tier-4	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier-4	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	Tier-3	QL (200 ML per 30 days)
<i>clorcortolone pivalate external cream</i>	Tier-4	
<i>clodan external shampoo</i>	Tier-3	
<b>CORDRAN EXTERNAL TAPE</b>	Tier-4	
<i>desonide external cream</i>	Tier-4	
<i>desonide external gel</i>	Tier-4	
<i>desonide external lotion</i>	Tier-4	
<i>desonide external ointment</i>	Tier-4	
<i>desoximetasone external cream</i>	Tier-4	
<i>desoximetasone external gel</i>	Tier-4	
<i>desoximetasone external liquid</i>	Tier-4	
<i>desoximetasone external ointment</i>	Tier-4	
<i>diflorasone diacetate external cream</i>	Tier-4	
<i>diflorasone diacetate external ointment</i>	Tier-4	
<i>fluocinolone acetonide external cream</i>	Tier-3	
<i>fluocinolone acetonide external ointment</i>	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide external solution</i>	Tier-4	
<i>fluocinolone acetonide scalp external oil</i>	Tier-3	
<i>fluocinonide emulsified base external cream</i>	Tier-4	
<i>fluocinonide external cream 0.05 %</i>	Tier-4	
<i>fluocinonide external cream 0.1 %</i>	Tier-4	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	Tier-4	
<i>fluocinonide external ointment</i>	Tier-4	
<i>fluocinonide external solution</i>	Tier-4	
<i>flurandrenolide external cream</i>	Tier-3	
<i>flurandrenolide external lotion</i>	Tier-3	
<i>flurandrenolide external ointment</i>	Tier-4	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	Tier-2	
<i>fluticasone propionate external lotion</i>	Tier-4	
<i>fluticasone propionate external ointment</i>	Tier-2	
<i>halcinonide external cream</i>	Tier-3	
<i>halobetasol propionate external cream</i>	Tier-4	
<i>halobetasol propionate external ointment</i>	Tier-4	
<b>HALOG EXTERNAL OINTMENT</b>	Tier-4	
<i>hydrocortisone butyrate external cream</i>	Tier-4	
<i>hydrocortisone butyrate external lotion</i>	Tier-1	
<i>hydrocortisone butyrate external ointment</i>	Tier-4	
<i>hydrocortisone butyrate external solution</i>	Tier-4	
<i>hydrocortisone external cream</i>	Tier-1	
<i>hydrocortisone external lotion</i>	Tier-1	
<i>hydrocortisone external ointment</i>	Tier-1	
<i>hydrocortisone valerate external cream</i>	Tier-4	
<i>hydrocortisone valerate external ointment</i>	Tier-4	
<b>KENALOG EXTERNAL AEROSOL SOLUTION</b>	Tier-4	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-2	
<i>nolix external cream</i>	Tier-3	
<i>nolix external lotion</i>	Tier-3	
<b>PANDEL EXTERNAL CREAM</b>	Tier-4	
<i>prednicarbate external cream</i>	Tier-4	
<i>prednicarbate external ointment</i>	Tier-2	
<b>TOVET EXTERNAL FOAM</b>	Tier-4	QL (200 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide external aerosol solution</i>	Tier-4	
<i>triamcinolone acetonide external cream</i>	Tier-2	
<i>triamcinolone acetonide external lotion</i>	Tier-2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier-2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier-3	
<b>TRIANEX EXTERNAL OINTMENT</b>	Tier-3	
<i>triderm external cream</i>	Tier-2	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox external gel</i>	Tier-2	
<i>ciclopirox external shampoo</i>	Tier-4	
<i>ciclopirox external solution</i>	Tier-3	
<i>ciclopirox olamine external cream</i>	Tier-2	
<i>ciclopirox olamine external suspension</i>	Tier-2	
<i>clotrimazole external cream</i>	Tier-3	
<i>clotrimazole external solution</i>	Tier-2	
<i>clotrimazole-betamethasone external cream</i>	Tier-3	
<i>clotrimazole-betamethasone external lotion</i>	Tier-4	
<i>econazole nitrate external cream</i>	Tier-3	
<i>ketoconazole external cream</i>	Tier-3	QL (120 GM per 30 days)
<i>ketoconazole external foam</i>	Tier-4	
<i>ketoconazole external shampoo</i>	Tier-2	
<b>KETODAN EXTERNAL FOAM</b>	Tier-4	
<i>luliconazole external cream</i>	Tier-3	
<b>MENTAX EXTERNAL CREAM</b>	Tier-4	
<i>naftifine hcl external cream 1 %</i>	Tier-4	
<i>naftifine hcl external cream 2 %</i>	Tier-3	
<i>nyamyc external powder</i>	Tier-2	
<i>nystatin external cream</i>	Tier-2	
<i>nystatin external ointment</i>	Tier-2	
<i>nystatin external powder</i>	Tier-2	
<i>nystatin mouth/throat suspension</i>	Tier-2	
<i>nystatin-triamcinolone external cream</i>	Tier-3	
<i>nystatin-triamcinolone external ointment</i>	Tier-3	
<i>nystop external powder</i>	Tier-2	
<i>oxiconazole nitrate external cream</i>	Tier-4	QL (90 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PSORIASIS AND SEBORRHEA</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier-4	
<i>acitretin oral capsule 17.5 mg</i>	Tier-5	NEDS
<i>calcipotriene external cream</i>	Tier-3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier-4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier-4	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	Tier-5	NEDS
<i>calcipotriene-betameth diprop external suspension</i>	Tier-5	NEDS
<i>calcitriol external ointment</i>	Tier-3	
<i>methoxsalen rapid oral capsule</i>	Tier-5	NEDS
<i>tazarotene external cream</i>	Tier-3	PA
TAZORAC EXTERNAL CREAM	Tier-4	PA
TAZORAC EXTERNAL GEL	Tier-4	PA
<b>SCABIES AND PEDICULOSIS</b>		
<i>ivermectin external lotion</i>	Tier-3	
<i>lindane external shampoo</i>	Tier-2	
<i>malathion external lotion</i>	Tier-2	
<i>permethrin external cream</i>	Tier-3	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate external cream</i>	Tier-3	
<i>ammonium lactate external lotion</i>	Tier-2	
ANUSOL-HC EXTERNAL CREAM	Tier-4	
ANUSOL-HC RECTAL CREAM	Tier-4	
<i>diclofenac epolamine external patch</i>	Tier-3	PA; QL (60 EA per 30 days)
<i>diclofenac epolamine transdermal patch</i>	Tier-3	PA; QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Tier-3	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier-3	QL (200 GM per 30 days)
<i>diclofenac sodium external solution</i>	Tier-2	QL (300 ML per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-3	QL (960 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-3	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-2	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	Tier-5	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
EUCRISA EXTERNAL OINTMENT	Tier-4	PA
<i>fluorouracil external cream</i>	Tier-2	
<i>fluorouracil external solution</i>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone ace-pramoxine external cream</i>	Tier-2	
<i>hydrocortisone ace-pramoxine rectal cream</i>	Tier-2	
<b>KLISYRI EXTERNAL OINTMENT</b>	Tier-5	PA; NEDS
<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 solution</i>	Tier-2	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier-2	
<i>lidocaine-prilocaine external cream</i>	Tier-3	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	Tier-3	
<b>PICATO EXTERNAL GEL</b>	Tier-4	
<i>pimecrolimus external cream</i>	Tier-3	
<i>procto-med hc external cream</i>	Tier-2	
<i>procto-med hc rectal cream</i>	Tier-2	
<i>procto-pak external cream</i>	Tier-2	
<i>procto-pak rectal cream</i>	Tier-2	
<i>proctosol hc external cream</i>	Tier-2	
<i>proctosol hc rectal cream</i>	Tier-2	
<i>protozone-hc external cream</i>	Tier-2	
<i>protozone-hc rectal cream</i>	Tier-2	
<b>PRUDOXIN EXTERNAL CREAM</b>	Tier-4	QL (90 GM per 30 days)
<b>RECTIV RECTAL OINTMENT</b>	Tier-4	QL (30 GM per 30 days)
<b>REGRANEX EXTERNAL GEL</b>	Tier-3	
<b>SANTYL EXTERNAL OINTMENT</b>	Tier-3	
<i>selenium sulfide external lotion</i>	Tier-2	
<i>sodium chloride irrigation solution</i>	Tier-2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier-2	
<b>SULFAMYLYON EXTERNAL CREAM</b>	Tier-4	
<b>SULFAMYLYON EXTERNAL PACKET</b>	Tier-4	
<i>tacrolimus external ointment</i>	Tier-3	
<b>TARGRETIN EXTERNAL GEL</b>	Tier-5	PA; SP-CVS specialty; NEDS
<b>VALCHLOR EXTERNAL GEL</b>	Tier-5	NEDS
<b>VIRAL INFECTIONS, TOPICAL</b>		
<i>acyclovir external cream</i>	Tier-3	
<b>CONDYLOX EXTERNAL GEL</b>	Tier-4	
<b>DENAVIR EXTERNAL CREAM</b>	Tier-5	NEDS
<i>imiquimod external cream</i>	Tier-4	
<i>imiquimod pump external cream</i>	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>podofilox external solution</i>	Tier-2	
<b>WOMEN'S HEALTH</b>		
<b>CONTRACEPTIVES</b>		
<i>amethia oral tablet</i>	Tier-2	
<b>ANNOVERA VAGINAL RING</b>	Tier-4	QL (1 EA per 365 days)
<i>apri oral tablet</i>	Tier-2	
<i>aranelle oral tablet</i>	Tier-2	
<i>ashlyna oral tablet</i>	Tier-2	
<i>aubra oral tablet</i>	Tier-2	
<i>aviane oral tablet</i>	Tier-2	
<i>balziva oral tablet</i>	Tier-2	
<i>briellyn oral tablet</i>	Tier-2	
<i>camila oral tablet</i>	Tier-2	
<i>deblitane oral tablet</i>	Tier-2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier-2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-2	
<i>eluryng vaginal ring</i>	Tier-3	
<i>emoquette oral tablet</i>	Tier-2	
<i>errin oral tablet</i>	Tier-2	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-2	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier-3	
<i>falmina oral tablet</i>	Tier-2	
<i>iclevia oral tablet</i>	Tier-2	
<i>introvale oral tablet</i>	Tier-2	
<i>junel 1.5/30 oral tablet</i>	Tier-2	
<i>junel 1/20 oral tablet</i>	Tier-2	
<i>junel fe 1.5/30 oral tablet</i>	Tier-2	
<i>junel fe 1/20 oral tablet</i>	Tier-2	
<i>junel fe 24 oral tablet</i>	Tier-2	
<i>kariva oral tablet</i>	Tier-2	
<i>kelnor 1/35 oral tablet</i>	Tier-2	
<i>larin 1.5/30 oral tablet</i>	Tier-2	
<i>larin 1/20 oral tablet</i>	Tier-2	
<i>larin fe 1.5/30 oral tablet</i>	Tier-2	
<i>larin fe 1/20 oral tablet</i>	Tier-2	
<i>lessina oral tablet</i>	Tier-2	
<i>levonest oral tablet</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier-2	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier-2	
<i>levora 0.15/30 (28) oral tablet</i>	Tier-2	
<b>LO LOESTRIN FE ORAL TABLET</b>	Tier-4	
<i>marlissa oral tablet</i>	Tier-2	
<i>microgestin 1.5/30 oral tablet</i>	Tier-2	
<i>microgestin 1/20 oral tablet</i>	Tier-2	
<i>microgestin fe 1.5/30 oral tablet</i>	Tier-2	
<i>microgestin fe 1/20 oral tablet</i>	Tier-2	
<i>necon 0.5/35 (28) oral tablet</i>	Tier-2	
<i>nikki oral tablet</i>	Tier-2	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier-2	
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier-2	
<i>nortrel 1/35 (21) oral tablet</i>	Tier-2	
<i>nortrel 1/35 (28) oral tablet</i>	Tier-2	
<i>nortrel 7/7/7 oral tablet</i>	Tier-2	
<b>ORIAHNN ORAL CAPSULE THERAPY PACK</b>	Tier-5	PA; QL (56 EA per 28 days); NEDS
<i>orsythia oral tablet</i>	Tier-2	
<i>portia-28 oral tablet</i>	Tier-2	
<i>sharobel oral tablet</i>	Tier-2	
<i>tarina fe 1/20 eq oral tablet</i>	Tier-2	
<i>tri-previfem oral tablet</i>	Tier-2	
<i>tri-sprintec oral tablet</i>	Tier-2	
<i>trivora (28) oral tablet</i>	Tier-2	
<i>velivet oral tablet</i>	Tier-2	
<i>vyfemla oral tablet</i>	Tier-2	
<i>zovia 1/35e (28) oral tablet</i>	Tier-2	
<b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>		
<i>alendronate sodium oral solution</i>	Tier-2	
<i>alendronate sodium oral tablet</i>	Tier-1	
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier-4	PA
<b>ANGELIQ ORAL TABLET</b>	Tier-4	
<i>calcitonin (salmon) nasal solution</i>	Tier-2	
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier-4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CRINONE VAGINAL GEL	Tier-3	PA
DELESTROGEN INTRAMUSCULAR OIL	Tier-4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier-3	
DIVIGEL TRANSDERMAL GEL	Tier-4	
<i>dotti transdermal patch twice weekly</i>	Tier-2	PA
DUAVEE ORAL TABLET	Tier-4	
ELESTRIN TRANSDERMAL GEL	Tier-4	
<i>estradiol oral tablet</i>	Tier-1	PA
<i>estradiol transdermal patch twice weekly</i>	Tier-2	PA
<i>estradiol transdermal patch weekly</i>	Tier-2	PA
<i>estradiol vaginal cream</i>	Tier-3	
<i>estradiol vaginal tablet</i>	Tier-3	
<i>estradiol valerate intramuscular oil</i>	Tier-2	
ESTRING VAGINAL RING	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-4	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	Tier-4	PA
FEMRING VAGINAL RING	Tier-3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	Tier-3	PA
<i>ibandronate sodium oral tablet</i>	Tier-2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	Tier-4	
IMVEXXY STARTER PACK VAGINAL INSERT	Tier-4	
<i>jinteli oral tablet</i>	Tier-2	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier-1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier-1	
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
MENEST ORAL TABLET	Tier-4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-4	PA
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<i>norethindrone-eth estradiol oral tablet</i>	Tier-2	PA
ORILISSA ORAL TABLET 150 MG	Tier-5	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	Tier-4	PA
PREMARIN VAGINAL CREAM	Tier-4	
PREMPHASE ORAL TABLET	Tier-4	PA
PREMPRO ORAL TABLET	Tier-4	PA
<i>progesterone micronized oral capsule</i>	Tier-2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA
<i>raloxifene hcl oral tablet</i>	Tier-2	
<i>risedronate sodium oral tablet</i>	Tier-3	
<i>risedronate sodium oral tablet delayed release</i>	Tier-3	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier-5	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier-5	PA; NEDS
<i>yuvafem vaginal tablet</i>	Tier-3	
<b>PREGNANCY SUPPORT</b>		
<i>prenatal oral tablet</i>	Tier-2	
<b>VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate vaginal cream</i>	Tier-2	
GYNAZOLE-1 VAGINAL CREAM	Tier-4	
<i>metronidazole vaginal gel</i>	Tier-3	
<i>miconazole 3 vaginal suppository</i>	Tier-2	
SOLSEC ORAL PACKET	Tier-4	
<i>terconazole vaginal cream</i>	Tier-2	
<i>terconazole vaginal suppository</i>	Tier-2	
<i>vandazole vaginal gel</i>	Tier-3	
<b>WOMEN'S HEALTH, MISCELLANEOUS</b>		
INTRAROSA VAGINAL INSERT	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSPHENA ORAL TABLET	Tier-4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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DIVIGEL	97	enalapril-hydrochlorothiazide	36	EUCRISA	93
dofetilide	35	ENBREL	74	euthyrox	57
DOJOLVI	64	ENBREL MINI	74	EVAMIST	97
donepezil hcl	69	ENBREL SURECLICK	74	EVENITY	97
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dorzolamide hcl-timolol mal	47	enoxaparin sodium	28	EVOTAZ	22
dorzolamide hcl-timolol mal pf	47	ENSPRYNG	59	EVYSDI	67
dotti	97	entacapone	70	exel comfort point pen needle	40
DOVATO	21	entecavir	21	exemestane	30
doxazosin mesylate	34	ENTRESTO	36	EXTAVIA	65
doxepin hcl	81, 82, 93	enulose	49	EYLEA	48
doxercalciferol	64	ENVARSUS XR	59	ezetimibe	39
DOXY 100	52	EPCLUSIA	21	ezetimibe-simvastatin	39
doxycycline hyclate	26, 27	EPIDIOLEX	72	FABIOR	89
doxycycline monohydrate	27	epinastine hcl	45	falmina	95
DRIZALMA SPRINKLE	81	epinephrine	60	famciclovir	22
dronabinol	48	epitol	72	famotidine tablet	50
drospirenone-ethynodiol	95	EPIVIR	22	FANAPT	83
DROXIA	30	eplerenone	38	FANAPT TITRATION PACK	83
DUAVEE	97	EQUETRO	80	FARXIGA	43
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DUOPA	70	ergoloid mesylates	69	FASENRA	86
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DUREZOL	46	ERLEADA	30	febuxostat	76
dutasteride	67	erlotinib hcl	30	felbamate	72
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DUTOPROL	36	ertapenem sodium	52	FEMHRT LOW DOSE	97
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econazole nitrate	92	ERYTHROCIN		fenofibrate	39
EDURANT	21	LACTOBIONATE	52	fenofibrate micronized	39
efavirenz	21	erythrocin stearate	25	fenofibric acid	39
efavirenz-emtricitab-tenofovir	21	erythromycin	45, 89	fenoprofen calcium	76
efavirenz-lamivudine-tenofovir	21	erythromycin base	26	fentanyl	77
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FETZIMA TITRATION	81	furosemide	38, 52	GVOKE HYOPEN 2-PACK	41
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FINTEPLA	72	fyavolv	97	GYNIAZOLE-1	98
FIRDAPSE	64	FYCOMPA	72	HAEGARDA	63
FIRMAGON	56	gabapentin	72	halcinonide	91
FIRMAGON (240 MG DOSE)	56	GALAFOLD	62	halobetasol propionate	91
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flac	44	galantamine hydrobromide er	69	haloperidol	84
FLAREX	46	GAMMAGARD	57	haloperidol decanoate	83
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fluconazole	19	GAMUNEX-C	58	HEPATAMINE	55
fluconazole in sodium chloride	52	GARDASIL 9	58	HETLIOZ	82
flucytosine	19	gatifloxacin	45	HIBERIX	58
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flunisolide	44	gauze pads	40	HUMALOG	41
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fluocinolone acetonide scalp	91	GAVRETO	30	KWIKPEN	41
fluocinonide	91	gemfibrozil	39	HUMALOG KWIKPEN	41
fluocinonide emulsified base	91	generlac	49	HUMALOG MIX 50/50	41
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fluorouracil	93	GENOTROPIN	62	KWIKPEN	41
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fluvastatin sodium er	39	glipizide	43	HS START	75
fluvoxamine maleate	81	glipizide er	43	HUMIRA PEN-PSOR/UVEIT	
fluvoxamine maleate er	81	glipizide-metformin hcl	43	STARTER	75
FML	46	global alcohol prep ease	40	HUMULIN 70/30	41
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fosamprenavir calcium	22	glyburide	43	HUMULIN R	42
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fosinopril sodium	34	glyburide-metformin	43	(CONCENTRATED)	42
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		griseofulvin ultramicrosize	19	hydrochlorothiazide	38

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hydroxyurea .....	30	irbesartan-hydrochlorothiazide ..	36	KISQALI FEMARA (400 MG DOSE) .....	31
hydroxyzine hcl .....	44	IRESSA .....	30	KISQALI FEMARA (600 MG DOSE) .....	31
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icatibant acetate .....	63	isosorbide dinitrate .....	34	KLOR-CON M15 .....	40
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icosapent ethyl .....	39	isotretinoin .....	89	KORLYM .....	61
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imipenem-cilastatin .....	53	JARDIANC .....	43	KUVAN .....	66
imipramine hcl .....	81	JENTADUETO .....	43	KYNMOBI .....	70
imipramine pamoate .....	81	JENTADUETO XR .....	43	labetalol hcl .....	36
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INGREZZA .....	67	kariva .....	95	LANTUS .....	42
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LENVIMA (10 MG DAILY DOSE)	31	<i>lithium</i>	80	SENSOR	40
LENVIMA (12 MG DAILY DOSE)	31	<i>lithium carbonate</i>	80	MEDTRONIC GUARDIAN	
LENVIMA (14 MG DAILY DOSE)	31	<i>lithium carbonate er</i>	80	TRANSMITTER	40
LENVIMA (18 MG DAILY DOSE)	31	LO LOESTRIN FE	96	<i>mefenamic acid</i>	76
LENVIMA (20 MG DAILY DOSE)	31	LOKELMA	67	<i>mefloquine hcl</i>	20
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<i>lessina</i>	95	<i>lopinavir-ritonavir</i>	22	MEKTOVI	31
<i>letrozole</i>	31	<i>lorazepam</i>	79	<i>meloxicam</i>	76
<i>leucovorin calcium</i>	34	<i>lorazepam intensol</i>	79	<i>melphalan</i>	31
LEUKERAN	31	LORBRENA	31	<i>memantine hcl</i>	69
LEUKINE	27	<i>losartan potassium</i>	35	<i>memantine hcl er</i>	69
<i>leuprolide acetate</i>	56	<i>losartan potassium-hctz</i>	36	MENACTRA	58
<i>levalbuterol hcl</i>	86	<i>loteprednol etabonate</i>	45, 46	MENEST	97
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<i>levetiracetam er</i>	72	<i>luliconazole</i>	92	<i>mercaptopurine</i>	31
<i>levobunolol hcl</i>	47	LUMIGAN	47	<i>meropenem</i>	53
<i>levocarnitine</i>	49	LUPRON DEPOT (1-MONTH)	56	<i>mesalamine</i>	51
<i>levocetirizine dihydrochloride</i>	44	LUPRON DEPOT (3-MONTH)	56	<i>mesalamine er</i>	51
<i>levofloxacin</i>	26, 45, 53	LUPRON DEPOT (4-MONTH)	56	MESNEX	34
<i>levofloxacin in d5w</i>	53	LUPRON DEPOT (6-MONTH)	56	<i>metformin hcl</i>	43
<i>levonest</i>	95	LYNPARZA	31	<i>metformin hcl er</i>	43
<i>levonorgest-eth estrad 91-day</i>	96	LYRICA CR	73	<i>methadone hcl</i>	77
<i>levonorgestrel-ethinyl estradiol</i>	96	LYSODREN	31	<i>methamphetamine hcl</i>	79
<i>levora 0.15/30 (28)</i>	96	<i>mafénide acetate</i>	94	<i>methazolamide</i>	47
<i>levorphanol tartrate</i>	77	<i>magnesium sulfate</i>	54	<i>methenamine hippurate</i>	20
<i>levo-t</i>	57	<i>malathion</i>	93	<i>methimazole</i>	57
<i>levothyroxine sodium</i>	57	<i>maprotiline hcl</i>	81	METHITEST	56
<i>levoxyl</i>	57	<i>marlissa</i>	96	<i>methotrexate</i>	75
LEXIVA	22	MARPLAN	81	<i>methotrexate sodium</i>	53
<i>lidocaine</i>	94	MATULANE	31	<i>methotrexate sodium (pf)</i>	53
<i>lidocaine hcl</i>	94	<i>matzim la</i>	37	<i>methoxsalen rapid</i>	93
<i>lidocaine viscous hcl</i>	94	MAVENCLAD (10 TABS)	65	<i>methscopolamine bromide</i>	50
<i>lidocaine-prilocaine</i>	94	MAVENCLAD (4 TABS)	65	METHYLIN	79
<i>lindane</i>	93	MAVENCLAD (5 TABS)	65	<i>methylphenidate hcl</i>	80
<i>linezolid</i>	19, 53	MAVENCLAD (6 TABS)	65	<i>methylphenidate hcl er</i>	80
LINZESS	51	MAVENCLAD (7 TABS)	65	<i>methylphenidate hcl er (cd)</i>	80
<i>liothyronine sodium</i>	57	MAVENCLAD (8 TABS)	65	<i>methylphenidate hcl er (la)</i>	80
<i>lisinopril</i>	34	MAVENCLAD (9 TABS)	65	<i>methylprednisolone</i>	55
		MAVYRET	22	<i>methyltestosterone</i>	56
		MAXIDEX	46	<i>metoclopramide hcl</i>	48
		MAYZENT	65	<i>metolazone</i>	38
		MAYZENT STARTER PACK	65	<i>metoprolol succinate er</i>	37
		<i>meclizine hcl</i>	48	<i>metoprolol tartrate</i>	37
		<i>meclofenamate sodium</i>	76	<i>metoprolol-hydrochlorothiazide</i>	36
		MEDROL	55	<i>metronidazole</i>	20, 88, 98
		<i>medroxyprogesterone acetate</i>	97	<i>metronidazole in nacl</i>	53
				<i>metyrosine</i>	66

<i>mexiletine hcl</i>	35	<i>naproxen dr</i>	76	<i>norethin-eth estradiol-fe</i>	96
<i>micafungin sodium</i>	19	<i>naproxen sodium</i>	76	<b>NORPACE CR</b>	35
<i>miconazole 3</i>	98	<i>naproxen sodium er</i>	76	<b>NORTHERA</b>	38
<i>microgestin 1.5/30</i>	96	<i>naratriptan hcl</i>	69	<i>nortrel 0.5/35 (28)</i>	96
<i>microgestin 1/20</i>	96	<b>NARCAN</b>	66	<i>nortrel 1/35 (21)</i>	96
<i>microgestin fe 1.5/30</i>	96	<b>NATACYN</b>	48	<i>nortrel 1/35 (28)</i>	96
<i>microgestin fe 1/20</i>	96	<i>nateglinide</i>	43	<i>nortrel 7/7/7</i>	96
<i>midodrine hcl</i>	38	<b>NATPARA</b>	64	<i>nortriptyline hcl</i>	82
<b>MIGERGOT</b>	69	<b>NAYZILAM</b>	69	<b>NORVIR</b>	22
<i> miglitol</i>	43	<i>necon 0.5/35 (28)</i>	96	<b>NOURIANZ</b>	70
<i> miglustat</i>	62	<i> nefazodone hcl</i>	82	<b>NOXAFILE</b>	19
<b>MILLIPRED</b>	55	<i> neomycin sulfate</i>	20	<b>NUBEQA</b>	32
<i> minocycline hcl</i>	27	<i> neomycin-bacitracin zn-</i>		<b>NUCALA</b>	88
<i> minocycline hcl er</i>	27	<i> polymyx</i>	45	<b>NUEDEXTA</b>	71
<i> minoxidil</i>	40	<i> neomycin-polymyxin-dexameth</i>	46	<b>NUPLAZID</b>	84
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<i> misoprostol</i>	50	<i> neomycin-polymyxin-hc</i>	45, 46	<b>NUTROPIN AQ NUSPIN 10</b>	62
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<i> moexipril hcl</i>	34	<b>NEULASTA</b>	27	<b>NUZYRA</b>	27
<i> molindone hcl</i>	84	<b>NEUPRO</b>	70	<i> nyamyc</i>	92
<i> mometasone furoate</i>	44, 91	<i> nevirapine</i>	22	<b>NYMALIZE</b>	38
<i> monodoxyne nl</i>	27	<i> nevirapine er</i>	22	<i> nystatin</i>	19, 92
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<b>MONUROL</b>	20	<b>NEXLETOL</b>	39	<i> nystop</i>	92
<i> morphine sulfate</i>	78	<b>NEXLIZET</b>	39	<b>OCALIVA</b>	49
<i> morphine sulfate (concentrate)</i>	77	<i> niacin er</i>	39	<b>OCTAGAM</b>	58
<i> morphine sulfate er</i>	78	<i> niacor</i>	39	<i> octreotide acetate</i>	60
<i> morphine sulfate er beads</i>	78	<i> nicardipine hcl</i>	37	<b>ODEFSEY</b>	22
<b>MOVANTIK</b>	49	<b>NICOTROL</b>	67	<b>ODOMZO</b>	32
<b>MOVIPREP</b>	49	<b>NICOTROL NS</b>	67	<b>OFEV</b>	87
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<i> moxifloxacin hcl in nacl</i>	53	<i> nifedipine er</i>	37	<i> olanzapine</i>	84
<b>MULPLETA</b>	27	<i> nifedipine er osmotic release</i>	37	<i> olanzapine-fluoxetine hcl</i>	80
<b>MULTAQ</b>	35	<i> nikki</i>	96	<i> olmesartan medoxomil</i>	35
<i> mupirocin</i>	89	<i> nilutamide</i>	32	<i> olmesartan medoxomil-hctz</i>	36
<i> mupirocin calcium</i>	89	<i> nimodipine</i>	38	<i> olmesartan-amldipine-hctz</i>	36
<b>MYCAMINE</b>	53	<b>NINLARO</b>	32	<i> olopatadine hcl</i>	44, 45
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<i> mycophenolate mofetil</i>	59, 60	<i> nitazoxanide</i>	20	<i> omeprazole</i>	50
<i> mycophenolate sodium</i>	60	<i> nitisinone</i>	63	<i> omeprazole-sodium bicarbonate</i>	50
<b>MYLERAN</b>	31	<b>NITRO-BID</b>	35	<b>OMNITROPE</b>	63
<b>MYRBETRIQ</b>	68	<i> nitrofurantoin macrocrystal</i>	20	<i> ondansetron</i>	48
<b>MYTESI</b>	49	<i> nitrofurantoin monohyd macro</i>	20	<i> ondansetron hcl</i>	48
<i> nabumetone</i>	76	<i> nitroglycerin</i>	35	<b>ONETOUCH VERIO</b>	41
<i> nadolol</i>	37	<b>NITROSTAT</b>	35	<b>ONGENTYS</b>	70
<i> nafcillin sodium</i>	53	<b>NITYR</b>	63	<b>ONUREG</b>	32
<i> naftifine hcl</i>	92	<i> nizatidine</i>	50	<b>OPSUMIT</b>	87
<i> naloxone hcl</i>	66	<i> nolix</i>	91	<b>ORALAIR</b>	88
<i> naltrexone hcl</i>	78	<b>NORDITROPIN FLEXPRO</b>	62	<b>ORAPRED ODT</b>	55
<b>NAMZARIC</b>	69	<i> norethindrone acetate</i>	98	<b>ORENITRAM</b>	87
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ORIAHNN	96	penicillin g sodium	53	potassium chloride in nacl	54
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ORKAMBI	61	PENTACEL	58	PRADAXA	28
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orsythia	96	pentamidine isethionate	20	pramipexole dihydrochloride	71
oseltamivir phosphate	22, 23	pentoxifylline er	28	pramipexole dihydrochloride er	71
OSMOPREP	49	PERFOROMIST	86	prasugrel hcl	27
OSPHERA	99	perindopril erbumine	34	pravastatin sodium	39
oxacillin sodium	53	periogard	44	praziquantel	20
oxacillin sodium in dextrose	53	permethrin	93	prazosin hcl	34
oxandrolone	56	perphenazine	84	PRED MILD	46
oxaprozin	76	perphenazine-amitriptyline	84	PRED-G	46
oxazepam	79	PERSERIS	84	PRED-G S.O.P.	46
OXBRYTA	28	PEXEVA	82	prednicarbate	91
oxcarbazepine	73	phenelzine sulfate	82	prednisolone	55
OXERVATE	48	phenobarbital	73	prednisolone acetate	46
oxiconazole nitrate	92	phenoxybenzamine hcl	66	prednisolone sodium phosphate	
oxybutynin chloride	68	phenytoin	73	.....46, 55	
oxybutynin chloride er	68	phenytoin sodium extended	73	prednisone	56
oxycodone hcl	78	PHOSPHOLINE IODIDE	47	PREDNISONE INTENSOL	55
oxycodone hcl er	78	PICATO	94	preferred plus insulin syringe	41
oxycodone-acetaminophen	78	PIFELTRO	23	pregabalin	73
oxycodone-aspirin	78	pilocarpine hcl	44, 47	PREMARIN	98
OXYCONTIN	78	pimecrolimus	94	PREMASOL	55
oxymorphone hcl	78	pimozide	84	PREMPHASE	98
oxymorphone hcl er	78	pindolol	37	PREMPRO	98
OZEMPIC (0.25 OR 0.5 MG/DOSE)	42	pioglitazone hcl	43	prenatal	98
OZEMPIC (1 MG/DOSE)	42	pioglitazone hcl-glimepiride	43	pretomanid	26
paliperidone er	84	pioglitazone hcl-metformin hcl	43	prevalite	39
PALYNZIQ	66	piperacillin sod-tazobactam so	53	PREVNAR 13	58
PANDEL	91	PIQRAY (200 MG DAILY DOSE)	32	PREVYMIS	23
pantoprazole sodium	50	PIQRAY (250 MG DAILY DOSE)	32	PREZCOBIX	23
PANZYGA	58	PIQRAY (300 MG DAILY DOSE)	32	PREZISTA	23
paricalcitol	64	PLASMA-LYTE 148	54	PRIFTIN	26
paromomycin sulfate	20	PLASMA-LYTE A	54	primaquine phosphate	20
paroxetine hcl	82	PLEGRIDY	65	primidone	73
paroxetine hcl er	82	PLENAMINE	55	PRIVIGEN	58
paroxetine mesylate	82	PNEUMOVAX 23	58	PROAIR RESPICLICK	86
PASER	26	podofilox	95	probenecid	76
PAXIL ORAL SUSPENSION	82	polymyxin b sulfate	53	PROCALAMINE	55
PEDIARIX	58	polymyxin b-trimethoprim	45	prochlorperazine	48
PEDVAX HIB	58	POMALYST	32	prochlorperazine maleate	48
peg 3350-kcl-na bicarb-nacl	49	portia-28	96	procto-med hc	94
peg-3350/electrolytes	49	posaconazole	19	procto-pak	94
PEGASYS	23	potassium chloride	40, 54	proctosol hc	94
peg-kcl-nacl-nasulf-na asc-c	50	potassium chloride crys er	40	protozone-hc	94
PEMAZYRE	32	potassium chloride er	40	progesterone micronized	98
penicillamine	68, 69			PROGRAF INJECTION	60
penicillin g pot in dextrose	53			PROLASTIN-C	88
penicillin g potassium	53			PROLENSA	46

PROMACTA	27	RELISTOR	50	scopolamine	48
<i>promethazine hcl</i>	48	REMICADE	75	SECUADO	85
<i>propafenone hcl</i>	35	<i>repaglinide</i>	43	<i>selegiline hcl</i>	71
<i>propafenone hcl er</i>	35	RESTASIS	48	<i>selenium sulfide</i>	94
<i>proparacaine hcl</i>	48	RETACRIT	28	SELZENTRY	23
<i>propranolol hcl</i>	37	RETEVMO	32	SEREVENT DISKUS	86
<i>propranolol hcl er</i>	37	RETIN-A	89	SEROSTIM	63
<i>propranolol-hctz</i>	36	RETIN-A MICRO	89	<i>sertraline hcl</i>	82
<i>propylthiouracil</i>	57	RETIN-A MICRO PUMP	89	<i>sevelamer carbonate oral packets</i>	66
PROQUAD	58	REVLIMID	32	<i>sevelamer hcl</i>	66
PROSOL	55	REXULTI	84	<i>sharobel</i>	96
<i>protriptyline hcl</i>	82	REYATAZ	23	SHINGRIX	59
PRUDOXIN	94	RHOPRESSA	47	SIGNIFOR	61
PULMOZYME	61	<i>ribavirin</i>	23	<i>sildenafil citrate</i>	87
PURIXAN	32	RIDAURA	75	<i>silodosin</i>	67
PYLERA	50	<i>rifabutin</i>	26	<i>silver sulfadiazine</i>	89
<i>pyrazinamide</i>	26	<i>rifampin</i>	26, 53	SIMBRINZA	47
<i>pyridostigmine bromide</i>	65, 66	<i>riluzole</i>	60	<i>simvastatin</i>	39
<i>pyridostigmine bromide er</i>	65	<i>rimantadine hcl</i>	23	<i>sirolimus</i>	60
<i>pyrimethamine</i>	21	RINVOQ	75	SIRTURO	26
QINLOCK	32	RIOMET	43	SIVEXTRO	20, 53
QUADRACEL	58	<i>risedronate sodium</i>	98	SKYRIZI (150 MG DOSE)	75
QUDEXY XR	73	RISPERDAL CONSTA	80	<i>sodium chloride</i>	54, 94
<i>quetiapine fumarate</i>	84	<i>risperidone</i>	80	<i>sodium phenylbutyrate</i>	68
<i>quetiapine fumarate er</i>	84	<i>ritonavir</i>	23	<i>sodium polystyrene sulfonate</i>	67
QUILLIVANT XR	80	<i>rivastigmine</i>	69	<i>solifenacin succinate</i>	68
<i>quinapril hcl</i>	34	<i>rivastigmine tartrate</i>	69	SOLOSEC	98
<i>quinapril-hydrochlorothiazide</i>	36	<i>rizatriptan benzoate</i>	69, 70	SOLTAMOX	32
<i>quinidine gluconate er</i>	35	ROCKLATAN	47	SOMAVERT	60
<i>quinidine sulfate</i>	35	<i>ropinirole hcl</i>	71	<i>sorine</i>	35
<i>quinine sulfate</i>	21	<i>ropinirole hcl er</i>	71	<i>sotalol hcl</i>	35
QVAR REDIHALER	86	<i>rosuvastatin calcium</i>	39	<i>sotalol hcl (af)</i>	35
RABAVERT	58	ROTARIX	59	SOTYLIZE	36
<i>rabeprozole sodium</i>	50	ROTATEQ	59	SPIRIVA HANDIHALER	86
<i>raloxifene hcl</i>	98	ROWASA	51	SPIRIVA RESPIMAT	86
<i>ramelteon</i>	82	<i>roweepra</i>	73	<i>spironolactone</i>	38
<i>ramipril</i>	34	ROZLYTREK	32	<i>spironolactone-hctz</i>	38
<i>ranolazine er</i>	35	RUBRACA	32	SPRITAM	73
<i>rasagiline mesylate</i>	71	RUCONEST	63	SPRYCEL	32
RASUVO	75	<i>rufinamide</i>	73	<i>sps</i>	67
RAVICTI	67	RUKOBIA	23	<i>ssd</i>	89
REBIF	65	RUZURGI	64	STAMARIL	59
REBIF REBIDOSE	65	RYBELSUS	43	STELARA	75
REBIF REBIDOSE	65	RYDAPT	32	STIVARGA	32
TITRATION PACK	65	RYTARY	71	<i>streptomycin sulfate</i>	53
REBIF TITRATION PACK	65	SAIZEN	63	STRIBILD	23
RECOMBIVAX HB	58	SAIZENPREP	63	STRIVERDI RESPIMAT	87
RECTIV	94	SAMSCA	68	STROMECTOL	20
REGRANEX	94	SANCUSO	48	SUBSYS	78
RELENZA DISKHALER	23	SANTYL	94	SUCRAID	67
<i>relexxii</i>	80	SAPHRIS	84, 85	<i>sucralfate</i>	50
<i>reli-on insulin syringe</i>	41	<i>sapropterin dihydrochloride</i>	66		

sulfacetamide sodium .....	45	TEGSEDI .....	60	topiramate er .....	73
sulfacetamide sodium (acne) .....	94	TEKTURNA HCT .....	36	toremifene citrate .....	33
sulfacetamide-prednisolone .....	45	telmisartan .....	35	torsemide .....	38
sulfadiazine .....	26	telmisartanamlodipine .....	36	TOUJEO MAX SOLOSTAR .....	42
sulfamethoxazole-trimethoprim ..	26	telmisartan-hctz .....	36	TOUJEO SOLOSTAR .....	42
SULFAMYLYON .....	94	temazepam .....	82	TOVET .....	91
sulfasalazine .....	51	TEMIXYS .....	23	TOVIAZ .....	68
sulindac .....	77	temozolomide .....	33	tpn electrolytes .....	55
sumatriptan .....	70	TENIVAC .....	59	TRACLEER .....	87
sumatriptan succinate .....	70	tenofovir disoproxil fumarate .....	23	TRADJENTA .....	43
sumatriptan succinate refill .....	70	TEPMETKO .....	33	tramadol hcl .....	78
sumatriptan-naproxen sodium .....	70	terazosin hcl .....	34	tramadol hcl er .....	78
SUNOSI .....	83	terbinafine hcl .....	19	tramadol hcl er (biphasic) .....	78
SUPRAX .....	25	terbutaline sulfate .....	87	trandolapril .....	34
SUPREP BOWEL PREP KIT .....	50	terconazole .....	98	trandolapril-verapamil hcl er .....	36
SUTENT .....	32	teriparatide (recombinant) .....	98	tranexamic acid .....	28
SYMDEKO .....	61	testosterone .....	56	tranylcypromine sulfate .....	82
SYMFI .....	23	testosterone cypionate .....	56	TRAVASOL .....	55
SYMFI LO .....	23	testosterone enanthate .....	56	travoprost (bak free) .....	47
SYMLINPEN 120 .....	42	tetrabenazine .....	64	trazodone hcl .....	82
SYMLINPEN 60 .....	42	tetracycline hcl .....	27	TRECATOR .....	26
SYMPAZAN .....	73	THALOMID .....	33	TRELEGY ELLIPTA .....	87
SYMTUZA .....	23	theophylline .....	87	TRELSTAR MIXJECT .....	56
SYNAREL .....	56	theophylline er .....	87	TRESIBA .....	42
SYNJARDY .....	43	THIOLA EC .....	61	TRESIBA FLEXTOUCH .....	42
SYNJARDY XR .....	43	thioridazine hcl .....	85	tretinoin .....	33, 89
SYNRIBO .....	29	thiothixene .....	85	tretinoin microsphere .....	89
SYNTHROID .....	57	tiadylt er .....	38	TREXALL .....	75
TABLOID .....	32	tiagabine hcl .....	73	triamicinolone acetonide .....	44, 92
TABRECTA .....	32	TIBSOVO .....	33	triamterene-hctz .....	38
tacrolimus .....	60, 94	tigecycline .....	53	TRIANEX .....	92
tadalafil .....	67	TIGLUTIK .....	60	triazolam .....	82
tadalafil (pah) .....	87	timolol maleate .....	37, 47	triderm .....	92
TAFINLAR .....	32	timolol maleate pf .....	47	trientine hcl .....	69
TAGRISSO .....	32	tinidazole .....	21	trifluoperazine hcl .....	85
TAKHZYRO .....	63	TIROSINT .....	57	trifluridine .....	46
TALTZ .....	75	TIROSINT-SOL .....	57	trihexyphenidyl hcl .....	71
TALZENNA .....	32	TIVICAY .....	23	TRIKAFTA .....	61
tamoxifen citrate .....	32	TIVICAY PD .....	23	trilyte .....	50
tamsulosin hcl .....	67	tizanidine hcl .....	74	trimethoprim .....	20
TARGRETIN .....	33, 94	TOBI PODHALER .....	61	trimipramine maleate .....	82
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TASIGNA .....	33	TOBRADEX ST .....	45	tri-previfem .....	96
TAVALISSE .....	28	tobramycin .....	45, 61	tri-sprintec .....	96
tazarotene .....	93	tobramycin sulfate .....	53	TRIUMEQ .....	23
TAZORAC .....	93	tobramycin-dexamethasone .....	46	trivora (28) .....	96
taztia xt .....	38	tolcapone .....	71	TROPHAMINE .....	55
TAZVERIK .....	33	tolmetin sodium .....	77	trospium chloride .....	68
tdvax .....	59	tolterodine tartrate .....	68	trospium chloride er .....	68
techlite insulin syringe .....	41	tolterodine tartrate er .....	68	trueplus insulin syringe .....	41
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TRULICITY	42	VIDEX	24	XPOVIO (60 MG ONCE
TRUMENBA	59	VIDEX EC	24	WEEKLY).....33
TRUVADA	23	vigabatrin	73	XPOVIO (60 MG TWICE
TUKYSA	33	vigadronе	73	WEEKLY).....33
TURALIO	33	VIIBRYD	82	XPOVIO (80 MG ONCE
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<i>ursodiol</i>	50	VYNDAMAX	60	<i>zaleplon</i> .....82
VABOMERE	54	VYNDAQEL	60	ZARXIO.....28
<i>valacyclovir hcl</i>	23	VYVANSE	80	ZEJULA.....34
VALCHLOR	94	VYZULTA	47	ZELBORAF.....34
<i>valganciclovir hcl</i>	23, 24	WAKIX	83	ZENPEP.....49
<i>valproic acid</i>	73	warfarin sodium	28	ZERBAXA.....54
<i>valsartan</i>	35	wixela inhub	87	ZIAGEN.....24
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VARUBI (180 MG DOSE)	48	XENLETA	20	<i>zonisamide</i> .....74
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<i>velvet</i>	96	XERMELO	50	ZORTRESS.....60
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VENTAVIS	88	XPOVIO (100 MG ONCE		
<i>verapamil hcl</i>	38	WEEKLY)	33	
<i>verapamil hcl er</i>	38	XPOVIO (40 MG ONCE		
VERSACLOZ	85	WEEKLY)	33	
VERZENIO	33	XPOVIO (40 MG TWICE		
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This formulary was updated on 5/01/2021. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30.

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