

Tufts Health Unify

2019 List of Covered Drugs (Formulary)

Updated: 12/01/2019



Tufts Health Plan
P.O. Box 9194
Watertown, MA 02471-9194
Phone: **855.393.3154**

Seven days a week, from 8 a.m. to 8 p.m.
TuftsHealthUnify.org

Formulary ID: 19558 Version: 21
H7419_6316C Approved

DISCRIMINATION IS AGAINST THE LAW



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 Member Services at 855.393.3154.

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: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

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

TuftsHealthUnify.org | 855.393.3154

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee nées ho'dílzingo nantinígíí bikáá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

Tufts Health Unify | 2019 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by *Tufts Health Unify*. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by *Tufts Health Unify*. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	iii
B. Frequently Asked Questions (FAQ).....	iii
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	iii
B2. Does the Drug List ever change?.....	iv
B3. What happens when there is a change to the Drug List?.....	v
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	vi
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?.....	vi
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?.....	vi
B7. How can you find a drug on the Drug List?.....	vii
B8. What if the drug you want to take is not on the Drug List?.....	vii
B9. What if you are a new <i>Tufts Health Unify</i> member and can't find your drug on the Drug List or have a problem getting your drug?.....	vii
B10. Can you ask for an exception to cover your drug?.....	viii
B11. How can you ask for an exception?.....	ix
B12. How long does it take to get an exception?.....	ix



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthUnify.org.

B13. What are generic drugs?	ix
B14. What are OTC drugs?	ix
B15. Does <i>Tufts Health Unify</i> cover OTC non-drug products?.....	ix
B16. Does <i>Tufts Health Unify</i> cover long-term supplies of prescriptions?	ix
B17. Can you get prescriptions delivered to your home from your local pharmacy?	ix
B18. What is your copay?.....	x
B19. What are drug tiers?.....	x
C. <i>List of Covered Drugs</i>	x
D. List of Drugs by Medical Condition	xi
E. Index of Covered Drugs.....	13

A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Unify*.

- ❖ *Tufts Health Unify* is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can always check *Tufts Health Unify's* up-to-date *List of Covered Drugs* online at TuftsHealthUnify.org or by calling **1.855.393.3154**.
- ❖ Limitations and restrictions may apply. For more information, call *Tufts Health Unify* Member Services or read the *Tufts Health Unify Member Handbook*.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Atención: Si habla *español*, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Call Member Services to request materials in languages other than English or in an alternative format.

B. Frequently Asked Questions (FAQs)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQs to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 3 are the drugs covered by *Tufts Health Unify*. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthUnify.org.

- *Tufts Health Unify* will cover all drugs on the Drug List if:
 - Your doctor or other prescriber says you need them to get better or stay healthy,
 - *Tufts Health Unify* agrees that the drug is medically necessary for you, **and**
 - You fill the prescription at a *Tufts Health Unify* network pharmacy.
- In some cases, you have to do something before you can get a drug (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at TuftsHealthUnfy.org or call Member Services at **1.855.393.3154**.

B2. Does the Drug List ever change?

Yes. *Tufts Health Unify* may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from *Tufts Health Unify* before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4 below.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- A new, cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- We learn that drug is not safe, **or**
- A drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check *Tufts Health Unify's* up-to-date Drug List online at TuftsHealthUnfy.org.
- You can also call Member Services to check the current Drug List at **1.855.393.3154**.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same.

When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand-name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand-name drug.

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List **or** when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Then you can:

- Get a 30-day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see question B10 for more information about exceptions.



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthUnify.org](https://www.tuftshealthunify.org).

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes. Some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from *Tufts Health Unify* before you fill your prescription. *Tufts Health Unify* may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes *Tufts Health Unify* limits the amount of a drug you can get.
- **Step therapy:** Sometimes *Tufts Health Unify* requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 3. You can also get more information by visiting our website at TuftsHealthUnfy.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10-B12 for more information about exceptions.

B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The *List of Covered Drugs* on page 3 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 83.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, “Cardiovascular agents: Drugs to treat heart conditions like high blood pressure & high cholesterol.” That is where you will find drugs that treat heart conditions.

B8. What if the drug you want to take is not on the Drug List?

If you don’t see your drug on the Drug List, call Member Services at **1.855.393.3154** and ask about it. If you learn that *Tufts Health Unify* will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.

B9. What if you are a new *Tufts Health Unify* member and can’t find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of *Tufts Health Unify*. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior approval by *Tufts Health Unify*, **or**
- You are taking a drug that is part of a step therapy restriction.



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthUnify.org.

If you are taking a drug that *Tufts Health Unify* does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new *Tufts Health Unify* member.
- This is in addition to the temporary supply during the first 90 days you are a member of *Tufts Health Unify*.

As a current *Tufts Health Unify* 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 it 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 Health Unify* Member Services department.

B10. Can you ask for an exception to cover your drug?

Yes. You can ask *Tufts Health Unify* to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, *Tufts Health Unify* may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber thinks your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand-name drugs. They usually cost less than the brand-name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Tufts Health Unify covers both brand-name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." *Tufts Health Unify* covers some OTC drugs when they are written as prescriptions by your provider.

You can read the *Tufts Health Unify* Drug List to see what OTC drugs are covered.

B15. Does *Tufts Health Unify* cover OTC non-drug products?

Tufts Health Unify covers some OTC non-drug products when they are written as prescriptions by your provider.

Examples of OTC non-drug products include band-aids and gauze.

You can read the *Tufts Health Unify* Drug List to see what OTC non-drug products are covered.

B16. Does *Tufts Health Unify* cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same co-pay as a one-month supply.
 - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same co-pay as a one-month supply.
-

B17. Can you get prescriptions delivered to your home from your local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthUnify.org.

B18. What is your co-pay?

Tufts Health Unify members have no co-pays for prescription and OTC drugs as long as the member follows the plan's rules.

B19. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand-name drugs.
- Tier 3 drugs are MassHealth-covered OTC drugs.

Please note: All tiers have no co-pay.

C. List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by *Tufts Health Unify*. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 83. The index alphabetically lists all drugs covered by *Tufts Health Unify*.

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

The information in the “Necessary actions, restrictions, or limits on use” column tells you if *Tufts Health Unify* has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and co-pays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
-

- If you or your doctor disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at **1.855.393.3154**. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

D. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular agents: Drugs to treat heart conditions like high blood pressure & high cholesterol.” That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

QL = Quantity limit: Limits the amount of a drug you can get.

PA = Prior authorization (approval): You must have approval from the plan before you can get this drug.

ST = Step therapy: You must try another drug before you can get this one.

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 provide free delivery to your home, educational support 24/7 by phone, and the support of nurses and pharmacists. They also 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.

CVS specialty: 1.800.237.2767



If you have questions, please call *Tufts Health Unify* at **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit [TuftsHealthUnify.org](https://www.tuftshealthunify.org).

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE: DRUGS USED TO TREAT INFECTIONS	3
BLOOD MODIFYING AGENTS: DRUGS THAT HELP PREVENT CLOTS AND INCREASE CELL COUNTS	11
CANCER DRUGS	12
CARDIOVASCULAR AGENTS: DRUGS TO TREAT HEART CONDITIONS LIKE HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL	17
DIABETES MELLITUS: DIABETIC TESTING SUPPLIES AND DRUGS THAT LOWER BLOOD SUGAR	23
EAR, NOSE AND THROAT	27
EYE: DRUGS THAT TREAT EYE CONDITIONS LIKE GLAUCOMA, INFECTIONS, AND IRRITATION	28
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, & BOWEL DISEASES	32
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, AND BOWEL DISEASES	32
HOME INFUSION THERAPY: DRUGS USUALLY GIVEN BY IV IN THE HOME SETTING	36
HORMONES: DRUGS THAT TREAT CONDITIONS LIKE LOW TESTOSTERONE AND THYROID PROBLEMS	40
IMMUNOLOGIC AGENTS: DRUGS THAT BOOST THE IMMUNE SYSTEM OR PREVENT REJECTION AFTER ORGAN TRANSPLANT	42
MISCELLANEOUS DRUGS: DRUGS USED TO TREAT A VARIETY OF UNIQUE CONDITIONS	45
NEUROLOGICAL DRUGS: DRUGS TO TREAT BRAIN PROBLEMS LIKE ALZHEIMERS DISEASE, SEIZURES, AND HEADACHES	53
PAIN AND INFLAMMATORY DISEASE: DRUGS TO RELIEVE PAIN, GOUT SYMPTOMS AND SWELLING WITH ARTHRITIS	58
PSYCHIATRIC: DRUGS THAT TREAT MENTAL HEALTH CONDITIONS LIKE ADD/ADHD, DEPRESSION, AND INSOMNIA	62
RESPIRATORY DRUGS: DRUGS THAT TREAT LUNG PROBLEMS LIKE ASTHMA AND COPD	69
SKIN: DRUGS THAT TREAT SKIN CONDITIONS LIKE ACNE, INFECTIONS, AND ITCHY SKIN	72
SUPPLEMENTS: VITAMINS AND MINERALS YOU NEED TO STAY HEALTHY	79
WOMEN'S HEALTH: DRUGS USED FOR BIRTH CONTROL, MENOPAUSE, OSTEOPOROSIS, OR INFECTIONS	80

Drug	Status	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE: DRUGS USED TO TREAT INFECTIONS		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat lozenge</i>	\$0 (Tier-1)	
CRESEMBA ORAL CAPSULE	\$0 (Tier-2)	NEDS
<i>fluconazole oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>fluconazole oral tablet</i>	\$0 (Tier-1)	
<i>flucytosine oral capsule</i>	\$0 (Tier-1)	NEDS
<i>griseofulvin microsize oral suspension</i>	\$0 (Tier-1)	
<i>griseofulvin microsize oral tablet</i>	\$0 (Tier-1)	
<i>griseofulvin ultramicrosize oral tablet</i>	\$0 (Tier-1)	
<i>itraconazole oral capsule</i>	\$0 (Tier-1)	PA
<i>itraconazole oral solution</i>	\$0 (Tier-1)	PA
<i>ketoconazole oral tablet</i>	\$0 (Tier-1)	
NOXAFIL ORAL SUSPENSION	\$0 (Tier-2)	NEDS
NOXAFIL ORAL TABLET DELAYED RELEASE	\$0 (Tier-2)	NEDS
<i>nystatin oral tablet</i>	\$0 (Tier-1)	
<i>posaconazole oral tablet delayed release</i>	\$0 (Tier-1)	NEDS
<i>terbinafine hcl oral tablet</i>	\$0 (Tier-1)	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	\$0 (Tier-1)	NEDS
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier-1)	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier-1)	QL (56 EA per 14 days); NEDS
ANTHELMINTIC AGENTS		
PIN-X (PYRANTEL PAMOATE)	\$0 (Tier-3)	*
REESE'S PINWORM (PYRANTEL PAMOATE)	\$0 (Tier-3)	*
ANTI-INFECTIVES, MISCELLANEOUS		
<i>albendazole oral tablet</i>	\$0 (Tier-1)	NEDS
ALBENZA ORAL TABLET	\$0 (Tier-2)	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
ALINIA ORAL TABLET	\$0 (Tier-2)	
ARIKAYCE INHALATION SUSPENSION	\$0 (Tier-2)	B vs D; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	\$0 (Tier-2)	
<i>ivermectin oral tablet</i>	\$0 (Tier-1)	
<i>linezolid oral suspension reconstituted</i>	\$0 (Tier-1)	NEDS

Drug	Status	Requirements/Limits
<i>linezolid oral tablet</i>	\$0 (Tier-1)	NEDS
<i>methenamine hippurate oral tablet</i>	\$0 (Tier-1)	
<i>metronidazole oral capsule</i>	\$0 (Tier-1)	
<i>metronidazole oral tablet</i>	\$0 (Tier-1)	
MONUROL ORAL PACKET	\$0 (Tier-2)	
<i>neomycin sulfate oral tablet</i>	\$0 (Tier-1)	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>praziquantel oral tablet</i>	\$0 (Tier-1)	
SIVEXTRO ORAL TABLET	\$0 (Tier-2)	NEDS
STROMEKTOL ORAL TABLET	\$0 (Tier-2)	
<i>trimethoprim oral tablet</i>	\$0 (Tier-1)	
<i>vancomycin hcl oral capsule</i>	\$0 (Tier-1)	
<i>vancomycin hcl oral solution reconstituted</i>	\$0 (Tier-1)	
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier-2)	NEDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier-2)	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	\$0 (Tier-1)	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	\$0 (Tier-1)	
BENZNIDAZOLE ORAL TABLET	\$0 (Tier-2)	
<i>chloroquine phosphate oral tablet</i>	\$0 (Tier-1)	
COARTEM ORAL TABLET	\$0 (Tier-2)	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	\$0 (Tier-1)	
DARAPRIM ORAL TABLET	\$0 (Tier-2)	
<i>hydroxychloroquine sulfate oral tablet</i>	\$0 (Tier-1)	
KRINTAFEL ORAL TABLET	\$0 (Tier-2)	QL (2 EA per 7 days)
<i>mefloquine hcl oral tablet</i>	\$0 (Tier-1)	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-2)	B vs D
<i>paromomycin sulfate oral capsule</i>	\$0 (Tier-1)	
PENTAM INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	
<i>primaquine phosphate oral tablet</i>	\$0 (Tier-1)	
<i>quinine sulfate oral capsule</i>	\$0 (Tier-1)	
<i>tinidazole oral tablet</i>	\$0 (Tier-1)	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$0 (Tier-1)	
<i>abacavir sulfate oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>abacavir sulfate-lamivudine oral tablet</i>	\$0 (Tier-1)	NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$0 (Tier-1)	NEDS
<i>acyclovir oral capsule</i>	\$0 (Tier-1)	
<i>acyclovir oral suspension</i>	\$0 (Tier-1)	
<i>acyclovir oral tablet</i>	\$0 (Tier-1)	
<i>adefovir dipivoxil oral tablet</i>	\$0 (Tier-1)	NEDS
<i>amantadine hcl oral capsule</i>	\$0 (Tier-1)	
<i>amantadine hcl oral syrup</i>	\$0 (Tier-1)	
<i>amantadine hcl oral tablet</i>	\$0 (Tier-1)	
APTIVUS ORAL CAPSULE	\$0 (Tier-2)	NEDS
APTIVUS ORAL SOLUTION	\$0 (Tier-2)	NEDS
<i>atazanavir sulfate oral capsule</i>	\$0 (Tier-1)	NEDS
ATRIPLA ORAL TABLET	\$0 (Tier-2)	NEDS
BIKTARVY ORAL TABLET	\$0 (Tier-2)	NEDS
CIMDUO ORAL TABLET	\$0 (Tier-2)	NEDS
COMPLERA ORAL TABLET	\$0 (Tier-2)	NEDS
CRIXIVAN ORAL CAPSULE	\$0 (Tier-2)	
DELSTRIGO ORAL TABLET	\$0 (Tier-2)	
DESCOVY ORAL TABLET	\$0 (Tier-2)	NEDS
<i>didanosine oral capsule delayed release</i>	\$0 (Tier-1)	
DOVATO ORAL TABLET	\$0 (Tier-2)	NEDS
EDURANT ORAL TABLET	\$0 (Tier-2)	NEDS
<i>efavirenz oral capsule</i>	\$0 (Tier-1)	
<i>efavirenz oral tablet</i>	\$0 (Tier-1)	NEDS
EMTRIVA ORAL CAPSULE	\$0 (Tier-2)	
EMTRIVA ORAL SOLUTION	\$0 (Tier-2)	
<i>entecavir oral tablet</i>	\$0 (Tier-1)	NEDS
EPCLUSA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	\$0 (Tier-2)	
EVOTAZ ORAL TABLET	\$0 (Tier-2)	NEDS
<i>famciclovir oral tablet</i>	\$0 (Tier-1)	
<i>fosamprenavir calcium oral tablet</i>	\$0 (Tier-1)	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	\$0 (Tier-2)	NEDS
HARVONI ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (Tier-2)	
INTELENCE ORAL TABLET 200 MG	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	\$0 (Tier-2)	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	\$0 (Tier-2)	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty
INVIRASE ORAL TABLET	\$0 (Tier-2)	NEDS
ISENTRESS HD ORAL TABLET	\$0 (Tier-2)	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	\$0 (Tier-2)	
ISENTRESS ORAL TABLET	\$0 (Tier-2)	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier-2)	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier-2)	QL (720 EA per 30 days)
JULUCA ORAL TABLET	\$0 (Tier-2)	NEDS
KALETRA ORAL SOLUTION	\$0 (Tier-2)	NEDS
KALETRA ORAL TABLET 100-25 MG	\$0 (Tier-2)	
KALETRA ORAL TABLET 200-50 MG	\$0 (Tier-2)	NEDS
<i>lamivudine oral solution</i>	\$0 (Tier-1)	
<i>lamivudine oral tablet</i>	\$0 (Tier-1)	
<i>lamivudine-zidovudine oral tablet</i>	\$0 (Tier-1)	
LEXIVA ORAL SUSPENSION	\$0 (Tier-2)	
<i>lopinavir-ritonavir oral solution</i>	\$0 (Tier-1)	
MAVYRET ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>nevirapine oral suspension</i>	\$0 (Tier-1)	
<i>nevirapine oral tablet</i>	\$0 (Tier-1)	
NORVIR ORAL PACKET	\$0 (Tier-2)	
NORVIR ORAL SOLUTION	\$0 (Tier-2)	
ODEFSEY ORAL TABLET	\$0 (Tier-2)	NEDS
<i>oseltamivir phosphate oral capsule</i>	\$0 (Tier-1)	
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier-1)	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	\$0 (Tier-2)	NEDS
PREVYMIS ORAL TABLET	\$0 (Tier-2)	PA; NEDS
PREZCOBIX ORAL TABLET	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
PREZISTA ORAL SUSPENSION	\$0 (Tier-2)	NEDS
PREZISTA ORAL TABLET	\$0 (Tier-2)	NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (60 EA per 180 days)
RESCRIPTOR ORAL TABLET	\$0 (Tier-2)	
REYATAZ ORAL CAPSULE	\$0 (Tier-2)	NEDS
REYATAZ ORAL PACKET	\$0 (Tier-2)	NEDS
<i>ribavirin oral capsule</i>	\$0 (Tier-1)	SP-CVS specialty
<i>ribavirin oral tablet</i>	\$0 (Tier-1)	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	\$0 (Tier-1)	
<i>ritonavir oral tablet</i>	\$0 (Tier-1)	
SELZENTRY ORAL SOLUTION	\$0 (Tier-2)	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	\$0 (Tier-2)	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier-2)	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	\$0 (Tier-2)	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	\$0 (Tier-1)	
STRIBILD ORAL TABLET	\$0 (Tier-2)	NEDS
SYMFI LO ORAL TABLET	\$0 (Tier-2)	NEDS
SYMFI ORAL TABLET	\$0 (Tier-2)	NEDS
SYMTUZA ORAL TABLET	\$0 (Tier-2)	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	\$0 (Tier-1)	NEDS
TIVICAY ORAL TABLET 10 MG	\$0 (Tier-2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier-2)	NEDS
TRIUMEQ ORAL TABLET	\$0 (Tier-2)	NEDS
TRUVADA ORAL TABLET	\$0 (Tier-2)	NEDS
TYBOST ORAL TABLET	\$0 (Tier-2)	
<i>valacyclovir hcl oral tablet</i>	\$0 (Tier-1)	
<i>valganciclovir hcl oral solution reconstituted</i>	\$0 (Tier-1)	NEDS
<i>valganciclovir hcl oral tablet</i>	\$0 (Tier-1)	NEDS
VEMLIDY ORAL TABLET	\$0 (Tier-2)	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-2)	
VIDEX ORAL SOLUTION RECONSTITUTED	\$0 (Tier-2)	
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier-2)	
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier-2)	NEDS
VIRAMUNE ORAL SUSPENSION	\$0 (Tier-2)	
VIREAD ORAL POWDER	\$0 (Tier-2)	NEDS
VIREAD ORAL TABLET	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
VOSEVI ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
XOFLUZA ORAL TABLET THERAPY PACK	\$0 (Tier-2)	QL (2 EA per 7 days)
ZEPATIER ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZIAGEN ORAL TABLET	\$0 (Tier-2)	
<i>zidovudine oral capsule</i>	\$0 (Tier-1)	
<i>zidovudine oral syrup</i>	\$0 (Tier-1)	
<i>zidovudine oral tablet</i>	\$0 (Tier-1)	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	\$0 (Tier-1)	
<i>amoxicillin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet chewable</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	\$0 (Tier-1)	
<i>ampicillin oral capsule</i>	\$0 (Tier-1)	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>cefaclor oral capsule</i>	\$0 (Tier-1)	
<i>cefaclor oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefadroxil oral capsule</i>	\$0 (Tier-1)	
<i>cefadroxil oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefadroxil oral tablet</i>	\$0 (Tier-1)	
<i>cefdinir oral capsule</i>	\$0 (Tier-1)	
<i>cefdinir oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefixime oral capsule</i>	\$0 (Tier-1)	
<i>cefixime oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefpodoxime proxetil oral tablet</i>	\$0 (Tier-1)	
<i>cefprozil oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cefprozil oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>cefuroxime axetil oral tablet</i>	\$0 (Tier-1)	
<i>cephalexin oral capsule</i>	\$0 (Tier-1)	
<i>cephalexin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>cephalexin oral tablet</i>	\$0 (Tier-1)	
<i>dicloxacillin sodium oral capsule</i>	\$0 (Tier-1)	
<i>penicillin v potassium oral solution reconstituted</i>	\$0 (Tier-1)	
<i>penicillin v potassium oral tablet</i>	\$0 (Tier-1)	
SUPRAX ORAL CAPSULE	\$0 (Tier-2)	
SUPRAX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
SUPRAX ORAL TABLET CHEWABLE	\$0 (Tier-2)	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral packet</i>	\$0 (Tier-1)	
<i>azithromycin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>azithromycin oral tablet</i>	\$0 (Tier-1)	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>clarithromycin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>clarithromycin oral tablet</i>	\$0 (Tier-1)	
<i>clindamycin hcl oral capsule</i>	\$0 (Tier-1)	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$0 (Tier-1)	
DIFICID ORAL TABLET	\$0 (Tier-2)	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	\$0 (Tier-1)	
<i>eryped 400 oral suspension reconstituted</i>	\$0 (Tier-1)	
ERY-TAB ORAL TABLET DELAYED RELEASE	\$0 (Tier-2)	
<i>erythrocin stearate oral tablet</i>	\$0 (Tier-1)	
<i>erythromycin base oral capsule delayed release particles</i>	\$0 (Tier-1)	
<i>erythromycin base oral tablet</i>	\$0 (Tier-1)	
<i>erythromycin base oral tablet delayed release</i>	\$0 (Tier-1)	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0 (Tier-1)	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	\$0 (Tier-1)	
<i>isoniazid oral syrup</i>	\$0 (Tier-1)	
<i>isoniazid oral tablet</i>	\$0 (Tier-1)	
PASER ORAL PACKET	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
PRIFTIN ORAL TABLET	\$0 (Tier-2)	
<i>pyrazinamide oral tablet</i>	\$0 (Tier-1)	
<i>rifabutin oral capsule</i>	\$0 (Tier-1)	
RIFAMATE ORAL CAPSULE	\$0 (Tier-2)	
<i>rifampin oral capsule</i>	\$0 (Tier-1)	
RIFATER ORAL TABLET	\$0 (Tier-2)	
SIRTURO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
TRECTOR ORAL TABLET	\$0 (Tier-2)	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	NEDS
BAXDELA ORAL TABLET	\$0 (Tier-2)	NEDS
<i>ciprofloxacin hcl oral tablet</i>	\$0 (Tier-1)	
<i>ciprofloxacin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>levofloxacin oral solution</i>	\$0 (Tier-1)	
<i>levofloxacin oral tablet</i>	\$0 (Tier-1)	
<i>moxifloxacin hcl oral tablet</i>	\$0 (Tier-1)	
<i>ofloxacin oral tablet</i>	\$0 (Tier-1)	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$0 (Tier-1)	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	\$0 (Tier-1)	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$0 (Tier-1)	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral capsule</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral tablet</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral tablet delayed release</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral capsule</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral tablet</i>	\$0 (Tier-1)	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>minocycline hcl oral capsule</i>	\$0 (Tier-1)	
<i>minocycline hcl oral tablet</i>	\$0 (Tier-1)	
<i>mondoxyne nl oral capsule</i>	\$0 (Tier-1)	
NUZYRA ORAL TABLET	\$0 (Tier-2)	NEDS
<i>tetracycline hcl oral capsule</i>	\$0 (Tier-1)	
VIBRAMYCIN ORAL SYRUP	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
BLOOD MODIFYING AGENTS: DRUGS THAT HELP PREVENT CLOTS AND INCREASE CELL COUNTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	\$0 (Tier-1)	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$0 (Tier-1)	
BRILINTA ORAL TABLET	\$0 (Tier-2)	
<i>cilostazol oral tablet</i>	\$0 (Tier-1)	
<i>clopidogrel bisulfate oral tablet</i>	\$0 (Tier-1)	
<i>dipyridamole oral tablet</i>	\$0 (Tier-1)	PA
<i>prasugrel hcl oral tablet</i>	\$0 (Tier-1)	
ZONTIVITY ORAL TABLET	\$0 (Tier-2)	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	\$0 (Tier-2)	PA; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty; NEDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (1 ML per 14 days); NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier-2)	SP-CVS specialty; QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier-2)	SP-CVS specialty; QL (10 ML per 14 days); NEDS
PROMACTA ORAL PACKET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROMACTA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (1 ML per 14 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (10 ML per 14 days); NEDS
BLOOD THINNERS		
COUMADIN ORAL TABLET	\$0 (Tier-2)	
ELIQUIS ORAL TABLET	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
ELIQUIS STARTER PACK ORAL TABLET	\$0 (Tier-2)	
<i>enoxaparin sodium subcutaneous solution</i>	\$0 (Tier-1)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier-1)	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier-1)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$0 (Tier-2)	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0 (Tier-2)	
<i>jantoven oral tablet</i>	\$0 (Tier-1)	
PRADAXA ORAL CAPSULE	\$0 (Tier-2)	
<i>warfarin sodium oral tablet</i>	\$0 (Tier-1)	
XARELTO ORAL TABLET	\$0 (Tier-2)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-2)	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	\$0 (Tier-2)	NEDS
<i>pentoxifylline er oral tablet extended release</i>	\$0 (Tier-1)	
STIMATE NASAL SOLUTION	\$0 (Tier-2)	SP-CVS specialty
TAVALISSE ORAL TABLET	\$0 (Tier-2)	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	\$0 (Tier-1)	
CANCER DRUGS		
INJECTABLE AGENTS		
SYLATRON SUBCUTANEOUS KIT	\$0 (Tier-2)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	NEDS
ORAL AGENTS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	\$0 (Tier-2)	Part B
ALUNBRIG ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	\$0 (Tier-1)	
BALVERSA ORAL TABLET	\$0 (Tier-2)	PA; NEDS

Drug	Status	Requirements/Limits
<i>bexarotene oral capsule</i>	\$0 (Tier-1)	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	\$0 (Tier-1)	
BOSULIF ORAL TABLET 100 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
CABOMETYX ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
<i>capecitabine oral tablet</i>	\$0 (Tier-1)	Part B
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier-2)	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier-2)	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$0 (Tier-2)	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$0 (Tier-2)	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$0 (Tier-2)	PA; NEDS
COPIKTRA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
COTELLIC ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0 (Tier-2)	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
DROXIA ORAL CAPSULE	\$0 (Tier-2)	
EMCYT ORAL CAPSULE	\$0 (Tier-2)	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier-1)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier-1)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	\$0 (Tier-1)	Part B
<i>exemestane oral tablet</i>	\$0 (Tier-1)	
FARESTON ORAL TABLET	\$0 (Tier-2)	
FARYDAK ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	\$0 (Tier-1)	
GILOTRIF ORAL TABLET	\$0 (Tier-2)	PA; NEDS
GLEOSTINE ORAL CAPSULE	\$0 (Tier-2)	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	\$0 (Tier-2)	Part B
<i>hydroxyurea oral capsule</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
IBRANCE ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	\$0 (Tier-2)	PA; NEDS
IDHIFA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	\$0 (Tier-1)	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
IMBRUVICA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
INLYTA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
JAKAFI ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI 200 DOSE ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI 400 DOSE ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI 600 DOSE ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS

Drug	Status	Requirements/Limits
<i>letrozole oral tablet</i>	\$0 (Tier-1)	
LEUKERAN ORAL TABLET	\$0 (Tier-2)	
LONSURF ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
LYNPARZA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
LYSODREN ORAL TABLET	\$0 (Tier-2)	
MATULANE ORAL CAPSULE	\$0 (Tier-2)	NEDS
<i>megestrol acetate oral tablet</i>	\$0 (Tier-1)	PA
MEKINIST ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	\$0 (Tier-2)	PA; NEDS
<i>melphalan oral tablet</i>	\$0 (Tier-1)	Part B
<i>mercaptopurine oral tablet</i>	\$0 (Tier-1)	
MYLERAN ORAL TABLET	\$0 (Tier-2)	Part B
NERLYNX ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	\$0 (Tier-1)	NEDS
NINLARO ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	\$0 (Tier-2)	NEDS
REVLIMID ORAL CAPSULE	\$0 (Tier-2)	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	\$0 (Tier-2)	
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
STIVARGA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	\$0 (Tier-2)	SP-CVS specialty
TAFINLAR ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
TAGRISSE ORAL TABLET	\$0 (Tier-2)	PA; NEDS
TALZENNA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
<i>tamoxifen citrate oral tablet</i>	\$0 (Tier-1)	
TARCEVA ORAL TABLET 100 MG	\$0 (Tier-2)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
TARCEVA ORAL TABLET 150 MG, 25 MG	\$0 (Tier-2)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
TARGRETIN ORAL CAPSULE	\$0 (Tier-2)	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>temozolomide oral capsule</i>	\$0 (Tier-1)	Part B
THALOMID ORAL CAPSULE	\$0 (Tier-2)	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
<i>toremifene citrate oral tablet</i>	\$0 (Tier-1)	
<i>tretinoin oral capsule</i>	\$0 (Tier-1)	SP-CVS specialty; NEDS
TURALIO ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
TYKERB ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	\$0 (Tier-2)	PA
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier-2)	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS
VERZENIO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
VITRAKVI ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
VOTRIENT ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS

Drug	Status	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS
XTANDI ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
ZELBORAF ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 250 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	\$0 (Tier-1)	
MESNEX ORAL TABLET	\$0 (Tier-2)	NEDS
XURIDEN ORAL PACKET	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS: DRUGS TO TREAT HEART CONDITIONS LIKE HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	\$0 (Tier-1)	
<i>captopril oral tablet</i>	\$0 (Tier-1)	
<i>enalapril maleate oral tablet</i>	\$0 (Tier-1)	
<i>fosinopril sodium oral tablet</i>	\$0 (Tier-1)	
<i>lisinopril oral tablet</i>	\$0 (Tier-1)	
<i>moexipril hcl oral tablet</i>	\$0 (Tier-1)	
<i>perindopril erbumine oral tablet</i>	\$0 (Tier-1)	
<i>quinapril hcl oral tablet</i>	\$0 (Tier-1)	
<i>ramipril oral capsule</i>	\$0 (Tier-1)	
<i>trandolapril oral tablet</i>	\$0 (Tier-1)	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>doxazosin mesylate oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>prazosin hcl oral capsule</i>	\$0 (Tier-1)	
<i>terazosin hcl oral capsule</i>	\$0 (Tier-1)	
ANGINA		
CORLANOR ORAL SOLUTION	\$0 (Tier-2)	PA
CORLANOR ORAL TABLET	\$0 (Tier-2)	PA
<i>isosorbide dinitrate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>isosorbide dinitrate oral tablet</i>	\$0 (Tier-1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>isosorbide mononitrate oral tablet</i>	\$0 (Tier-1)	
NITRO-BID TRANSDERMAL OINTMENT	\$0 (Tier-2)	
<i>nitroglycerin sublingual tablet sublingual</i>	\$0 (Tier-1)	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0 (Tier-1)	
<i>nitroglycerin translingual solution</i>	\$0 (Tier-1)	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-2)	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	\$0 (Tier-1)	
<i>eprosartan mesylate oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan oral tablet</i>	\$0 (Tier-1)	
<i>losartan potassium oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan medoxomil oral tablet</i>	\$0 (Tier-1)	
<i>telmisartan oral tablet</i>	\$0 (Tier-1)	
<i>valsartan oral tablet</i>	\$0 (Tier-1)	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl oral tablet</i>	\$0 (Tier-1)	
<i>digitek oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digitek oral tablet 250 mcg</i>	\$0 (Tier-1)	PA
<i>digox oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digox oral tablet 250 mcg</i>	\$0 (Tier-1)	PA
<i>digoxin oral solution</i>	\$0 (Tier-1)	PA
<i>digoxin oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digoxin oral tablet 250 mcg</i>	\$0 (Tier-1)	PA

Drug	Status	Requirements/Limits
<i>disopyramide phosphate oral capsule</i>	\$0 (Tier-1)	PA
<i>dofetilide oral capsule</i>	\$0 (Tier-1)	
<i>flecainide acetate oral tablet</i>	\$0 (Tier-1)	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	\$0 (Tier-2)	
LANOXIN ORAL TABLET 250 MCG	\$0 (Tier-2)	PA
<i>mexiletine hcl oral capsule</i>	\$0 (Tier-1)	
MULTAQ ORAL TABLET	\$0 (Tier-2)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	PA
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-1)	
<i>propafenone hcl oral tablet</i>	\$0 (Tier-1)	
<i>quinidine gluconate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>quinidine sulfate oral tablet</i>	\$0 (Tier-1)	
<i>sorine oral tablet</i>	\$0 (Tier-1)	
<i>sotalol hcl (af) oral tablet</i>	\$0 (Tier-1)	
<i>sotalol hcl oral tablet</i>	\$0 (Tier-1)	
<i>sotalol hydrochloride oral tablet</i>	\$0 (Tier-1)	
SOTYLIZE ORAL SOLUTION	\$0 (Tier-2)	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$0 (Tier-1)	
<i>amlodipine besylate-valsartan oral tablet</i>	\$0 (Tier-1)	
<i>amlodipine-atorvastatin oral tablet</i>	\$0 (Tier-1)	
<i>amlodipine-olmesartan oral tablet</i>	\$0 (Tier-1)	
<i>amlodipine-valsartan-hctz oral tablet</i>	\$0 (Tier-1)	
<i>atenolol-chlorthalidone oral tablet</i>	\$0 (Tier-1)	
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>candesartan cilexetil-hctz oral tablet</i>	\$0 (Tier-1)	
<i>captopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
ENTRESTO ORAL TABLET	\$0 (Tier-2)	
<i>fosinopril sodium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>losartan potassium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>nadolol-bendroflumethiazide oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan medoxomil-hctz oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan-amlodipine-hctz oral tablet</i>	\$0 (Tier-1)	
<i>propranolol-hctz oral tablet</i>	\$0 (Tier-1)	
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
TEKTURNA HCT ORAL TABLET	\$0 (Tier-2)	
<i>telmisartan-amlodipine oral tablet</i>	\$0 (Tier-1)	
<i>telmisartan-hctz oral tablet</i>	\$0 (Tier-1)	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$0 (Tier-1)	
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
BETA AND ALPHA BLOCKERS		
<i>carvedilol oral tablet</i>	\$0 (Tier-1)	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>labetalol hcl oral tablet</i>	\$0 (Tier-1)	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$0 (Tier-1)	
<i>atenolol oral tablet</i>	\$0 (Tier-1)	
<i>betaxolol hcl oral tablet</i>	\$0 (Tier-1)	
<i>bisoprolol fumarate oral tablet</i>	\$0 (Tier-1)	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>metoprolol tartrate oral tablet</i>	\$0 (Tier-1)	
<i>nadolol oral tablet</i>	\$0 (Tier-1)	
<i>pindolol oral tablet</i>	\$0 (Tier-1)	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>propranolol hcl oral solution</i>	\$0 (Tier-1)	
<i>propranolol hcl oral tablet</i>	\$0 (Tier-1)	
<i>timolol maleate oral tablet</i>	\$0 (Tier-1)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	\$0 (Tier-1)	
<i>cartia xt oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-1)	
<i>diltiazem hcl oral tablet</i>	\$0 (Tier-1)	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>felodipine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>isradipine oral capsule</i>	\$0 (Tier-1)	
<i>matzim la oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>nicardipine hcl oral capsule</i>	\$0 (Tier-1)	
<i>nifedipine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>nifedipine oral capsule</i>	\$0 (Tier-1)	PA
<i>nimodipine oral capsule</i>	\$0 (Tier-1)	
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
NYMALIZE ORAL SOLUTION	\$0 (Tier-2)	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>verapamil hcl er oral tablet extended release</i>	\$0 (Tier-1)	
<i>verapamil hcl oral tablet</i>	\$0 (Tier-1)	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</i>	\$0 (Tier-1)	
<i>clonidine hcl transdermal patch weekly</i>	\$0 (Tier-1)	
<i>clonidine transdermal patch weekly</i>	\$0 (Tier-1)	
<i>midodrine hcl oral tablet</i>	\$0 (Tier-1)	
NORTHERA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	\$0 (Tier-1)	
TEKTRUNA ORAL TABLET	\$0 (Tier-2)	
DIURETICS		
<i>amiloride hcl oral tablet</i>	\$0 (Tier-1)	
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>bumetanide oral tablet</i>	\$0 (Tier-1)	
CAROSPIR ORAL SUSPENSION	\$0 (Tier-2)	
<i>chlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>chlorthalidone oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>eplerenone oral tablet</i>	\$0 (Tier-1)	
<i>ethacrynic acid oral tablet</i>	\$0 (Tier-1)	NEDS
<i>furosemide oral solution</i>	\$0 (Tier-1)	
<i>furosemide oral tablet</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral capsule</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>indapamide oral tablet</i>	\$0 (Tier-1)	
<i>metolazone oral tablet</i>	\$0 (Tier-1)	
<i>spironolactone oral tablet</i>	\$0 (Tier-1)	
<i>spironolactone-hctz oral tablet</i>	\$0 (Tier-1)	
<i>toremide oral tablet</i>	\$0 (Tier-1)	
<i>triamterene-hctz oral capsule</i>	\$0 (Tier-1)	
<i>triamterene-hctz oral tablet</i>	\$0 (Tier-1)	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	\$0 (Tier-1)	
<i>cholestyramine light oral powder</i>	\$0 (Tier-1)	
<i>cholestyramine oral packet</i>	\$0 (Tier-1)	
<i>colesevelam hcl oral packet</i>	\$0 (Tier-1)	
<i>colesevelam hcl oral tablet</i>	\$0 (Tier-1)	
<i>colestipol hcl oral packet</i>	\$0 (Tier-1)	
<i>colestipol hcl oral tablet</i>	\$0 (Tier-1)	
<i>ezetimibe oral tablet</i>	\$0 (Tier-1)	
<i>ezetimibe-simvastatin oral tablet</i>	\$0 (Tier-1)	
<i>fenofibrate micronized oral capsule</i>	\$0 (Tier-1)	
<i>fenofibrate oral capsule</i>	\$0 (Tier-1)	
<i>fenofibrate oral tablet</i>	\$0 (Tier-1)	
<i>fenofibric acid oral capsule delayed release</i>	\$0 (Tier-1)	
<i>fenofibric acid oral tablet</i>	\$0 (Tier-1)	
FLOLIPID ORAL SUSPENSION	\$0 (Tier-2)	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>fluvastatin sodium oral capsule</i>	\$0 (Tier-1)	
<i>gemfibrozil oral tablet</i>	\$0 (Tier-1)	
JUXTAPID ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
<i>lovastatin oral tablet</i>	\$0 (Tier-1)	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$0 (Tier-1)	
<i>niacor oral tablet</i>	\$0 (Tier-1)	
<i>omega-3-acid ethyl esters oral capsule</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; NEDS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	PA; NEDS
<i>pravastatin sodium oral tablet</i>	\$0 (Tier-1)	
<i>prevalite oral packet</i>	\$0 (Tier-1)	
<i>rosuvastatin calcium oral tablet</i>	\$0 (Tier-1)	
<i>simvastatin oral tablet</i>	\$0 (Tier-1)	
VASCEPA ORAL CAPSULE	\$0 (Tier-2)	
WELCHOL ORAL PACKET	\$0 (Tier-2)	
WELCHOL ORAL TABLET	\$0 (Tier-2)	
POTASSIUM REPLACEMENT		
<i>klor-con 10 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con m10 oral tablet extended release</i>	\$0 (Tier-1)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
<i>klor-con m20 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con oral packet</i>	\$0 (Tier-1)	
<i>klor-con oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con sprinkle oral capsule extended release</i>	\$0 (Tier-1)	
K-TAB ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
<i>potassium chloride crys er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral capsule extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride oral packet</i>	\$0 (Tier-1)	
<i>potassium chloride oral solution</i>	\$0 (Tier-1)	
VASODILATORS		
BIDIL ORAL TABLET	\$0 (Tier-2)	
<i>hydralazine hcl oral tablet</i>	\$0 (Tier-1)	
<i>minoxidil oral tablet</i>	\$0 (Tier-1)	
DIABETES MELLITUS: DIABETIC TESTING SUPPLIES AND DRUGS THAT LOWER BLOOD SUGAR		
DIABETIC SUPPLIES		
<i>alcohol pads</i>	\$0 (Tier-3)	*
<i>assure insulin safety syringe</i>	\$0 (Tier-1)	
BD DISP NEEDLE	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
BD INSULIN SYRINGE	\$0 (Tier-2)	
BD INSULIN SYRINGE U-500	\$0 (Tier-2)	
<i>comfort assist insulin syringe</i>	\$0 (Tier-1)	
<i>cvs gauze sterile pad</i>	\$0 (Tier-1)	
DIASTIX IN VITRO STRIP	\$0 (Tier-3)	*
<i>exel comfort point pen needle</i>	\$0 (Tier-1)	
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0 (Tier-3)	*
FREESTYLE LITE DEVICE	\$0 (Tier-3)	*
FREESTYLE LITE TEST IN VITRO STRIP	\$0 (Tier-3)	*
<i>gauze pads pad</i>	\$0 (Tier-1)	
<i>global alcohol prep ease pad</i>	\$0 (Tier-1)	
<i>insulin syringe</i>	\$0 (Tier-1)	
INSULIN SYRINGE	\$0 (Tier-2)	
KETO-DIASTIX IN VITRO STRIP	\$0 (Tier-3)	*
KETOSTIX IN VITRO STRIP	\$0 (Tier-3)	*
<i>lancets</i>	\$0 (Tier-1)	Part B
MULTISTIX 10 SG IN VITRO STRIP	\$0 (Tier-3)	*
<i>preferred plus insulin syringe</i>	\$0 (Tier-1)	
RELI-ON INSULIN SYRINGE	\$0 (Tier-2)	
TECHLITE INSULIN SYRINGE	\$0 (Tier-2)	
TECHLITE PEN NEEDLES	\$0 (Tier-2)	
TRUEPLUS INSULIN SYRINGE	\$0 (Tier-2)	
TRUEPLUS PEN NEEDLES	\$0 (Tier-2)	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	
GLUCAGON EMERGENCY INJECTION KIT	\$0 (Tier-2)	
PROGLYCEM ORAL SUSPENSION	\$0 (Tier-2)	
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-2)	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	\$0 (Tier-2)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$0 (Tier-2)	
HUMALOG SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-2)	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	\$0 (Tier-2)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$0 (Tier-2)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-2)	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$0 (Tier-2)	
HUMULIN R INJECTION SOLUTION	\$0 (Tier-2)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	\$0 (Tier-2)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
LANTUS SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
NON-INSULIN INJECTABLES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	\$0 (Tier-2)	
BYDUREON SUBCUTANEOUS PEN- INJECTOR	\$0 (Tier-2)	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	\$0 (Tier-2)	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	
ORAL AGENTS		
<i>acarbose oral tablet</i>	\$0 (Tier-1)	
FARXIGA ORAL TABLET	\$0 (Tier-2)	
<i>glimepiride oral tablet</i>	\$0 (Tier-1)	
<i>glipizide er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>glipizide oral tablet</i>	\$0 (Tier-1)	
<i>glipizide-metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>glyburide micronized oral tablet</i>	\$0 (Tier-1)	PA
<i>glyburide oral tablet</i>	\$0 (Tier-1)	PA
<i>glyburide-metformin oral tablet</i>	\$0 (Tier-1)	PA
JANUMET ORAL TABLET	\$0 (Tier-2)	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
JANUVIA ORAL TABLET	\$0 (Tier-2)	
JARDIANCE ORAL TABLET	\$0 (Tier-2)	
JENTADUETO ORAL TABLET	\$0 (Tier-2)	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	\$0 (Tier-1)	
<i>metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>miglitol oral tablet</i>	\$0 (Tier-1)	
<i>nateglinide oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>repaglinide oral tablet</i>	\$0 (Tier-1)	
<i>repaglinide-metformin hcl oral tablet</i>	\$0 (Tier-1)	
RIOMET ORAL SOLUTION	\$0 (Tier-2)	
SYNJARDY ORAL TABLET	\$0 (Tier-2)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>tolbutamide oral tablet</i>	\$0 (Tier-1)	
TRADJENTA ORAL TABLET	\$0 (Tier-2)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
EAR, NOSE AND THROAT		
ANTI-HISTAMINE/DECONGESTANTS		
<i>cetirizine syrup, tablet</i>	\$0 (Tier-3)	*
<i>cetirizine/pseudoephedrine</i>	\$0 (Tier-3)	*; Pseudoephedrine less than 240 mg/day
<i>chlorpheniramine</i>	\$0 (Tier-3)	*
<i>diphenhydramine</i>	\$0 (Tier-3)	*
<i>doxylamine</i>	\$0 (Tier-3)	*
<i>loratadine tablet, solution</i>	\$0 (Tier-3)	*
<i>loratadine/pseudoephedrine</i>	\$0 (Tier-3)	*; Pseudoephedrine less than 240 mg/day
<i>pseudoephedrine</i>	\$0 (Tier-3)	*; Pseudoephedrine less than 240 mg/day
EAR		
<i>acetic acid otic solution</i>	\$0 (Tier-1)	
<i>carbamide peroxide</i>	\$0 (Tier-3)	*
CIPRO HC OTIC SUSPENSION	\$0 (Tier-2)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier-2)	
<i>ciprofloxacin hcl otic solution</i>	\$0 (Tier-1)	
<i>flac otic oil</i>	\$0 (Tier-1)	
<i>fluocinolone acetonide otic oil</i>	\$0 (Tier-1)	
<i>hydrocortisone-acetic acid otic solution</i>	\$0 (Tier-1)	
<i>ofloxacin otic solution</i>	\$0 (Tier-1)	
MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	\$0 (Tier-1)	
<i>cherry syrup</i>	\$0 (Tier-3)	*
<i>chlorhexidine gluconate mouth/throat solution</i>	\$0 (Tier-1)	
ORA-PLUS SUSPENDING VEHICLE	\$0 (Tier-3)	*
ORA-SWEET ORAL SYRUP	\$0 (Tier-3)	*
ORA-SWEET SF ORAL SYRUP	\$0 (Tier-3)	*
<i>pilocarpine hcl oral tablet</i>	\$0 (Tier-1)	
<i>saliva substitute</i>	\$0 (Tier-3)	*
<i>simple syrup</i>	\$0 (Tier-3)	*
<i>triamcinolone acetonide mouth/throat paste</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
NOSE		
<i>azelastine hcl nasal solution</i>	\$0 (Tier-1)	QL (120 ML per 90 days)
<i>budesonide nasal spray</i>	\$0 (Tier-3)	*; QL (One (1) inhaler/month)
<i>cyproheptadine hcl oral syrup</i>	\$0 (Tier-1)	PA
<i>cyproheptadine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>desloratadine oral tablet</i>	\$0 (Tier-1)	
<i>desloratadine oral tablet dispersible</i>	\$0 (Tier-1)	
<i>flunisolide nasal solution</i>	\$0 (Tier-1)	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	\$0 (Tier-1)	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	\$0 (Tier-1)	PA
<i>hydroxyzine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>hydroxyzine pamoate oral capsule</i>	\$0 (Tier-1)	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	\$0 (Tier-1)	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	\$0 (Tier-1)	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral solution</i>	\$0 (Tier-1)	
<i>levocetirizine dihydrochloride oral tablet</i>	\$0 (Tier-1)	
<i>mometasone furoate nasal suspension</i>	\$0 (Tier-1)	QL (102 GM per 90 days)
NASACORT ALLERGY 24HR (TRIAMCINOLONE)	\$0 (Tier-3)	*; QL (One (1) inhaler/month)
<i>olopatadine hcl nasal solution</i>	\$0 (Tier-1)	QL (91.5 GM per 90 days)
EYE: DRUGS THAT TREAT EYE CONDITIONS LIKE GLAUCOMA, INFECTIONS, AND IRRITATION		
ALLERGY		
ALOCRILOPHTHALMIC SOLUTION	\$0 (Tier-2)	
ALOMIDOPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>azelastine hcl ophthalmic solution</i>	\$0 (Tier-1)	
<i>cromolyn sodium ophthalmic solution</i>	\$0 (Tier-1)	
<i>epinastine hcl ophthalmic solution</i>	\$0 (Tier-1)	
<i>ketotifen</i>	\$0 (Tier-3)	*
LASTACAFTOPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>naphazoline</i>	\$0 (Tier-3)	*
NAPHCON-A (NAPHAZOLINE/ PHENIRAMINE)	\$0 (Tier-3)	*
<i>olopatadine hcl ophthalmic solution</i>	\$0 (Tier-1)	
OPCON-A (NAPHAZOLINE/ PHENIRAMINE)	\$0 (Tier-3)	*
ANTI-INFECTIVES		
AZASITEOPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>bacitracin ophthalmic ointment</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic ointment</i>	\$0 (Tier-1)	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$0 (Tier-1)	
BESIVANCE OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
BLEPHAMIDE OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-2)	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$0 (Tier-1)	
COLY-MYCIN	\$0 (Tier-2)	
<i>erythromycin ophthalmic ointment</i>	\$0 (Tier-1)	
<i>gatifloxacin ophthalmic solution</i>	\$0 (Tier-1)	
<i>gentak ophthalmic ointment</i>	\$0 (Tier-1)	
<i>gentamicin sulfate ophthalmic solution</i>	\$0 (Tier-1)	
<i>levofloxacin ophthalmic solution</i>	\$0 (Tier-1)	
MOXEZA OPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>moxifloxacin hcl ophthalmic solution</i>	\$0 (Tier-1)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	\$0 (Tier-1)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-1)	
<i>ofloxacin ophthalmic solution</i>	\$0 (Tier-1)	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$0 (Tier-1)	
<i>sulfacetamide sodium ophthalmic ointment</i>	\$0 (Tier-1)	
<i>sulfacetamide sodium ophthalmic solution</i>	\$0 (Tier-1)	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	\$0 (Tier-1)	
TOBRADEX OPHTHALMIC OINTMENT	\$0 (Tier-2)	
TOBRADEX OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
TOBRADEX ST OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>tobramycin ophthalmic solution</i>	\$0 (Tier-1)	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$0 (Tier-1)	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$0 (Tier-1)	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$0 (Tier-1)	
<i>diclofenac sodium ophthalmic solution</i>	\$0 (Tier-1)	
DUREZOL OPHTHALMIC EMULSION	\$0 (Tier-2)	
FLAREX OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>fluorometholone ophthalmic suspension</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution</i>	\$0 (Tier-1)	
FML FORTE OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
FML OPHTHALMIC OINTMENT	\$0 (Tier-2)	
ILEVRO OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
INVELTYS OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>ketorolac tromethamine ophthalmic solution</i>	\$0 (Tier-1)	
LOTEMAX OPHTHALMIC GEL	\$0 (Tier-2)	
LOTEMAX OPHTHALMIC OINTMENT	\$0 (Tier-2)	
LOTEMAX OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>loteprednol etabonate ophthalmic suspension</i>	\$0 (Tier-1)	
MAXIDEX OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$0 (Tier-1)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	\$0 (Tier-1)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	\$0 (Tier-1)	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	\$0 (Tier-1)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-1)	
PRED MILD OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
PRED-G OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-2)	
<i>prednisolone acetate ophthalmic suspension</i>	\$0 (Tier-1)	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$0 (Tier-1)	
PROLENSA OPHTHALMIC SOLUTION	\$0 (Tier-2)	
ZYLET OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	\$0 (Tier-1)	
ZIRGAN OPHTHALMIC GEL	\$0 (Tier-2)	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$0 (Tier-1)	
<i>acetazolamide oral tablet</i>	\$0 (Tier-1)	
ALPHAGAN P OPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>apraclonidine hcl ophthalmic solution</i>	\$0 (Tier-1)	
AZOPT OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>betaxolol hcl ophthalmic solution</i>	\$0 (Tier-1)	
BETIMOL OPHTHALMIC SOLUTION	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
BETOPTIC-S OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>bimatoprost ophthalmic solution</i>	\$0 (Tier-1)	
<i>brimonidine tartrate ophthalmic solution</i>	\$0 (Tier-1)	
<i>carteolol hcl ophthalmic solution</i>	\$0 (Tier-1)	
COMBIGAN OPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>dorzolamide hcl ophthalmic solution</i>	\$0 (Tier-1)	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$0 (Tier-1)	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$0 (Tier-1)	
IOPIDINE OPHTHALMIC SOLUTION	\$0 (Tier-2)	
ISTALOL OPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>latanoprost ophthalmic solution</i>	\$0 (Tier-1)	
<i>levobunolol hcl ophthalmic solution</i>	\$0 (Tier-1)	
LUMIGAN OPHTHALMIC SOLUTION	\$0 (Tier-2)	
<i>methazolamide oral tablet</i>	\$0 (Tier-1)	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$0 (Tier-2)	
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier-1)	
RHOPRESSA OPHTHALMIC SOLUTION	\$0 (Tier-2)	
ROCKLATAN OPHTHALMIC SOLUTION	\$0 (Tier-2)	
SIMBRINZA OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
<i>timolol maleate ophthalmic gel forming solution</i>	\$0 (Tier-1)	
<i>timolol maleate ophthalmic solution</i>	\$0 (Tier-1)	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	\$0 (Tier-2)	
TRAVATAN Z OPHTHALMIC SOLUTION	\$0 (Tier-2)	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>artificial tears (glycerin/ propylene glycol)</i>	\$0 (Tier-3)	*
<i>atropine sulfate ophthalmic solution</i>	\$0 (Tier-1)	
CYSTARAN OPHTHALMIC SOLUTION	\$0 (Tier-2)	
EYLEA INTRAVITREAL SOLUTION	\$0 (Tier-2)	NEDS
LUCENTIS INTRAVITREAL SOLUTION	\$0 (Tier-2)	NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	NEDS
NATACYN OPHTHALMIC SUSPENSION	\$0 (Tier-2)	
OXERVATE OPHTHALMIC SOLUTION	\$0 (Tier-2)	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	\$0 (Tier-1)	
RESTASIS OPHTHALMIC EMULSION	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, & BOWEL DISEASES		
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>lactulose oral packet</i>	\$0 (Tier-1)	
INFLAMMATORY BOWEL DISEASE		
<i>mesalamine rectal suppository</i>	\$0 (Tier-1)	
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, AND BOWEL DISEASES		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier-1)	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier-1)	B vs D
CESAMET ORAL CAPSULE	\$0 (Tier-2)	B vs D
<i>compro rectal suppository</i>	\$0 (Tier-1)	
<i>dronabinol oral capsule</i>	\$0 (Tier-1)	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	B vs D
<i>granisetron hcl oral tablet</i>	\$0 (Tier-1)	B vs D
<i>meclizine hcl oral tablet</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral solution</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet dispersible</i>	\$0 (Tier-1)	
<i>ondansetron hcl oral solution</i>	\$0 (Tier-1)	B vs D
<i>ondansetron hcl oral tablet</i>	\$0 (Tier-1)	B vs D
<i>ondansetron oral tablet dispersible</i>	\$0 (Tier-1)	B vs D
<i>prochlorperazine maleate oral tablet</i>	\$0 (Tier-1)	
<i>prochlorperazine rectal suppository</i>	\$0 (Tier-1)	
<i>promethazine hcl oral syrup</i>	\$0 (Tier-1)	PA
<i>promethazine hcl oral tablet</i>	\$0 (Tier-1)	PA
SANCUSO TRANSDERMAL PATCH	\$0 (Tier-2)	
<i>scopolamine transdermal patch 72 hour</i>	\$0 (Tier-1)	
VARUBI ORAL TABLET	\$0 (Tier-2)	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	\$0 (Tier-2)	PA; NEDS

Drug	Status	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-2)	
CYSTAGON ORAL CAPSULE	\$0 (Tier-2)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-2)	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
ALIGN (BIFIDOBACTERIUM INFANTIS)	\$0 (Tier-3)	*; < 19 years
<i>alose tron hcl oral tablet</i>	\$0 (Tier-1)	NEDS
<i>bisacodyl</i>	\$0 (Tier-3)	*
CHOLBAM ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
<i>constulose oral solution</i>	\$0 (Tier-1)	
<i>cromolyn sodium oral concentrate</i>	\$0 (Tier-1)	NEDS
CULTURELLE (LACTOBACILLUS RHAMNOSUS GG)	\$0 (Tier-3)	*
<i>dicyclomine hcl oral capsule</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral solution</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral tablet</i>	\$0 (Tier-1)	
<i>docusate sodium (all forms and strengths)</i>	\$0 (Tier-3)	*
<i>enulose oral solution</i>	\$0 (Tier-1)	
FLORASTOR (SACCHAROMYCES BOULARDII)	\$0 (Tier-3)	*; < 19 years
GATTEX SUBCUTANEOUS KIT	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>generlac oral solution</i>	\$0 (Tier-1)	
<i>glycerin</i>	\$0 (Tier-3)	*
<i>glycopyrrolate oral tablet</i>	\$0 (Tier-1)	
KRISTALOSE ORAL PACKET	\$0 (Tier-2)	
<i>lactulose oral solution</i>	\$0 (Tier-1)	
<i>levocarnitine oral solution</i>	\$0 (Tier-1)	
<i>levocarnitine oral tablet</i>	\$0 (Tier-1)	
<i>loperamide hcl oral capsule</i>	\$0 (Tier-1)	
<i>loperamide</i>	\$0 (Tier-3)	*
<i>dextrin</i>	\$0 (Tier-3)	*
<i>meclizine</i>	\$0 (Tier-3)	*
<i>megestrol acetate oral suspension</i>	\$0 (Tier-1)	PA
<i>methylcellulose</i>	\$0 (Tier-3)	*
<i>mineral oil</i>	\$0 (Tier-3)	*
MOVANTIK ORAL TABLET	\$0 (Tier-2)	
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
MYTESI ORAL TABLET DELAYED RELEASE	\$0 (Tier-2)	PA
OICALIVA ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	\$0 (Tier-2)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0 (Tier-1)	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0 (Tier-1)	
<i>polyethylene glycol 3350</i>	\$0 (Tier-3)	*
<i>propantheline bromide oral tablet</i>	\$0 (Tier-1)	
<i>psyllium</i>	\$0 (Tier-3)	*
RELISTOR ORAL TABLET	\$0 (Tier-2)	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	NEDS
<i>sennosides</i>	\$0 (Tier-3)	*
<i>simethicone</i>	\$0 (Tier-3)	*
<i>sodium bicarbonate</i>	\$0 (Tier-3)	*
<i>sodium phosphate</i>	\$0 (Tier-3)	*
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0 (Tier-2)	
<i>trilyte oral solution reconstituted</i>	\$0 (Tier-1)	
UCERIS RECTAL FOAM	\$0 (Tier-2)	
<i>ursodiol oral capsule</i>	\$0 (Tier-1)	
<i>ursodiol oral tablet</i>	\$0 (Tier-1)	
XERMELO ORAL TABLET	\$0 (Tier-2)	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>aluminum carbonate</i>	\$0 (Tier-3)	*
<i>aluminum hydroxide</i>	\$0 (Tier-3)	*
<i>amoxicill-clarithro-lansopraz oral</i>	\$0 (Tier-1)	
<i>bismuth subsalicylate</i>	\$0 (Tier-3)	*
CARAFATE ORAL SUSPENSION	\$0 (Tier-2)	
<i>cimetidine</i>	\$0 (Tier-3)	*
<i>cimetidine hcl oral solution</i>	\$0 (Tier-1)	
<i>cimetidine oral tablet</i>	\$0 (Tier-1)	
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0 (Tier-1)	
<i>esomeprazole strontium oral capsule delayed release</i>	\$0 (Tier-1)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>famotidine tablet</i>	\$0 (Tier-3)	*

Drug	Status	Requirements/Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier-1)	
<i>lansoprazole oral capsule delayed release</i>	\$0 (Tier-1)	
<i>lansoprazole oral tablet delayed release dispersible</i>	\$0 (Tier-1)	
<i>lansoprazole oral tablet dispersible</i>	\$0 (Tier-1)	
<i>magaldrate</i>	\$0 (Tier-3)	*
<i>methscopolamine bromide oral tablet</i>	\$0 (Tier-1)	
<i>misoprostol oral tablet</i>	\$0 (Tier-1)	
<i>nizatidine oral capsule</i>	\$0 (Tier-1)	
<i>nizatidine oral solution</i>	\$0 (Tier-1)	
<i>omeprazole oral capsule delayed release</i>	\$0 (Tier-1)	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$0 (Tier-1)	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	\$0 (Tier-1)	NEDS
<i>pantoprazole sodium oral tablet delayed release</i>	\$0 (Tier-1)	
PYLERA ORAL CAPSULE	\$0 (Tier-2)	
<i>rabeprazole sodium oral tablet delayed release</i>	\$0 (Tier-1)	
<i>ranitidine tablet</i>	\$0 (Tier-3)	*
<i>ranitidine hcl oral capsule</i>	\$0 (Tier-1)	
<i>ranitidine hcl oral syrup</i>	\$0 (Tier-1)	
<i>ranitidine hcl oral tablet</i>	\$0 (Tier-1)	
<i>sucralfate oral tablet</i>	\$0 (Tier-1)	
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	\$0 (Tier-2)	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>balsalazide disodium oral capsule</i>	\$0 (Tier-1)	
<i>budesonide 3 mg oral capsule delayed release</i>	\$0 (Tier-1)	NEDS
<i>colocort rectal enema</i>	\$0 (Tier-1)	
DELZICOL ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-2)	
<i>hydrocortisone rectal enema</i>	\$0 (Tier-1)	
LINZESS ORAL CAPSULE	\$0 (Tier-2)	
<i>mesalamine oral capsule delayed release</i>	\$0 (Tier-1)	
<i>mesalamine oral tablet delayed release</i>	\$0 (Tier-1)	
<i>mesalamine rectal enema</i>	\$0 (Tier-1)	
ROWASA RECTAL KIT	\$0 (Tier-2)	
<i>sulfasalazine oral tablet</i>	\$0 (Tier-1)	
<i>sulfasalazine oral tablet delayed release</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	NEDS
HOME INFUSION THERAPY: DRUGS USUALLY GIVEN BY IV IN THE HOME SETTING		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	\$0 (Tier-2)	PA; NEDS
<i>acyclovir sodium intravenous solution</i>	\$0 (Tier-1)	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	\$0 (Tier-2)	PA; NEDS
<i>amikacin sulfate injection solution</i>	\$0 (Tier-1)	HI; Part B
<i>amphotericin b injection solution reconstituted</i>	\$0 (Tier-1)	PA
<i>amphotericin b intravenous solution reconstituted</i>	\$0 (Tier-1)	PA
<i>ampicillin sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ampicillin sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>azithromycin intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>aztreonam injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>bactocill in dextrose intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>bumetanide injection solution</i>	\$0 (Tier-1)	
<i>caspofungin acetate intravenous solution reconstituted</i>	\$0 (Tier-1)	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefepime hcl injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefotaxime sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefotetan disodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefoxitin sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefoxitin sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ceftazidime injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ceftriaxone sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ceftriaxone sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B

Drug	Status	Requirements/Limits
<i>cefuroxime sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>cefuroxime sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>ciprofloxacin in d5w intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>clindamycin phosphate in d5w intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>clindamycin phosphate injection solution</i>	\$0 (Tier-1)	HI; Part B
<i>colistimethate sodium (cba) injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>daptomycin intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	
<i>ertapenem sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>fluconazole in sodium chloride intravenous solution</i>	\$0 (Tier-1)	
<i>furosemide injection solution</i>	\$0 (Tier-1)	
<i>gentamicin in saline intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>gentamicin sulfate injection solution</i>	\$0 (Tier-1)	HI; Part B
<i>heparin sodium (porcine) injection solution</i>	\$0 (Tier-1)	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>levofloxacin in d5w intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>levofloxacin intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>linezolid intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>meropenem intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>methotrexate sodium (pf) injection solution</i>	\$0 (Tier-1)	B vs D
<i>methotrexate sodium injection solution</i>	\$0 (Tier-1)	B vs D
<i>metronidazole in nacl intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>moxifloxacin hcl in nacl intravenous solution</i>	\$0 (Tier-1)	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>nafcillin sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>nafcillin sodium intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>oxacillin sodium in dextrose intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>oxacillin sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>penicillin g pot in dextrose intravenous solution</i>	\$0 (Tier-1)	HI; Part B
<i>penicillin g potassium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>penicillin g sodium injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>polymyxin b sulfate injection solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>rifampin intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>streptomycin sulfate intramuscular solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>tigecycline intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>tobramycin sulfate injection solution</i>	\$0 (Tier-1)	HI; Part B
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B
<i>vancomycin hcl intravenous solution reconstituted</i>	\$0 (Tier-1)	HI; Part B
<i>voriconazole intravenous solution reconstituted</i>	\$0 (Tier-1)	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	HI; Part B; NEDS
ELECTROLYTES		
<i>dextrose intravenous solution</i>	\$0 (Tier-1)	
<i>dextrose-nacl intravenous solution</i>	\$0 (Tier-1)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-2)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-2)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier-2)	
<i>kcl in dextrose-nacl intravenous solution</i>	\$0 (Tier-1)	
<i>kcl-lactated ringers-d5w intravenous solution</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>magnesium sulfate injection solution</i>	\$0 (Tier-1)	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-2)	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier-2)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier-2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier-2)	
<i>potassium chloride in dextrose intravenous solution</i>	\$0 (Tier-1)	
<i>potassium chloride in nacl intravenous solution</i>	\$0 (Tier-1)	
<i>potassium chloride intravenous solution</i>	\$0 (Tier-1)	
<i>sodium chloride intravenous solution</i>	\$0 (Tier-1)	
<i>sodium lactate intravenous solution</i>	\$0 (Tier-1)	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D

Drug	Status	Requirements/Limits
CLINISOL SF INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
INTRALIPID INTRAVENOUS EMULSION	\$0 (Tier-2)	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
NUTRILIPID INTRAVENOUS EMULSION	\$0 (Tier-2)	B vs D
PLENAMINE INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
PREMASOL INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
PROSOL INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
<i>tpn electrolytes intravenous solution</i>	\$0 (Tier-1)	B vs D
TRAVASOL INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	\$0 (Tier-2)	B vs D
HORMONES: DRUGS THAT TREAT CONDITIONS LIKE LOW TESTOSTERONE AND THYROID PROBLEMS		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	\$0 (Tier-1)	
<i>dexamethasone intensol oral concentrate</i>	\$0 (Tier-1)	
<i>dexamethasone oral elixir</i>	\$0 (Tier-1)	
<i>dexamethasone oral tablet</i>	\$0 (Tier-1)	
<i>dexamethasone oral tablet therapy pack</i>	\$0 (Tier-1)	
<i>dexpak 13 day oral tablet therapy pack</i>	\$0 (Tier-1)	
<i>fludrocortisone acetate oral tablet</i>	\$0 (Tier-1)	
<i>hydrocortisone oral tablet</i>	\$0 (Tier-1)	
MEDROL ORAL TABLET	\$0 (Tier-2)	
<i>methylprednisolone oral tablet</i>	\$0 (Tier-1)	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	\$0 (Tier-1)	Transplant
MILLIPRED ORAL TABLET	\$0 (Tier-2)	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	\$0 (Tier-2)	Transplant
<i>prednisolone oral solution</i>	\$0 (Tier-1)	Transplant
<i>prednisolone sodium phosphate oral solution</i>	\$0 (Tier-1)	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	\$0 (Tier-1)	Transplant
PREDNISON INTENSOL ORAL CONCENTRATE	\$0 (Tier-2)	Transplant

Drug	Status	Requirements/Limits
<i>prednisone oral solution</i>	\$0 (Tier-1)	Transplant
<i>prednisone oral tablet</i>	\$0 (Tier-1)	Transplant
<i>prednisone oral tablet therapy pack</i>	\$0 (Tier-1)	Transplant
ANDROGENS		
ANADROL-50 ORAL TABLET	\$0 (Tier-2)	
AVEED INTRAMUSCULAR SOLUTION	\$0 (Tier-2)	
<i>danazol oral capsule</i>	\$0 (Tier-1)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	\$0 (Tier-2)	
METHITEST ORAL TABLET	\$0 (Tier-2)	
<i>methyltestosterone oral capsule</i>	\$0 (Tier-1)	NEDS
<i>oxandrolone oral tablet</i>	\$0 (Tier-1)	
<i>testosterone cypionate intramuscular solution</i>	\$0 (Tier-1)	
<i>testosterone enanthate intramuscular solution</i>	\$0 (Tier-1)	
<i>testosterone transdermal gel</i>	\$0 (Tier-1)	
<i>testosterone transdermal solution</i>	\$0 (Tier-1)	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD SUBCUTANEOUS KIT	\$0 (Tier-2)	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	\$0 (Tier-2)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier-2)	
<i>leuprolide acetate injection kit</i>	\$0 (Tier-1)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-2)	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-2)	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-2)	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-2)	NEDS
SYNAREL NASAL SOLUTION	\$0 (Tier-2)	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levo-t oral tablet</i>	\$0 (Tier-1)	
<i>levothyroxine sodium oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>levoxyl oral tablet</i>	\$0 (Tier-1)	
<i>liothyronine sodium oral tablet</i>	\$0 (Tier-1)	
<i>methimazole oral tablet</i>	\$0 (Tier-1)	
<i>propylthiouracil oral tablet</i>	\$0 (Tier-1)	
SYNTHROID ORAL TABLET	\$0 (Tier-2)	
THYROLAR-1 ORAL TABLET	\$0 (Tier-2)	
THYROLAR-1/2 ORAL TABLET	\$0 (Tier-2)	
THYROLAR-1/4 ORAL TABLET	\$0 (Tier-2)	
THYROLAR-2 ORAL TABLET	\$0 (Tier-2)	
THYROLAR-3 ORAL TABLET	\$0 (Tier-2)	
TIROSINT ORAL CAPSULE	\$0 (Tier-2)	
TIROSINT-SOL ORAL SOLUTION	\$0 (Tier-2)	
<i>unithroid oral tablet</i>	\$0 (Tier-1)	
IMMUNOLOGIC AGENTS: DRUGS THAT BOOST THE IMMUNE SYSTEM OR PREVENT REJECTION AFTER ORGAN TRANSPLANT		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-2)	
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
<i>bcg vaccine injection injectable</i>	\$0 (Tier-1)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
DAPTACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	\$0 (Tier-1)	
ENGERIX-B INJECTION SUSPENSION	\$0 (Tier-2)	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	\$0 (Tier-2)	PA; HI; Part B; NEDS
GAMMAGARD INJECTION SOLUTION	\$0 (Tier-2)	PA; HI; Part B; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; HI; Part B; NEDS
GAMMAKED INJECTION SOLUTION	\$0 (Tier-2)	PA; HI; Part B; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION	\$0 (Tier-2)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	\$0 (Tier-2)	PA; HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
HAVRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
HIBERIX INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	\$0 (Tier-2)	
INFANRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
IPOL INJECTION INJECTABLE	\$0 (Tier-2)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
KINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (Tier-2)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-2)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	
M-M-R II SUBCUTANEOUS INJECTABLE	\$0 (Tier-2)	
OCTAGAM INTRAVENOUS SOLUTION	\$0 (Tier-2)	PA; HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	\$0 (Tier-2)	PA; HI; Part B; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0 (Tier-2)	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	Part B
PRIVIGEN INTRAVENOUS SOLUTION	\$0 (Tier-2)	PA; HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS INJECTABLE	\$0 (Tier-2)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
RECOMBIVAX HB INJECTION SUSPENSION	\$0 (Tier-2)	B vs D

Drug	Status	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
ROTATEQ ORAL SOLUTION	\$0 (Tier-2)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
<i>tdvax intramuscular suspension</i>	\$0 (Tier-1)	
TENIVAC INTRAMUSCULAR INJECTABLE	\$0 (Tier-2)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
TWINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0 (Tier-2)	
VAQTA INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
VARIVAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-2)	
VARIZIG INTRAMUSCULAR SOLUTION	\$0 (Tier-2)	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-2)	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
IMMUNOSUPPRESSANTS		
ZORTRESS ORAL TABLET	\$0 (Tier-2)	B vs D; QL (60 EA per 30 days); NEDS
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	\$0 (Tier-1)	B vs D
<i>cyclosporine modified oral solution</i>	\$0 (Tier-1)	B vs D
<i>cyclosporine oral capsule</i>	\$0 (Tier-1)	B vs D
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	B vs D; SP-CVS specialty
<i>engraf oral capsule</i>	\$0 (Tier-1)	B vs D
<i>engraf oral solution</i>	\$0 (Tier-1)	B vs D
<i>mycophenolate mofetil oral capsule</i>	\$0 (Tier-1)	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0 (Tier-1)	B vs D; NEDS

Drug	Status	Requirements/Limits
<i>mycophenolate mofetil oral tablet</i>	\$0 (Tier-1)	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	\$0 (Tier-1)	B vs D
PROGRAF ORAL PACKET	\$0 (Tier-2)	B vs D; NEDS
RAPAMUNE ORAL SOLUTION	\$0 (Tier-2)	B vs D
<i>sirolimus oral solution</i>	\$0 (Tier-1)	B vs D
<i>sirolimus oral tablet</i>	\$0 (Tier-1)	B vs D
<i>tacrolimus oral capsule</i>	\$0 (Tier-1)	B vs D
ZORTRESS ORAL TABLET	\$0 (Tier-2)	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS: DRUGS USED TO TREAT A VARIETY OF UNIQUE CONDITIONS		
ACROMEGALY		
<i>octreotide acetate injection solution</i>	\$0 (Tier-1)	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAQEL ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole oral tablet</i>	\$0 (Tier-1)	
TIGLUTIK ORAL SUSPENSION	\$0 (Tier-2)	NEDS
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection solution</i>	\$0 (Tier-1)	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	\$0 (Tier-1)	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; QL (20.1 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
CUSHING'S SYNDROME		
KORLYM ORAL TABLET	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	\$0 (Tier-2)	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-2)	NEDS
KALYDECO ORAL PACKET	\$0 (Tier-2)	PA; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET	\$0 (Tier-2)	PA; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	\$0 (Tier-2)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
PULMOZYME INHALATION SOLUTION	\$0 (Tier-2)	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	\$0 (Tier-2)	NEDS
<i>tobramycin inhalation nebulization solution</i>	\$0 (Tier-1)	B vs D; NEDS
CYSTINURIA		
CYSTADANE ORAL POWDER	\$0 (Tier-2)	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	\$0 (Tier-2)	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	\$0 (Tier-2)	
<i>deferasirox oral tablet soluble</i>	\$0 (Tier-1)	NEDS
EXJADE ORAL TABLET SOLUBLE	\$0 (Tier-2)	NEDS
FERRIPROX ORAL SOLUTION	\$0 (Tier-2)	NEDS
FERRIPROX ORAL TABLET	\$0 (Tier-2)	NEDS
JADENU ORAL TABLET	\$0 (Tier-2)	NEDS
JADENU SPRINKLE ORAL PACKET	\$0 (Tier-2)	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	\$0 (Tier-2)	PA; NEDS
EMFLAZA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS

Drug	Status	Requirements/Limits
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	\$0 (Tier-1)	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	\$0 (Tier-2)	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	\$0 (Tier-2)	SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
FIRAZYR SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	\$0 (Tier-1)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
NITYR ORAL TABLET	\$0 (Tier-2)	PA; NEDS
ORFADIN ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ORFADIN ORAL SUSPENSION	\$0 (Tier-2)	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	\$0 (Tier-1)	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	\$0 (Tier-1)	
<i>calcitriol oral solution</i>	\$0 (Tier-1)	
<i>cinacalcet hcl oral tablet</i>	\$0 (Tier-1)	NEDS
<i>doxercalciferol oral capsule 0.5 mcg</i>	\$0 (Tier-1)	
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	\$0 (Tier-1)	NEDS
<i>paricalcitol oral capsule</i>	\$0 (Tier-1)	
SENSIPAR ORAL TABLET	\$0 (Tier-2)	NEDS
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	\$0 (Tier-2)	PA; NEDS
RUZURGI ORAL TABLET	\$0 (Tier-2)	PA; NEDS
MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AUBAGIO ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$0 (Tier-2)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$0 (Tier-2)	SP-CVS specialty; QL (4 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
BETASERON SUBCUTANEOUS KIT	\$0 (Tier-2)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier-2)	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier-2)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	\$0 (Tier-2)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-2)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
<i>pyridostigmine bromide oral solution</i>	\$0 (Tier-1)	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	SP-CVS specialty; QL (12 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
<i>guanidine hcl oral tablet</i>	\$0 (Tier-1)	
MESTINON ORAL SOLUTION	\$0 (Tier-2)	
MESTINON ORAL SYRUP	\$0 (Tier-2)	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$0 (Tier-1)	
<i>pyridostigmine bromide oral tablet</i>	\$0 (Tier-1)	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0 (Tier-1)	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0 (Tier-1)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	\$0 (Tier-1)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier-1)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	\$0 (Tier-1)	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$0 (Tier-1)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$0 (Tier-1)	QL (90 EA per 30 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; NEDS
<i>naloxone hcl injection solution</i>	\$0 (Tier-1)	
<i>naloxone hcl injection solution cartridge</i>	\$0 (Tier-1)	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0 (Tier-1)	
NARCAN NASAL LIQUID	\$0 (Tier-2)	QL (4 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	\$0 (Tier-2)	QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	\$0 (Tier-2)	QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	\$0 (Tier-2)	QL (180 EA per 30 days)

Drug	Status	Requirements/Limits
PAGET'S DISEASE		
<i>etidronate disodium oral tablet</i>	\$0 (Tier-1)	
PHENYLKETONURIA		
KUVAN ORAL PACKET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	\$0 (Tier-2)	NEDS
DIBENZYLINE ORAL CAPSULE	\$0 (Tier-2)	
<i>phenoxybenzamine hcl oral capsule</i>	\$0 (Tier-1)	
PHOSPHATE BINDER AGENTS		
<i>sevelamer hcl oral tablet</i>	\$0 (Tier-1)	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	\$0 (Tier-2)	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	\$0 (Tier-1)	
<i>calcium acetate (phos binder) oral tablet</i>	\$0 (Tier-1)	
<i>sevelamer carbonate oral packet</i>	\$0 (Tier-1)	
<i>sevelamer carbonate oral tablet</i>	\$0 (Tier-1)	
<i>sevelamer hcl oral tablet</i>	\$0 (Tier-1)	
POTASSIUM BINDER		
<i>kionex oral suspension</i>	\$0 (Tier-1)	
LOKELMA ORAL PACKET	\$0 (Tier-2)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier-1)	
<i>sps oral suspension</i>	\$0 (Tier-1)	
VELTASSA ORAL PACKET	\$0 (Tier-2)	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	\$0 (Tier-2)	PA; NEDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0 (Tier-2)	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	\$0 (Tier-2)	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	\$0 (Tier-2)	QL (53 EA per 28 days)
<i>nicotine gum, lozenge, patch</i>	\$0 (Tier-3)	*
NICOTROL INHALATION INHALER	\$0 (Tier-2)	
NICOTROL NS NASAL SOLUTION	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	\$0 (Tier-2)	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
CIALIS 2.5 MG, 5 MG ORAL TABLET	\$0 (Tier-2)	PA; QL (30 EA per 30 days)
<i>dutasteride oral capsule</i>	\$0 (Tier-1)	
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$0 (Tier-1)	
<i>finasteride oral tablet</i>	\$0 (Tier-1)	
<i>silodosin oral capsule</i>	\$0 (Tier-1)	
<i>tadalafil oral tablet</i>	\$0 (Tier-1)	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	\$0 (Tier-1)	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	PA; NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	\$0 (Tier-2)	PA; NEDS
<i>sodium phenylbutyrate oral powder</i>	\$0 (Tier-1)	NEDS
<i>sodium phenylbutyrate oral tablet</i>	\$0 (Tier-1)	NEDS
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	\$0 (Tier-1)	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>desmopressin ace spray refrig nasal solution</i>	\$0 (Tier-1)	
<i>desmopressin acetate oral tablet</i>	\$0 (Tier-1)	
ELMIRON ORAL CAPSULE	\$0 (Tier-2)	
<i>flavoxate hcl oral tablet</i>	\$0 (Tier-1)	
JYNARQUE ORAL TABLET	\$0 (Tier-2)	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	\$0 (Tier-2)	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>oxybutynin chloride oral syrup</i>	\$0 (Tier-1)	
<i>oxybutynin chloride oral tablet</i>	\$0 (Tier-1)	
OXYTROL FOR WOMEN (OXYBUTYNIN)	\$0 (Tier-3)	*
<i>potassium citrate er oral tablet extended release</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
SAMSCA ORAL TABLET	\$0 (Tier-2)	NEDS
<i>solifenacin succinate oral tablet</i>	\$0 (Tier-1)	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>tolterodine tartrate oral tablet</i>	\$0 (Tier-1)	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>tropium chloride er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>tropium chloride oral tablet</i>	\$0 (Tier-1)	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
VESICARE ORAL TABLET	\$0 (Tier-2)	
WILSON'S DISEASE		
CUPRIMINE ORAL CAPSULE	\$0 (Tier-2)	NEDS
DEPEN TITRATABS ORAL TABLET	\$0 (Tier-2)	
<i>penicillamine oral capsule</i>	\$0 (Tier-1)	NEDS
<i>trientine hcl oral capsule</i>	\$0 (Tier-1)	NEDS
NEUROLOGICAL DRUGS: DRUGS TO TREAT BRAIN PROBLEMS LIKE ALZHEIMERS DISEASE, SEIZURES, AND HEADACHES		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	\$0 (Tier-1)	
<i>donepezil hcl oral tablet dispersible</i>	\$0 (Tier-1)	
<i>ergoloid mesylates oral tablet</i>	\$0 (Tier-1)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>galantamine hydrobromide oral solution</i>	\$0 (Tier-1)	
<i>galantamine hydrobromide oral tablet</i>	\$0 (Tier-1)	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>memantine hcl oral solution</i>	\$0 (Tier-1)	
<i>memantine hcl oral tablet</i>	\$0 (Tier-1)	
<i>rivastigmine tartrate oral capsule</i>	\$0 (Tier-1)	
<i>rivastigmine transdermal patch 24 hour</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$0 (Tier-1)	
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier-1)	NEDS
<i>eletriptan hydrobromide oral tablet</i>	\$0 (Tier-1)	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; QL (1 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$0 (Tier-1)	
MIGERGOT RECTAL SUPPOSITORY	\$0 (Tier-2)	NEDS
<i>naratriptan hcl oral tablet</i>	\$0 (Tier-1)	
<i>rizatriptan benzoate oral tablet</i>	\$0 (Tier-1)	
<i>rizatriptan benzoate oral tablet dispersible</i>	\$0 (Tier-1)	
<i>sumatriptan nasal solution</i>	\$0 (Tier-1)	
<i>sumatriptan succinate oral tablet</i>	\$0 (Tier-1)	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	\$0 (Tier-1)	
<i>sumatriptan succinate subcutaneous solution</i>	\$0 (Tier-1)	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	\$0 (Tier-1)	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	\$0 (Tier-1)	
<i>sumatriptan-naproxen sodium oral tablet</i>	\$0 (Tier-1)	
<i>zolmitriptan oral tablet</i>	\$0 (Tier-1)	
<i>zolmitriptan oral tablet dispersible</i>	\$0 (Tier-1)	
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-2)	NEDS
<i>benztropine mesylate oral tablet</i>	\$0 (Tier-1)	PA
<i>bromocriptine mesylate oral capsule</i>	\$0 (Tier-1)	
<i>bromocriptine mesylate oral tablet</i>	\$0 (Tier-1)	
<i>cabergoline oral tablet</i>	\$0 (Tier-1)	
<i>carbidopa oral tablet</i>	\$0 (Tier-1)	
<i>carbidopa-levodopa er oral tablet extended release</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>carbidopa-levodopa oral tablet</i>	\$0 (Tier-1)	
<i>carbidopa-levodopa oral tablet dispersible</i>	\$0 (Tier-1)	
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$0 (Tier-1)	
CYCLOSET ORAL TABLET	\$0 (Tier-2)	
DUOPA ENTERAL SUSPENSION	\$0 (Tier-2)	
<i>entacapone oral tablet</i>	\$0 (Tier-1)	
INBRIJA INHALATION CAPSULE	\$0 (Tier-2)	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>pramipexole dihydrochloride oral tablet</i>	\$0 (Tier-1)	
<i>rasagiline mesylate oral tablet</i>	\$0 (Tier-1)	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>ropinirole hcl oral tablet</i>	\$0 (Tier-1)	
RYTARY ORAL CAPSULE EXTENDED RELEASE	\$0 (Tier-2)	
<i>selegiline hcl oral capsule</i>	\$0 (Tier-1)	
<i>selegiline hcl oral tablet</i>	\$0 (Tier-1)	
<i>tolcapone oral tablet</i>	\$0 (Tier-1)	NEDS
<i>trihexyphenidyl hcl oral elixir</i>	\$0 (Tier-1)	PA
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier-1)	PA
<i>trihexyphenidyl hcl oral tablet</i>	\$0 (Tier-1)	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	\$0 (Tier-2)	PA
SEIZURES		
APTIOM ORAL TABLET	\$0 (Tier-2)	PA
BANZEL ORAL SUSPENSION	\$0 (Tier-2)	
BANZEL ORAL TABLET	\$0 (Tier-2)	
BRIVIACT ORAL SOLUTION	\$0 (Tier-2)	PA; NEDS
BRIVIACT ORAL TABLET	\$0 (Tier-2)	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	\$0 (Tier-1)	
<i>carbamazepine er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>carbamazepine oral suspension</i>	\$0 (Tier-1)	
<i>carbamazepine oral tablet</i>	\$0 (Tier-1)	
<i>carbamazepine oral tablet chewable</i>	\$0 (Tier-1)	
CELONTIN ORAL CAPSULE	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>clobazam oral suspension</i>	\$0 (Tier-1)	
<i>clobazam oral tablet</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	\$0 (Tier-1)	
<i>clonazepam oral tablet dispersible</i>	\$0 (Tier-1)	
DIASTAT ACUDIAL RECTAL GEL	\$0 (Tier-2)	
DIASTAT PEDIATRIC RECTAL GEL	\$0 (Tier-2)	
<i>diazepam intensol oral concentrate</i>	\$0 (Tier-1)	
<i>diazepam oral solution</i>	\$0 (Tier-1)	
<i>diazepam oral tablet</i>	\$0 (Tier-1)	
DILANTIN INFATABS ORAL TABLET CHEWABLE	\$0 (Tier-2)	
DILANTIN ORAL CAPSULE	\$0 (Tier-2)	
DILANTIN ORAL SUSPENSION	\$0 (Tier-2)	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$0 (Tier-1)	
<i>divalproex sodium oral tablet delayed release</i>	\$0 (Tier-1)	
EPIDIOLEX ORAL SOLUTION	\$0 (Tier-2)	PA
<i>epitol oral tablet</i>	\$0 (Tier-1)	
<i>ethosuximide oral capsule</i>	\$0 (Tier-1)	
<i>ethosuximide oral solution</i>	\$0 (Tier-1)	
<i>felbamate oral suspension</i>	\$0 (Tier-1)	
<i>felbamate oral tablet</i>	\$0 (Tier-1)	
FYCOMPA ORAL SUSPENSION	\$0 (Tier-2)	PA
FYCOMPA ORAL TABLET	\$0 (Tier-2)	PA
<i>gabapentin oral capsule</i>	\$0 (Tier-1)	
<i>gabapentin oral solution</i>	\$0 (Tier-1)	
<i>gabapentin oral tablet</i>	\$0 (Tier-1)	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>lamotrigine oral tablet</i>	\$0 (Tier-1)	
<i>lamotrigine oral tablet chewable</i>	\$0 (Tier-1)	
<i>lamotrigine oral tablet dispersible</i>	\$0 (Tier-1)	
<i>lamotrigine starter kit-blue oral kit</i>	\$0 (Tier-1)	
<i>lamotrigine starter kit-green oral kit</i>	\$0 (Tier-1)	
<i>lamotrigine starter kit-orange oral kit</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>levetiracetam oral solution</i>	\$0 (Tier-1)	
<i>levetiracetam oral tablet</i>	\$0 (Tier-1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	STPA
LYRICA ORAL CAPSULE	\$0 (Tier-2)	STPA
LYRICA ORAL SOLUTION	\$0 (Tier-2)	STPA
ONFI ORAL SUSPENSION	\$0 (Tier-2)	
ONFI ORAL TABLET	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	\$0 (Tier-1)	
<i>oxcarbazepine oral tablet</i>	\$0 (Tier-1)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
PEGANONE ORAL TABLET	\$0 (Tier-2)	
<i>phenobarbital oral elixir</i>	\$0 (Tier-1)	PA
<i>phenobarbital oral tablet</i>	\$0 (Tier-1)	PA
<i>phenytoin oral suspension</i>	\$0 (Tier-1)	
<i>phenytoin oral tablet chewable</i>	\$0 (Tier-1)	
<i>phenytoin sodium extended oral capsule</i>	\$0 (Tier-1)	
<i>pregabalin oral capsule</i>	\$0 (Tier-1)	STPA
<i>pregabalin oral solution</i>	\$0 (Tier-1)	STPA
<i>primidone oral tablet</i>	\$0 (Tier-1)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	\$0 (Tier-2)	
<i>roweepra oral tablet</i>	\$0 (Tier-1)	
<i>roweepra xr oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
SABRIL ORAL TABLET	\$0 (Tier-2)	NEDS
SAVELLA ORAL TABLET	\$0 (Tier-2)	STPA; QL (180 EA per 90 days)
SAVELLA TITRATION PACK ORAL	\$0 (Tier-2)	STPA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$0 (Tier-2)	
SYMPAZAN ORAL FILM	\$0 (Tier-2)	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	\$0 (Tier-1)	NEDS
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-1)	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	\$0 (Tier-1)	
<i>topiramate oral capsule sprinkle</i>	\$0 (Tier-1)	
<i>topiramate oral tablet</i>	\$0 (Tier-1)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$0 (Tier-2)	NEDS
<i>valproate sodium oral solution</i>	\$0 (Tier-1)	
<i>valproic acid oral capsule</i>	\$0 (Tier-1)	
<i>valproic acid oral solution</i>	\$0 (Tier-1)	
<i>vigabatrin oral packet</i>	\$0 (Tier-1)	NEDS
<i>vigabatrin oral tablet</i>	\$0 (Tier-1)	NEDS
<i>vigadrone oral packet</i>	\$0 (Tier-1)	NEDS
VIMPAT ORAL SOLUTION	\$0 (Tier-2)	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier-2)	PA; QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	\$0 (Tier-2)	PA; QL (60 EA per 30 days)
<i>zonisamide oral capsule</i>	\$0 (Tier-1)	
SPASTICITY		
<i>baclofen oral tablet</i>	\$0 (Tier-1)	
<i>cyclobenzaprine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>dantrolene sodium oral capsule</i>	\$0 (Tier-1)	
<i>tizanidine hcl oral capsule</i>	\$0 (Tier-1)	
<i>tizanidine hcl oral tablet</i>	\$0 (Tier-1)	
PAIN AND INFLAMMATORY DISEASE: DRUGS TO RELIEVE PAIN, GOUT SYMPTOMS AND SWELLING WITH ARTHRITIS		
ARTHRITIS		
AZASAN ORAL TABLET	\$0 (Tier-2)	B vs D
<i>azathioprine oral tablet</i>	\$0 (Tier-1)	B vs D
<i>capsaicin</i>	\$0 (Tier-3)	*
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0 (Tier-2)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0 (Tier-2)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-2)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-2)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	\$0 (Tier-1)	
<i>methotrexate oral tablet</i>	\$0 (Tier-1)	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	
RIDAURA ORAL CAPSULE	\$0 (Tier-2)	NEDS
TREXALL ORAL TABLET	\$0 (Tier-2)	B vs D
XATMEP ORAL SOLUTION	\$0 (Tier-2)	B vs D; NEDS
XELJANZ ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	\$0 (Tier-1)	
<i>colchicine oral capsule</i>	\$0 (Tier-1)	
<i>colchicine oral tablet</i>	\$0 (Tier-1)	
<i>colchicine-probenecid oral tablet</i>	\$0 (Tier-1)	
<i>febuxostat oral tablet</i>	\$0 (Tier-1)	STPA
<i>probenecid oral tablet</i>	\$0 (Tier-1)	
ULORIC ORAL TABLET	\$0 (Tier-2)	STPA
PAIN, NSAID ANALGESICS		
<i>acetaminophen (all forms and strengths)</i>	\$0 (Tier-3)	*; Acetaminophen less than 4 grams/day
<i>aspirin</i>	\$0 (Tier-3)	*
<i>aspirin with buffers</i>	\$0 (Tier-3)	*
<i>celecoxib oral capsule</i>	\$0 (Tier-1)	
<i>diclofenac potassium oral tablet</i>	\$0 (Tier-1)	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>diclofenac sodium oral tablet delayed release</i>	\$0 (Tier-1)	
<i>diclofenac-misoprostol oral tablet delayed release</i>	\$0 (Tier-1)	
<i>diflunisal oral tablet</i>	\$0 (Tier-1)	
<i>etodolac er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>etodolac oral capsule</i>	\$0 (Tier-1)	
<i>etodolac oral tablet</i>	\$0 (Tier-1)	
<i>fenoprofen calcium oral capsule</i>	\$0 (Tier-1)	
<i>fenoprofen calcium oral tablet</i>	\$0 (Tier-1)	
<i>flurbiprofen oral tablet</i>	\$0 (Tier-1)	
<i>ibuprofen</i>	\$0 (Tier-3)	*
<i>ibuprofen oral suspension</i>	\$0 (Tier-1)	
<i>ibuprofen oral tablet</i>	\$0 (Tier-1)	
INDOCIN ORAL SUSPENSION	\$0 (Tier-2)	
<i>indomethacin er oral capsule extended release</i>	\$0 (Tier-1)	PA
<i>indomethacin oral capsule</i>	\$0 (Tier-1)	PA
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>ketoprofen oral capsule</i>	\$0 (Tier-1)	
<i>meclofenamate sodium oral capsule</i>	\$0 (Tier-1)	
<i>mefenamic acid oral capsule</i>	\$0 (Tier-1)	
<i>meloxicam oral tablet</i>	\$0 (Tier-1)	
<i>nabumetone oral tablet</i>	\$0 (Tier-1)	
<i>naproxen dr oral tablet delayed release</i>	\$0 (Tier-1)	
<i>naproxen oral suspension</i>	\$0 (Tier-1)	
<i>naproxen oral tablet</i>	\$0 (Tier-1)	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	NEDS
<i>naproxen capsule, tablet</i>	\$0 (Tier-3)	*
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier-1)	
<i>oxaprozin oral tablet</i>	\$0 (Tier-1)	
<i>piroxicam oral capsule</i>	\$0 (Tier-1)	
<i>sulindac oral tablet</i>	\$0 (Tier-1)	
<i>tolmetin sodium oral capsule</i>	\$0 (Tier-1)	
<i>tolmetin sodium oral tablet</i>	\$0 (Tier-1)	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
<i>acetaminophen-codeine #3 oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	\$0 (Tier-1)	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
BELBUCA BUCCAL FILM	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$0 (Tier-1)	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier-1)	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	\$0 (Tier-1)	QL (180 EA per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>endocet oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0 (Tier-1)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	\$0 (Tier-1)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	\$0 (Tier-1)	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution</i>	\$0 (Tier-1)	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	\$0 (Tier-1)	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$0 (Tier-1)	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	\$0 (Tier-2)	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT	\$0 (Tier-2)	PA; QL (30 EA per 30 days); NEDS
LAZANDA NASAL SOLUTION 400 MCG/ACT	\$0 (Tier-2)	PA; QL (15 EA per 30 days); NEDS
<i>levorphanol tartrate oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days); NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier-1)	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier-1)	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	\$0 (Tier-1)	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	\$0 (Tier-1)	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	\$0 (Tier-1)	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	\$0 (Tier-1)	QL (180 EA per 30 days)

Drug	Status	Requirements/Limits
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	\$0 (Tier-1)	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	\$0 (Tier-1)	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	\$0 (Tier-1)	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	\$0 (Tier-1)	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet</i>	\$0 (Tier-1)	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	\$0 (Tier-1)	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
PSYCHIATRIC: DRUGS THAT TREAT MENTAL HEALTH CONDITIONS LIKE ADD/ADHD, DEPRESSION, AND INSOMNIA		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	\$0 (Tier-1)	
<i>disulfiram oral tablet</i>	\$0 (Tier-1)	
<i>naltrexone hcl oral tablet</i>	\$0 (Tier-1)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	SP-CVS specialty; NEDS
ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>alprazolam intensol oral concentrate</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>alprazolam oral tablet</i>	\$0 (Tier-1)	
<i>alprazolam oral tablet dispersible</i>	\$0 (Tier-1)	
<i>buspirone hcl oral tablet</i>	\$0 (Tier-1)	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	\$0 (Tier-1)	
<i>clorazepate dipotassium oral tablet</i>	\$0 (Tier-1)	
<i>lorazepam oral concentrate</i>	\$0 (Tier-1)	
<i>lorazepam oral tablet</i>	\$0 (Tier-1)	
<i>oxazepam oral capsule</i>	\$0 (Tier-1)	
ATTENTION DEFICIT DISORDER		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	STPA
<i>amphetamine sulfate oral tablet</i>	\$0 (Tier-1)	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>amphetamine-dextroamphetamine oral tablet</i>	\$0 (Tier-1)	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
DESOXYN ORAL TABLET	\$0 (Tier-2)	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>dexmethylphenidate hcl oral tablet</i>	\$0 (Tier-1)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>dextroamphetamine sulfate oral tablet</i>	\$0 (Tier-1)	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	STPA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	PA; QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	
METADATE ER ORAL TABLET EXTENDED RELEASE	\$0 (Tier-2)	
<i>methamphetamine hcl oral tablet</i>	\$0 (Tier-1)	PA
METHYLIN ORAL SOLUTION	\$0 (Tier-2)	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>methylphenidate hcl er oral tablet extended release</i>	\$0 (Tier-1)	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>methylphenidate hcl oral solution</i>	\$0 (Tier-1)	
<i>methylphenidate hcl oral tablet</i>	\$0 (Tier-1)	
<i>methylphenidate hcl oral tablet chewable</i>	\$0 (Tier-1)	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	STPA
<i>relexxii oral tablet extended release</i>	\$0 (Tier-1)	
VYVANSE ORAL CAPSULE	\$0 (Tier-2)	STPA
VYVANSE ORAL TABLET CHEWABLE	\$0 (Tier-2)	STPA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	
<i>lithium carbonate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>lithium carbonate oral capsule</i>	\$0 (Tier-1)	
<i>lithium carbonate oral tablet</i>	\$0 (Tier-1)	
<i>lithium oral solution</i>	\$0 (Tier-1)	
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$0 (Tier-1)	STPA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-2)	
<i>risperidone oral solution</i>	\$0 (Tier-1)	
<i>risperidone oral tablet</i>	\$0 (Tier-1)	
<i>risperidone oral tablet dispersible</i>	\$0 (Tier-1)	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>amoxapine oral tablet</i>	\$0 (Tier-1)	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	\$0 (Tier-2)	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	\$0 (Tier-2)	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>bupropion hcl oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>citalopram hydrobromide oral solution</i>	\$0 (Tier-1)	
<i>citalopram hydrobromide oral tablet</i>	\$0 (Tier-1)	
<i>clomipramine hcl oral capsule</i>	\$0 (Tier-1)	PA
<i>desipramine hcl oral tablet</i>	\$0 (Tier-1)	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>doxepin hcl oral capsule</i>	\$0 (Tier-1)	PA
<i>doxepin hcl oral concentrate</i>	\$0 (Tier-1)	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	\$0 (Tier-1)	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-2)	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	\$0 (Tier-1)	
<i>escitalopram oxalate oral tablet</i>	\$0 (Tier-1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-2)	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier-2)	STPA
<i>fluoxetine hcl oral capsule</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral capsule delayed release</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral solution</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral tablet</i>	\$0 (Tier-1)	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>fluvoxamine maleate oral tablet</i>	\$0 (Tier-1)	
<i>imipramine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>imipramine pamoate oral capsule</i>	\$0 (Tier-1)	PA
<i>maprotiline hcl oral tablet</i>	\$0 (Tier-1)	
MARPLAN ORAL TABLET	\$0 (Tier-2)	
<i>mirtazapine oral tablet</i>	\$0 (Tier-1)	
<i>mirtazapine oral tablet dispersible</i>	\$0 (Tier-1)	
<i>nefazodone hcl oral tablet</i>	\$0 (Tier-1)	
<i>nortriptyline hcl oral capsule</i>	\$0 (Tier-1)	
<i>nortriptyline hcl oral solution</i>	\$0 (Tier-1)	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>paroxetine hcl oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>paroxetine mesylate oral capsule</i>	\$0 (Tier-1)	
PAXIL ORAL SUSPENSION	\$0 (Tier-2)	
PEXEVA ORAL TABLET	\$0 (Tier-2)	STPA
<i>phenelzine sulfate oral tablet</i>	\$0 (Tier-1)	
<i>protriptyline hcl oral tablet</i>	\$0 (Tier-1)	
<i>sertraline hcl oral concentrate</i>	\$0 (Tier-1)	
<i>sertraline hcl oral tablet</i>	\$0 (Tier-1)	
<i>tranylcypromine sulfate oral tablet</i>	\$0 (Tier-1)	
<i>trazodone hcl oral tablet</i>	\$0 (Tier-1)	
<i>trimipramine maleate oral capsule</i>	\$0 (Tier-1)	PA
TRINTELLIX ORAL TABLET	\$0 (Tier-2)	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-1)	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>venlafaxine hcl oral tablet</i>	\$0 (Tier-1)	
VIIBRYD ORAL TABLET	\$0 (Tier-2)	STPA
VIIBRYD STARTER PACK ORAL KIT	\$0 (Tier-2)	STPA
INSOMNIA		
<i>estazolam oral tablet</i>	\$0 (Tier-1)	
<i>eszopiclone oral tablet</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>flurazepam hcl oral capsule</i>	\$0 (Tier-1)	
HETLIOZ ORAL CAPSULE	\$0 (Tier-2)	PA; NEDS
<i>ramelteon oral tablet</i>	\$0 (Tier-1)	QL (30 EA per 30 days)
ROZEREM ORAL TABLET	\$0 (Tier-2)	QL (30 EA per 30 days)
SILENOR ORAL TABLET	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$0 (Tier-1)	
<i>triazolam oral tablet</i>	\$0 (Tier-1)	
<i>zaleplon oral capsule</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er oral tablet extended release</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral tablet</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$0 (Tier-1)	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>armodafinil oral tablet</i>	\$0 (Tier-1)	PA
<i>modafinil oral tablet</i>	\$0 (Tier-1)	PA
SUNOSI ORAL TABLET	\$0 (Tier-2)	PA
XYREM ORAL SOLUTION	\$0 (Tier-2)	LA; NEDS

Drug	Status	Requirements/Limits
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-2)	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-2)	NEDS
ABILIFY MYCITE ORAL TABLET	\$0 (Tier-2)	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	\$0 (Tier-1)	STPA
<i>aripiprazole oral tablet</i>	\$0 (Tier-1)	STPA
<i>aripiprazole oral tablet dispersible</i>	\$0 (Tier-1)	STPA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-2)	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-2)	NEDS
<i>chlorpromazine hcl oral tablet</i>	\$0 (Tier-1)	
<i>clozapine oral tablet</i>	\$0 (Tier-1)	
<i>clozapine oral tablet dispersible</i>	\$0 (Tier-1)	
FANAPT ORAL TABLET	\$0 (Tier-2)	STPA
FANAPT TITRATION PACK ORAL TABLET	\$0 (Tier-2)	STPA
FAZACLO ORAL TABLET DISPERSIBLE	\$0 (Tier-2)	
<i>fluphenazine decanoate injection solution</i>	\$0 (Tier-1)	
<i>fluphenazine hcl injection solution</i>	\$0 (Tier-1)	
<i>fluphenazine hcl oral concentrate</i>	\$0 (Tier-1)	
<i>fluphenazine hcl oral elixir</i>	\$0 (Tier-1)	
<i>fluphenazine hcl oral tablet</i>	\$0 (Tier-1)	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-2)	
<i>haloperidol decanoate intramuscular solution</i>	\$0 (Tier-1)	
<i>haloperidol lactate injection solution</i>	\$0 (Tier-1)	
<i>haloperidol lactate oral concentrate</i>	\$0 (Tier-1)	
<i>haloperidol oral tablet</i>	\$0 (Tier-1)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-2)	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	\$0 (Tier-2)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier-2)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier-2)	STPA; QL (30 EA per 30 days); NEDS
LATUDA ORAL TABLET 80 MG	\$0 (Tier-2)	STPA; QL (60 EA per 30 days); NEDS
<i>loxapine succinate oral capsule</i>	\$0 (Tier-1)	
<i>molindone hcl oral tablet</i>	\$0 (Tier-1)	
NUPLAZID ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	\$0 (Tier-1)	
<i>olanzapine oral tablet</i>	\$0 (Tier-1)	STPA
<i>olanzapine oral tablet dispersible</i>	\$0 (Tier-1)	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>perphenazine oral tablet</i>	\$0 (Tier-1)	
<i>perphenazine-amitriptyline oral tablet</i>	\$0 (Tier-1)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$0 (Tier-2)	NEDS
<i>pimozide oral tablet</i>	\$0 (Tier-1)	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	STPA
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier-1)	STPA
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier-1)	STPA; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 (Tier-2)	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier-2)	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	\$0 (Tier-2)	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	\$0 (Tier-2)	STPA
<i>thioridazine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>thiothixene oral capsule</i>	\$0 (Tier-1)	
<i>trifluoperazine hcl oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
VERSACLOZ ORAL SUSPENSION	\$0 (Tier-2)	NEDS
VRAYLAR ORAL CAPSULE	\$0 (Tier-2)	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0 (Tier-2)	
<i>ziprasidone hcl oral capsule</i>	\$0 (Tier-1)	STPA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-2)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-2)	

RESPIRATORY DRUGS: DRUGS THAT TREAT LUNG PROBLEMS LIKE ASTHMA AND COPD

ASTHMA

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (180 EA per 90 days)
ADVAIR HFA INHALATION AEROSOL	\$0 (Tier-2)	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier-1)	Generic Proair HFA; QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier-1)	Generic Proventil HFA; QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier-1)	Generic Ventolin HFA; QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$0 (Tier-1)	B vs D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	\$0 (Tier-1)	B vs D; QL (180 EA per 90 days)
<i>albuterol sulfate oral syrup</i>	\$0 (Tier-1)	
<i>albuterol sulfate oral tablet</i>	\$0 (Tier-1)	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-2)	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	\$0 (Tier-2)	B vs D; QL (360 ML per 90 days)
<i>budesonide inhalation suspension</i>	\$0 (Tier-1)	B vs D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-2)	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	\$0 (Tier-1)	B vs D; QL (720 ML per 90 days)

Drug	Status	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier-1)	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$0 (Tier-1)	QL (3 EA per 90 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	\$0 (Tier-1)	B vs D; QL (900 ML per 90 days)
<i>ipratropium-albuterol inhalation solution</i>	\$0 (Tier-1)	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	\$0 (Tier-1)	B vs D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	\$0 (Tier-1)	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	\$0 (Tier-1)	B vs D; QL (270 EA per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	\$0 (Tier-1)	B vs D; QL (810 ML per 90 days)
<i>levalbuterol tartrate inhalation aerosol</i>	\$0 (Tier-1)	QL (90 GM per 90 days)
<i>metaproterenol sulfate oral syrup</i>	\$0 (Tier-1)	
<i>montelukast sodium oral packet</i>	\$0 (Tier-1)	
<i>montelukast sodium oral tablet</i>	\$0 (Tier-1)	
<i>montelukast sodium oral tablet chewable</i>	\$0 (Tier-1)	
PERFORMIST INHALATION NEBULIZATION SOLUTION	\$0 (Tier-2)	B vs D; QL (360 ML per 90 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (6 EA per 90 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-2)	QL (40.2 GM per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$0 (Tier-2)	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-2)	QL (180 EA per 90 days)
<i>sodium chloride for inhalation</i>	\$0 (Tier-3)	*
SPIRIVA HANDIHALER INHALATION CAPSULE	\$0 (Tier-2)	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-2)	QL (12 GM per 90 days)

Drug	Status	Requirements/Limits
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-2)	QL (180 GM per 90 days)
SYMBICORT INHALATION AEROSOL	\$0 (Tier-2)	QL (30.6 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	\$0 (Tier-1)	
<i>theophylline er oral tablet extended release 12 hour</i>	\$0 (Tier-1)	
<i>theophylline er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>theophylline oral solution</i>	\$0 (Tier-1)	
<i>wixela inhub inhalation aerosol powder breath activated</i>	\$0 (Tier-1)	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	\$0 (Tier-1)	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-2)	NEDS
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	\$0 (Tier-1)	PA; NEDS
<i>ambrisentan oral tablet</i>	\$0 (Tier-1)	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	\$0 (Tier-1)	PA; SP-CVS specialty; NEDS
LETAIRIS ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	\$0 (Tier-2)	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
REVATIO ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	\$0 (Tier-1)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	\$0 (Tier-1)	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	\$0 (Tier-1)	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET	\$0 (Tier-2)	PA; LA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	\$0 (Tier-2)	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
UPTRAVI ORAL TABLET THERAPY PACK	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	\$0 (Tier-1)	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	NEDS
BEVESPI AEROSPHERE INHALATION AEROSOL	\$0 (Tier-2)	
DALIRESP ORAL TABLET	\$0 (Tier-2)	
GLASSIA INTRAVENOUS SOLUTION	\$0 (Tier-2)	NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-2)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-2)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-2)	
SKIN: DRUGS THAT TREAT SKIN CONDITIONS LIKE ACNE, INFECTIONS, AND ITCHY SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	\$0 (Tier-1)	
FINACEA EXTERNAL FOAM	\$0 (Tier-2)	
FINACEA EXTERNAL GEL	\$0 (Tier-2)	
<i>metronidazole external cream</i>	\$0 (Tier-1)	
<i>metronidazole external gel</i>	\$0 (Tier-1)	
<i>metronidazole external lotion</i>	\$0 (Tier-1)	
NORITATE EXTERNAL CREAM	\$0 (Tier-2)	NEDS
SOOLANTRA EXTERNAL CREAM	\$0 (Tier-2)	
ACNE VULGARIS		
<i>adapalene external cream</i>	\$0 (Tier-1)	PA

Drug	Status	Requirements/Limits
<i>adapalene external gel</i>	\$0 (Tier-1)	PA
<i>adapalene external solution</i>	\$0 (Tier-1)	PA
<i>adapalene-benzoyl peroxide external gel</i>	\$0 (Tier-1)	PA
<i>amnesteem oral capsule</i>	\$0 (Tier-1)	
ATRALIN EXTERNAL GEL	\$0 (Tier-2)	PA
<i>avita external cream</i>	\$0 (Tier-1)	PA
<i>avita external gel</i>	\$0 (Tier-1)	PA
AZELEX EXTERNAL CREAM	\$0 (Tier-2)	
<i>benzoyl peroxide</i>	\$0 (Tier-3)	*; < 22 years
<i>benzoyl peroxide-erythromycin external gel</i>	\$0 (Tier-1)	
<i>claravis oral capsule</i>	\$0 (Tier-1)	
CLINDAGEL EXTERNAL GEL	\$0 (Tier-2)	
<i>clindamycin phos-benzoyl perox external gel</i>	\$0 (Tier-1)	
<i>clindamycin phosphate external foam</i>	\$0 (Tier-1)	
<i>clindamycin phosphate external gel</i>	\$0 (Tier-1)	
<i>clindamycin phosphate external lotion</i>	\$0 (Tier-1)	
<i>clindamycin phosphate external solution</i>	\$0 (Tier-1)	
<i>clindamycin phosphate external swab</i>	\$0 (Tier-1)	
<i>ery external pad</i>	\$0 (Tier-1)	
<i>erythromycin external gel</i>	\$0 (Tier-1)	
<i>erythromycin external solution</i>	\$0 (Tier-1)	
EVOCLIN EXTERNAL FOAM	\$0 (Tier-2)	
FABIOR EXTERNAL FOAM	\$0 (Tier-2)	PA
<i>isotretinoin oral capsule</i>	\$0 (Tier-1)	
RETIN-A EXTERNAL CREAM	\$0 (Tier-2)	PA
RETIN-A EXTERNAL GEL	\$0 (Tier-2)	PA
RETIN-A MICRO EXTERNAL GEL	\$0 (Tier-2)	PA
RETIN-A MICRO PUMP EXTERNAL GEL	\$0 (Tier-2)	PA
<i>tretinoin external cream</i>	\$0 (Tier-1)	PA
<i>tretinoin external gel</i>	\$0 (Tier-1)	PA
<i>tretinoin microsphere external gel</i>	\$0 (Tier-1)	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN EXTERNAL CREAM	\$0 (Tier-2)	
CORTISPORIN EXTERNAL OINTMENT	\$0 (Tier-2)	
<i>gentamicin sulfate external cream</i>	\$0 (Tier-1)	
<i>gentamicin sulfate external ointment</i>	\$0 (Tier-1)	
<i>mupirocin calcium external cream</i>	\$0 (Tier-1)	
<i>mupirocin external ointment</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>silver sulfadiazine external cream</i>	\$0 (Tier-1)	
<i>ssd external cream</i>	\$0 (Tier-1)	
XEPI EXTERNAL CREAM	\$0 (Tier-2)	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	\$0 (Tier-2)	
<i>ala-cort external cream</i>	\$0 (Tier-1)	
<i>alclometasone dipropionate external cream</i>	\$0 (Tier-1)	
<i>alclometasone dipropionate external ointment</i>	\$0 (Tier-1)	
<i>amcinonide external cream</i>	\$0 (Tier-1)	
<i>amcinonide external lotion</i>	\$0 (Tier-1)	
<i>amcinonide external ointment</i>	\$0 (Tier-1)	
APEXICON E EXTERNAL CREAM	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external cream</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate aug external gel</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate aug external lotion</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate aug external ointment</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate external cream</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate external lotion</i>	\$0 (Tier-1)	
<i>betamethasone dipropionate external ointment</i>	\$0 (Tier-1)	
<i>betamethasone valerate external cream</i>	\$0 (Tier-1)	
<i>betamethasone valerate external foam</i>	\$0 (Tier-1)	
<i>betamethasone valerate external lotion</i>	\$0 (Tier-1)	
<i>betamethasone valerate external ointment</i>	\$0 (Tier-1)	
CAPEX EXTERNAL SHAMPOO	\$0 (Tier-2)	
<i>clobetasol prop emollient base external cream</i>	\$0 (Tier-1)	
<i>clobetasol propionate emulsion external foam</i>	\$0 (Tier-1)	
<i>clobetasol propionate external cream</i>	\$0 (Tier-1)	
<i>clobetasol propionate external foam</i>	\$0 (Tier-1)	
<i>clobetasol propionate external gel</i>	\$0 (Tier-1)	
<i>clobetasol propionate external liquid</i>	\$0 (Tier-1)	
<i>clobetasol propionate external lotion</i>	\$0 (Tier-1)	
<i>clobetasol propionate external ointment</i>	\$0 (Tier-1)	
<i>clobetasol propionate external shampoo</i>	\$0 (Tier-1)	
<i>clobetasol propionate external solution</i>	\$0 (Tier-1)	
<i>clocortolone pivalate external cream</i>	\$0 (Tier-1)	
<i>clodan external shampoo</i>	\$0 (Tier-1)	
CORDRAN EXTERNAL TAPE	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>desonide external cream</i>	\$0 (Tier-1)	
<i>desonide external lotion</i>	\$0 (Tier-1)	
<i>desonide external ointment</i>	\$0 (Tier-1)	
<i>desoximetasone external cream</i>	\$0 (Tier-1)	
<i>desoximetasone external gel</i>	\$0 (Tier-1)	
<i>desoximetasone external liquid</i>	\$0 (Tier-1)	
<i>desoximetasone external ointment</i>	\$0 (Tier-1)	
<i>diflorasone diacetate external cream</i>	\$0 (Tier-1)	
<i>diflorasone diacetate external ointment</i>	\$0 (Tier-1)	
<i>fluocinolone acetonide external cream</i>	\$0 (Tier-1)	
<i>fluocinolone acetonide external ointment</i>	\$0 (Tier-1)	
<i>fluocinolone acetonide external solution</i>	\$0 (Tier-1)	
<i>fluocinolone acetonide scalp external oil</i>	\$0 (Tier-1)	
<i>fluocinonide emulsified base external cream</i>	\$0 (Tier-1)	
<i>fluocinonide external cream</i>	\$0 (Tier-1)	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$0 (Tier-1)	
<i>fluocinonide external ointment</i>	\$0 (Tier-1)	
<i>fluocinonide external solution</i>	\$0 (Tier-1)	
<i>flurandrenolide external cream</i>	\$0 (Tier-1)	
<i>flurandrenolide external lotion</i>	\$0 (Tier-1)	
<i>flurandrenolide external ointment</i>	\$0 (Tier-1)	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	\$0 (Tier-1)	
<i>fluticasone propionate external lotion</i>	\$0 (Tier-1)	
<i>fluticasone propionate external ointment</i>	\$0 (Tier-1)	
<i>halcinonide external cream</i>	\$0 (Tier-1)	
<i>halobetasol propionate external cream</i>	\$0 (Tier-1)	
<i>halobetasol propionate external ointment</i>	\$0 (Tier-1)	
HALOG EXTERNAL CREAM	\$0 (Tier-2)	
HALOG EXTERNAL OINTMENT	\$0 (Tier-2)	
<i>hydrocortisone butyrate external cream</i>	\$0 (Tier-1)	
<i>hydrocortisone butyrate external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone butyrate external ointment</i>	\$0 (Tier-1)	
<i>hydrocortisone butyrate external solution</i>	\$0 (Tier-1)	
<i>hydrocortisone external cream</i>	\$0 (Tier-1)	
<i>hydrocortisone external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone external ointment</i>	\$0 (Tier-1)	
<i>hydrocortisone cream, lotion, ointment</i>	\$0 (Tier-3)	*
<i>hydrocortisone valerate external cream</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>hydrocortisone valerate external ointment</i>	\$0 (Tier-1)	
KENALOG EXTERNAL AEROSOL SOLUTION	\$0 (Tier-2)	
<i>mometasone furoate external cream</i>	\$0 (Tier-1)	
<i>mometasone furoate external ointment</i>	\$0 (Tier-1)	
<i>mometasone furoate external solution</i>	\$0 (Tier-1)	
<i>nolix external cream</i>	\$0 (Tier-1)	
<i>nolix external lotion</i>	\$0 (Tier-1)	
PANDEL EXTERNAL CREAM	\$0 (Tier-2)	
<i>prednicarbate external cream</i>	\$0 (Tier-1)	
<i>prednicarbate external ointment</i>	\$0 (Tier-1)	
<i>triamcinolone acetonide external aerosol solution</i>	\$0 (Tier-1)	
<i>triamcinolone acetonide external cream</i>	\$0 (Tier-1)	
<i>triamcinolone acetonide external lotion</i>	\$0 (Tier-1)	
<i>triamcinolone acetonide external ointment</i>	\$0 (Tier-1)	
TRIANEX EXTERNAL OINTMENT	\$0 (Tier-2)	
<i>triderm external cream</i>	\$0 (Tier-1)	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	\$0 (Tier-1)	
<i>ciclopirox external shampoo</i>	\$0 (Tier-1)	
<i>ciclopirox external solution</i>	\$0 (Tier-1)	
<i>ciclopirox olamine external cream</i>	\$0 (Tier-1)	
<i>ciclopirox olamine external suspension</i>	\$0 (Tier-1)	
<i>clotrimazole external cream</i>	\$0 (Tier-1)	
<i>clotrimazole external solution</i>	\$0 (Tier-1)	
<i>clotrimazole-betamethasone external cream</i>	\$0 (Tier-1)	
<i>clotrimazole-betamethasone external lotion</i>	\$0 (Tier-1)	
<i>econazole nitrate external cream</i>	\$0 (Tier-1)	
ERTACZO EXTERNAL CREAM	\$0 (Tier-2)	
EXELDERM EXTERNAL CREAM	\$0 (Tier-2)	
EXELDERM EXTERNAL SOLUTION	\$0 (Tier-2)	
<i>ketoconazole external cream</i>	\$0 (Tier-1)	
<i>ketoconazole external foam</i>	\$0 (Tier-1)	
<i>ketoconazole external shampoo</i>	\$0 (Tier-1)	
<i>luliconazole external cream</i>	\$0 (Tier-1)	
MENTAX EXTERNAL CREAM	\$0 (Tier-2)	
<i>naftifine hcl external cream</i>	\$0 (Tier-1)	
NAFTIN EXTERNAL GEL	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>nyamyc external powder</i>	\$0 (Tier-1)	
<i>nystatin external cream</i>	\$0 (Tier-1)	
<i>nystatin external ointment</i>	\$0 (Tier-1)	
<i>nystatin external powder</i>	\$0 (Tier-1)	
<i>nystatin mouth/throat suspension</i>	\$0 (Tier-1)	
<i>nystatin-triamcinolone external cream</i>	\$0 (Tier-1)	
<i>nystatin-triamcinolone external ointment</i>	\$0 (Tier-1)	
<i>nystop external powder</i>	\$0 (Tier-1)	
<i>oxiconazole nitrate external cream</i>	\$0 (Tier-1)	
OXISTAT EXTERNAL LOTION	\$0 (Tier-2)	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule</i>	\$0 (Tier-1)	NEDS
<i>calcipotriene external cream</i>	\$0 (Tier-1)	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	\$0 (Tier-1)	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	\$0 (Tier-1)	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	\$0 (Tier-1)	NEDS
<i>calcitriol external ointment</i>	\$0 (Tier-1)	
<i>methoxsalen rapid oral capsule</i>	\$0 (Tier-1)	NEDS
<i>tazarotene external cream</i>	\$0 (Tier-1)	PA
TAZORAC EXTERNAL CREAM	\$0 (Tier-2)	PA
TAZORAC EXTERNAL GEL	\$0 (Tier-2)	PA
SCABIES AND PEDICULOSIS		
EURAX EXTERNAL CREAM	\$0 (Tier-2)	
EURAX EXTERNAL LOTION	\$0 (Tier-2)	
<i>lindane external shampoo</i>	\$0 (Tier-1)	
<i>malathion external lotion</i>	\$0 (Tier-1)	
<i>permethrin external cream</i>	\$0 (Tier-1)	
<i>permethrin</i>	\$0 (Tier-3)	*
<i>piperonyl butoxide/pyrethrins</i>	\$0 (Tier-3)	*
SKLICE EXTERNAL LOTION	\$0 (Tier-2)	
TOPICAL ANTIMICROBIALS		
<i>bacitracin</i>	\$0 (Tier-3)	*
<i>chlorhexidine gluconate</i>	\$0 (Tier-3)	*
<i>clotrimazole</i>	\$0 (Tier-3)	*
<i>double antibiotic ointment</i>	\$0 (Tier-3)	*
<i>hydrogen peroxide</i>	\$0 (Tier-3)	*
<i>iodine</i>	\$0 (Tier-3)	*
<i>isopropyl alcohol</i>	\$0 (Tier-3)	*

Drug	Status	Requirements/Limits
<i>miconazole</i>	\$0 (Tier-3)	*
<i>neomycin</i>	\$0 (Tier-3)	*
<i>povidone</i>	\$0 (Tier-3)	*
<i>tolnaftate</i>	\$0 (Tier-3)	*
<i>triple antibiotic ointment</i>	\$0 (Tier-3)	*
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	\$0 (Tier-1)	
<i>ammonium lactate external lotion</i>	\$0 (Tier-1)	
ANUSOL-HC RECTAL CREAM	\$0 (Tier-2)	
<i>calamine lotion</i>	\$0 (Tier-3)	*
<i>colloidal oatmeal</i>	\$0 (Tier-3)	*
<i>diclofenac epolamine transdermal patch</i>	\$0 (Tier-1)	QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel</i>	\$0 (Tier-1)	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	\$0 (Tier-1)	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	\$0 (Tier-1)	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
ELIDEL EXTERNAL CREAM	\$0 (Tier-2)	STPA
EUCRISA EXTERNAL OINTMENT	\$0 (Tier-2)	PA
<i>fluorouracil external cream</i>	\$0 (Tier-1)	
<i>fluorouracil external solution</i>	\$0 (Tier-1)	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$0 (Tier-1)	
<i>hydrophilic ointment</i>	\$0 (Tier-3)	*
<i>lanolin</i>	\$0 (Tier-3)	*
<i>lidocaine external ointment</i>	\$0 (Tier-1)	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	\$0 (Tier-1)	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external gel</i>	\$0 (Tier-1)	QL (100 EA per 30 days)
<i>lidocaine hcl external solution</i>	\$0 (Tier-1)	QL (100 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	\$0 (Tier-1)	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	\$0 (Tier-1)	
<i>lidocaine viscous mouth/throat solution</i>	\$0 (Tier-1)	
<i>lidocaine-prilocaine external cream</i>	\$0 (Tier-1)	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	\$0 (Tier-1)	
PANRETIN EXTERNAL GEL	\$0 (Tier-2)	NEDS
<i>petrolatum</i>	\$0 (Tier-3)	*
<i>pimecrolimus external cream</i>	\$0 (Tier-1)	STPA
<i>procto-med hc rectal cream</i>	\$0 (Tier-1)	
<i>procto-pak rectal cream</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>proctosol hc rectal cream</i>	\$0 (Tier-1)	
<i>proctozone-hc rectal cream</i>	\$0 (Tier-1)	
PRUDOXIN EXTERNAL CREAM	\$0 (Tier-2)	QL (90 GM per 30 days)
REGRANEX EXTERNAL GEL	\$0 (Tier-2)	
SANTYL EXTERNAL OINTMENT	\$0 (Tier-2)	
<i>selenium sulfide external lotion</i>	\$0 (Tier-1)	
<i>selenium sulfide</i>	\$0 (Tier-3)	*
<i>sodium chloride irrigation solution</i>	\$0 (Tier-1)	
<i>sulfacetamide sodium (acne) external lotion</i>	\$0 (Tier-1)	
SULFAMYLON EXTERNAL CREAM	\$0 (Tier-2)	
SULFAMYLON EXTERNAL PACKET	\$0 (Tier-2)	
<i>tacrolimus external ointment</i>	\$0 (Tier-1)	
TARGRETIN EXTERNAL GEL	\$0 (Tier-2)	SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	\$0 (Tier-2)	NEDS
<i>vitamin a and d ointment</i>	\$0 (Tier-3)	*
<i>witch hazel</i>	\$0 (Tier-3)	*
<i>zinc oxide</i>	\$0 (Tier-3)	*
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir external cream</i>	\$0 (Tier-1)	
CONDYLOX EXTERNAL GEL	\$0 (Tier-2)	
DENAVIR EXTERNAL CREAM	\$0 (Tier-2)	NEDS
<i>imiquimod external cream</i>	\$0 (Tier-1)	
<i>imiquimod pump external cream</i>	\$0 (Tier-1)	
<i>podofilox external solution</i>	\$0 (Tier-1)	
ZOVIRAX EXTERNAL CREAM	\$0 (Tier-2)	
SUPPLEMENTS: VITAMINS AND MINERALS YOU NEED TO STAY HEALTHY		
VITAMINS/ NUTRIENTS/SUPPLEMENTS		
<i>calcium replacement</i>	\$0 (Tier-3)	*
<i>cod liver oil</i>	\$0 (Tier-3)	*
<i>coenzyme q10</i>	\$0 (Tier-3)	*
<i>electrolyte solution, pediatric</i>	\$0 (Tier-3)	*
<i>ferrous fumarate</i>	\$0 (Tier-3)	*
<i>ferrous gluconate</i>	\$0 (Tier-3)	*
<i>ferrous sulfate</i>	\$0 (Tier-3)	*
<i>folic acid</i>	\$0 (Tier-3)	*

Drug	Status	Requirements/Limits
<i>glucose products</i>	\$0 (Tier-3)	*; < 19 years
<i>magnesium salts</i>	\$0 (Tier-3)	*
<i>melatonin tablet, solution</i>	\$0 (Tier-3)	*
<i>melatonin/pyridoxine tablet</i>	\$0 (Tier-3)	*
<i>multivitamins</i>	\$0 (Tier-3)	*
<i>niacinamide</i>	\$0 (Tier-3)	*
<i>nicotinic acid</i>	\$0 (Tier-3)	*
<i>pediatric multivitamins</i>	\$0 (Tier-3)	*
PHOS-FLUR (SODIUM FLUORIDE ORAL RINSE)	\$0 (Tier-3)	*
<i>potassium phosphate</i>	\$0 (Tier-3)	*
<i>prenatal vitamins</i>	\$0 (Tier-3)	*
<i>sodium chloride tablet</i>	\$0 (Tier-3)	*
<i>sodium fluoride chewable tablet, oral solution</i>	\$0 (Tier-3)	*
<i>vitamin a (retinol)</i>	\$0 (Tier-3)	*
<i>vitamin b complex</i>	\$0 (Tier-3)	*
<i>vitamin b-1 (thiamine)</i>	\$0 (Tier-3)	*
<i>vitamin b-2 (riboflavin)</i>	\$0 (Tier-3)	*
<i>vitamin b-3 (niacin)</i>	\$0 (Tier-3)	*
<i>vitamin b-6 (pyridoxine)</i>	\$0 (Tier-3)	*
<i>vitamin b-12 (cyanocobalamin)</i>	\$0 (Tier-3)	*
<i>vitamin c (ascorbic acid)</i>	\$0 (Tier-3)	*
<i>vitamin d</i>	\$0 (Tier-3)	*
<i>vitamin e, oral</i>	\$0 (Tier-3)	*
<i>vitamins, multiple</i>	\$0 (Tier-3)	*
<i>vitamins, multiple/minerals</i>	\$0 (Tier-3)	*
<i>vitamins, pediatric</i>	\$0 (Tier-3)	*
<i>vitamins, prenatal</i>	\$0 (Tier-3)	*

WOMEN'S HEALTH: DRUGS USED FOR BIRTH CONTROL, MENOPAUSE, OSTEOPOROSIS, OR INFECTIONS

CONTRACEPTIVES

<i>amethia oral tablet</i>	\$0 (Tier-1)	
<i>apri oral tablet</i>	\$0 (Tier-1)	
<i>aranelle oral tablet</i>	\$0 (Tier-1)	
<i>ashlyna oral tablet</i>	\$0 (Tier-1)	
<i>aubra oral tablet</i>	\$0 (Tier-1)	
<i>aviane oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>balziva oral tablet</i>	\$0 (Tier-1)	
<i>briellyn oral tablet</i>	\$0 (Tier-1)	
<i>camila oral tablet</i>	\$0 (Tier-1)	
<i>deblitane oral tablet</i>	\$0 (Tier-1)	
<i>delyla oral tablet</i>	\$0 (Tier-1)	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0 (Tier-1)	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0 (Tier-1)	
<i>emoquette oral tablet</i>	\$0 (Tier-1)	
<i>errin oral tablet</i>	\$0 (Tier-1)	
<i>estradiol-norethindrone acet oral tablet</i>	\$0 (Tier-1)	
<i>falmina oral tablet</i>	\$0 (Tier-1)	
GENERESS FE ORAL TABLET CHEWABLE	\$0 (Tier-2)	
<i>introvale oral tablet</i>	\$0 (Tier-1)	
<i>junel 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>junel 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>junel fe 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>junel fe 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>junel fe 24 oral tablet</i>	\$0 (Tier-1)	
<i>kariva oral tablet</i>	\$0 (Tier-1)	
<i>kelnor 1/35 oral tablet</i>	\$0 (Tier-1)	
<i>larin 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>larin 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>larin fe 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>larin fe 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>lessina oral tablet</i>	\$0 (Tier-1)	
<i>levonest oral tablet</i>	\$0 (Tier-1)	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0 (Tier-1)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier-3)	*
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0 (Tier-1)	
<i>levora 0.15/30 (28) oral tablet</i>	\$0 (Tier-1)	
LO LOESTRIN FE ORAL TABLET	\$0 (Tier-2)	
<i>marlissa oral tablet</i>	\$0 (Tier-1)	
<i>microgestin 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>microgestin 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>microgestin fe 1.5/30 oral tablet</i>	\$0 (Tier-1)	
<i>microgestin fe 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>necon 0.5/35 (28) oral tablet</i>	\$0 (Tier-1)	
<i>nikki oral tablet</i>	\$0 (Tier-1)	

Drug	Status	Requirements/Limits
<i>nonoxynol-9*</i>	\$0 (Tier-3)	*; Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.
<i>norethin ace-eth estrad-fe oral tablet</i>	\$0 (Tier-1)	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	\$0 (Tier-1)	
<i>norlyroc oral tablet</i>	\$0 (Tier-1)	
<i>nortrel 0.5/35 (28) oral tablet</i>	\$0 (Tier-1)	
<i>nortrel 1/35 (21) oral tablet</i>	\$0 (Tier-1)	
<i>nortrel 1/35 (28) oral tablet</i>	\$0 (Tier-1)	
<i>nortrel 7/7/7 oral tablet</i>	\$0 (Tier-1)	
<i>orsythia oral tablet</i>	\$0 (Tier-1)	
<i>portia-28 oral tablet</i>	\$0 (Tier-1)	
<i>sharobel oral tablet</i>	\$0 (Tier-1)	
<i>tarina fe 1/20 oral tablet</i>	\$0 (Tier-1)	
<i>tri-previfem oral tablet</i>	\$0 (Tier-1)	
<i>tri-sprintec oral tablet</i>	\$0 (Tier-1)	
<i>trivora (28) oral tablet</i>	\$0 (Tier-1)	
<i>velivet oral tablet</i>	\$0 (Tier-1)	
<i>vyfemla oral tablet</i>	\$0 (Tier-1)	
<i>zovia 1/35e (28) oral tablet</i>	\$0 (Tier-1)	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	\$0 (Tier-1)	
<i>alendronate sodium oral tablet</i>	\$0 (Tier-1)	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-2)	PA
ANGELIQ ORAL TABLET	\$0 (Tier-2)	
<i>calcitonin (salmon) nasal solution</i>	\$0 (Tier-1)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-2)	PA
CRINONE VAGINAL GEL	\$0 (Tier-2)	PA
DELESTROGEN INTRAMUSCULAR OIL	\$0 (Tier-2)	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	\$0 (Tier-2)	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	\$0 (Tier-2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0 (Tier-2)	
DIVIGEL TRANSDERMAL GEL	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>dotti transdermal patch twice weekly</i>	\$0 (Tier-1)	PA
DUAVEE ORAL TABLET	\$0 (Tier-2)	PA
ELESTRIN TRANSDERMAL GEL	\$0 (Tier-2)	
<i>estradiol oral tablet</i>	\$0 (Tier-1)	PA
<i>estradiol transdermal patch twice weekly</i>	\$0 (Tier-1)	PA
<i>estradiol transdermal patch weekly</i>	\$0 (Tier-1)	PA
<i>estradiol vaginal cream</i>	\$0 (Tier-1)	
<i>estradiol vaginal tablet</i>	\$0 (Tier-1)	
<i>estradiol valerate intramuscular oil</i>	\$0 (Tier-1)	
ESTRING VAGINAL RING	\$0 (Tier-2)	
EVAMIST TRANSDERMAL SOLUTION	\$0 (Tier-2)	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	\$0 (Tier-2)	PA
FEMRING VAGINAL RING	\$0 (Tier-2)	
FORTEO SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	\$0 (Tier-1)	PA
<i>ibandronate sodium oral tablet</i>	\$0 (Tier-1)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	\$0 (Tier-2)	
IMVEXXY STARTER PACK VAGINAL INSERT	\$0 (Tier-2)	
<i>jinteli oral tablet</i>	\$0 (Tier-1)	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate oral tablet</i>	\$0 (Tier-1)	
MENEST ORAL TABLET	\$0 (Tier-2)	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	\$0 (Tier-2)	PA
<i>norethindrone acetate oral tablet</i>	\$0 (Tier-1)	
<i>norethindrone-eth estradiol oral tablet</i>	\$0 (Tier-1)	PA
ORILISSA ORAL TABLET 150 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	\$0 (Tier-2)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	\$0 (Tier-2)	PA
PREMARIN VAGINAL CREAM	\$0 (Tier-2)	
PREMPHASE ORAL TABLET	\$0 (Tier-2)	PA

Drug	Status	Requirements/Limits
PREMPRO ORAL TABLET	\$0 (Tier-2)	PA
<i>progesterone micronized oral capsule</i>	\$0 (Tier-1)	
PROLIA SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-2)	PA
<i>raloxifene hcl oral tablet</i>	\$0 (Tier-1)	
<i>risedronate sodium oral tablet</i>	\$0 (Tier-1)	
<i>risedronate sodium oral tablet delayed release</i>	\$0 (Tier-1)	
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	\$0 (Tier-2)	PA; NEDS
<i>yuvafem vaginal tablet</i>	\$0 (Tier-1)	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	\$0 (Tier-1)	
VAGINAL INFECTIONS		
AVC VAGINAL VAGINAL CREAM	\$0 (Tier-2)	
CLEOCIN VAGINAL SUPPOSITORY	\$0 (Tier-2)	
<i>clindamycin phosphate vaginal cream</i>	\$0 (Tier-1)	
GYNAZOLE-1 VAGINAL CREAM	\$0 (Tier-2)	
<i>metronidazole vaginal gel</i>	\$0 (Tier-1)	
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier-1)	
SOLOSEC ORAL PACKET	\$0 (Tier-2)	
<i>terconazole vaginal cream</i>	\$0 (Tier-1)	
<i>terconazole vaginal suppository</i>	\$0 (Tier-1)	
<i>vandazole vaginal gel</i>	\$0 (Tier-1)	
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	\$0 (Tier-2)	
OSPHENA ORAL TABLET	\$0 (Tier-2)	

Index

<i>abacavir sulfate</i>	4	ALKERAN.....	12	ANADROL-50.....	41
<i>abacavir sulfate-lamivudine</i>	5	<i>allopurinol</i>	59	<i>anagrelide hcl</i>	11
<i>abacavir-lamivudine-zidovudine</i> ..	5	<i>almotriptan malate</i>	54	<i>anastrozole</i>	12
ABELCET.....	36	ALOCRIl.....	28	ANGELIQ.....	82
ABILIFY MAINTENA.....	67	ALOMIDE.....	28	ANORO ELLIPTA.....	69
ABILIFY MYCITE.....	67	ALORA.....	82	ANUSOL-HC.....	78
ABSTRAL.....	60	<i>alose tron hcl</i>	33	APEXICON E.....	74
<i>acamprostate calcium</i>	62	ALPHAGAN P 0.1%.....	30	APLENZIN.....	64
<i>acarbose</i>	26	<i>alprazolam</i>	63	APOKYN.....	54
<i>acebutolol hcl</i>	20	<i>alprazolam er</i>	62	<i>apraclonidine hcl</i>	30
<i>acetaminophen (all forms and strengths)</i>	59	<i>alprazolam intensol</i>	62	<i>aprepitant</i>	32
<i>acetaminophen-codeine</i>	60	ALREX.....	29	<i>apri</i>	80
<i>acetaminophen-codeine #3</i>	60	<i>aluminum carbonate</i>	34	APRISO.....	35
<i>acetazolamide</i>	30	<i>aluminum hydroxide</i>	34	APTIOm.....	55
<i>acetazolamide er</i>	30	ALUNBRIG.....	12	APTIVUS.....	5
<i>acetic acid</i>	27	<i>alyq</i>	71	ARALAST NP.....	72
<i>acetylcysteine</i>	72	<i>amantadine hcl</i>	5	<i>aranelle</i>	80
<i>acitretin</i>	77	AMBISOME.....	36	ARCALYST.....	45
ACTHAR.....	40	<i>ambrisentan</i>	71	ARIKAYCE.....	3
ACTHIB.....	42	<i>amcinonide</i>	74	<i>aripiprazole</i>	67
ACTIMMUNE.....	42	<i>amethia</i>	80	ARISTADA.....	67
ACTIQ.....	60	<i>amikacin sulfate</i>	36	ARISTADA INITIO.....	67
<i>acyclovir</i>	5, 79	<i>amiloride hcl</i>	21	<i>armodafinil</i>	66
<i>acyclovir sodium</i>	36	<i>amiloride-hydrochlorothiazide</i> ..	21	<i>artificial tears</i>	31
ADACEL.....	42	AMINOSYN II.....	39	<i>ashlyna</i>	80
<i>adapalene</i>	72, 73	AMINOSYN-PF.....	39	<i>aspirin</i>	59
<i>adapalene-benzoyl peroxide</i>	73	<i>amiodarone hcl</i>	18	<i>aspirin-dipyridamole er</i>	11
ADDERALL XR.....	63	AMITIZA.....	35	<i>assure insulin safety syringe</i>	23
<i>adefovir dipivoxil</i>	5	<i>amitriptyline hcl</i>	64	ASTAGRAF XL.....	44
ADEMPAS.....	71	<i>amlodipine besy-benazepril hcl</i> ..	19	<i>atazanavir sulfate</i>	5
ADVAIR DISKUS.....	69	<i>amlodipine besylate</i>	20	<i>atenolol</i>	20
ADVAIR HFA.....	69	<i>amlodipine besylate-valsartan</i> ...	19	<i>atenolol-chlorthalidone</i>	19
AFINITOR.....	12	<i>amlodipine-atorvastatin</i>	19	<i>atomoxetine hcl</i>	63
AFINITOR DISPERZ.....	12	<i>amlodipine-olmesartan</i>	19	<i>atorvastatin calcium</i>	22
AIMOVIG.....	54	<i>amlodipine-valsartan-hctz</i>	19	<i>atovaquone</i>	4
ALA SCALP.....	74	<i>ammonium lactate</i>	78	<i>atovaquone-proguanil hcl</i>	4
<i>ala-cort</i>	74	<i>amnesteem</i>	73	ATRALIN.....	73
<i>albendazole</i>	3	<i>amoxapine</i>	64	ATRIPLA.....	5
ALBENZA.....	3	<i>amoxicill-clarithro-lansopraz</i>	34	<i>atropine sulfate</i>	31
<i>albuterol sulfate</i>	69	<i>amoxicillin</i>	8	ATROVENT HFA.....	69
<i>albuterol sulfate er</i>	69	<i>amoxicillin-pot clavulanate</i>	8	AUBAGIO.....	48
<i>albuterol sulfate hfa</i>	69	<i>amoxicillin-pot clavulanate er</i>	8	<i>aubra</i>	80
<i>alclometasone dipropionate</i>	74	<i>amphetamine sulfate</i>	63	AURYXIA.....	51
<i>alcohol pads</i>	23	<i>amphetamine-dextroamphet er</i> ...	63	AUSTEDO.....	48
ALECENSA.....	12	<i>amphetamine-dextroamphetamine</i>	63	AVC VAGINAL.....	84
<i>alendronate sodium</i>	82	<i>amphotericin b</i>	36	AVEED.....	41
<i>alfuzosin hcl er</i>	52	<i>ampicillin</i>	8	<i>aviane</i>	80
ALIGN.....	33	<i>ampicillin sodium</i>	36	<i>avita</i>	73
ALINIA.....	3	<i>ampicillin-sulbactam sodium</i>	36	AVONEX PEN.....	48
<i>aliskiren fumarate</i>	21	AMPYRA.....	48	AVONEX PREFILLED.....	48
				AVYCAZ.....	36

AZASAN.....	58	<i>bimatoprost</i>	31	<i>capsaicin</i>	58
AZASITE.....	28	<i>bisacodyl ec</i>	33	<i>captopril</i>	17
<i>azathioprine</i>	58	<i>bismuth subsalicylate</i>	34	<i>captopril-hydrochlorothiazide</i>	19
<i>azelaic acid</i>	72	<i>bisoprolol fumarate</i>	20	CARAFATE SUSPENSION.....	34
<i>azelastine hcl</i>	28	<i>bisoprolol-hydrochlorothiazide</i> ..	19	CARBAGLU.....	32
AZELEX.....	73	BLEPHAMIDE.....	29	<i>carbamazepine</i>	55
<i>azithromycin</i>	9, 36	BLEPHAMIDE S.O.P.....	29	<i>carbamazepine er</i>	55
AZOPT.....	30	BOOSTRIX.....	42	<i>carbamide peroxide</i>	27
<i>aztreonam</i>	36	<i>bosentan</i>	71	<i>carbidopa</i>	54
<i>bacitracin</i>	28, 77	BOSULIF.....	13	<i>carbidopa-levodopa</i>	55
<i>bacitracin-polymyxin b</i>	29	BRAFTOVI.....	13	<i>carbidopa-levodopa er</i>	54
<i>bacitra-neomycin-polymyxin-hc</i> ..	29	BREO ELLIPTA.....	69	<i>carbidopa-levodopa-entacapone</i> ..	55
<i>baclofen</i>	58	<i>briellyn</i>	81	CARDURA XL.....	17
<i>bactocill in dextrose</i>	36	BRILINTA.....	11	CAROSPIR.....	21
<i>balsalazide disodium</i>	35	<i>brimonidine tartrate</i>	31	<i>carteolol hcl</i>	31
BALVERSA.....	12	BRIVIACT.....	55	<i>cartia xt</i>	20
<i>balziva</i>	81	<i>bromfenac sodium (once-daily)</i> ..	29	<i>carvedilol</i>	20
BANZEL.....	55	<i>bromocriptine mesylate</i>	54	<i>carvedilol phosphate er</i>	20
BAXDELA.....	10	BROVANA.....	69	<i>caspofungin acetate</i>	36
<i>bcg vaccine</i>	42	<i>budesonide</i>	35, 69	CAYSTON.....	46
BD DISP NEEDLE.....	23	<i>buffered aspirin</i>	59	<i>cefaclor</i>	8
BD INSULIN SYRINGE.....	24	<i>bumetanide</i>	21, 36	<i>cefaclor er</i>	8
BD INSULIN SYRINGE U-500	24	<i>buprenorphine</i>	61	<i>cefadroxil</i>	8
BELBUCA.....	61	<i>buprenorphine hcl</i>	50	<i>cefazolin sodium</i>	36
<i>benazepril hcl</i>	17	<i>buprenorphine hcl-naloxone hcl</i> ..	50	<i>cefdinir</i>	8
<i>benazepril-hydrochlorothiazide</i> ..	19	<i>bupropion hcl</i>	64	<i>cefepime hcl</i>	36
BENLYSTA.....	44	<i>bupropion hcl er (smoking det)</i> ..	51	<i>cefixime</i>	8
BENZNIDAZOLE.....	4	<i>bupropion hcl er (sr)</i>	64	<i>cefotaxime sodium</i>	36
<i>benzoyl peroxide</i>	73	<i>bupropion hcl er (xl)</i>	64	<i>cefotetan disodium</i>	36
<i>benzoyl peroxide-erythromycin</i> ...73		<i>bupropion hcl er (xl)</i>	64	<i>cefoxitin sodium</i>	36
<i>benztropine mesylate</i>	54	<i>butorphanol tartrate</i>	61	<i>cefpodoxime proxetil</i>	8
BERINERT.....	47	BYDUREON.....	25	<i>cefpodoxime proxetil</i>	8
BESIVANCE.....	29	BYDUREON BCISE.....	25	<i>ceftazidime</i>	36
<i>betamethasone dipropionate</i>	74	BYETTA 10 MCG PEN.....	25	<i>ceftriaxone sodium</i>	36
<i>betamethasone dipropionate</i>		BYETTA 5 MCG PEN.....	25	<i>cefuroxime axetil</i>	9
<i>aug</i>	74	<i>cabergoline</i>	54	<i>cefuroxime sodium</i>	37
<i>betamethasone valerate</i>	74	CABLIVI.....	12	<i>celecoxib</i>	59
BETASERON.....	49	CABOMETYX.....	13	CELLCEPT.....	44
<i>betaxolol hcl</i>	20, 30	<i>calamine</i>	78	CELONTIN.....	55
<i>bethanechol chloride</i>	52	<i>calcipotriene</i>	77	<i>cephalexin</i>	9
BETHKIS.....	46	<i>calcipotriene-betameth diprop</i>	77	CERDELGA.....	47
BETIMOL.....	30	<i>calcitonin (salmon)</i>	82	CESAMET.....	32
BETOPTIC-S.....	31	<i>calcitriol</i>	48, 77	<i>cetirizine (all forms and</i>	
BEVESPI AEROSPHERE.....	72	<i>calcium acetate (phos binder)</i>	51	<i>strengths)</i>	27
<i>bexarotene</i>	13	<i>calcium carbonate</i>	79	<i>cetirizine-pseudoephedrine er</i>	27
BEXSERO.....	42	CALQUENCE.....	13	<i>cevimeline hcl</i>	27
<i>bicalutamide</i>	13	<i>camila</i>	81	CHANTIX.....	51
BICILLIN C-R.....	8	<i>candesartan cilexetil</i>	18	CHANTIX CONTINUING	
BICILLIN C-R 900/300.....	8	<i>candesartan cilexetil-hctz</i>	19	MONTH PAK.....	51
BICILLIN L-A.....	8	<i>capecitabine</i>	13	CHANTIX STARTING	
BIDIL.....	23	CAPEX.....	74	MONTH PAK.....	51
BIKTARVY.....	5	CAPRELSA.....	13	CHEMET.....	46

<i>cherry</i>	27	CLINIMIX/DEXTROSE (5/15) ..	39	CORTISPORIN	73
<i>chlordiazepoxide-amitriptyline</i> ...	63	CLINIMIX/DEXTROSE (5/20) ..	39	COTELLIC	13
<i>chlorhexidine gluconate</i>	27, 77	CLINIMIX/DEXTROSE (5/25) ..	39	COUMADIN	11
<i>chloroquine phosphate</i>	4	CLINISOL SF	40	CREON	33
<i>chlorothiazide</i>	21	<i>clobazam</i>	56	CRESEMBA	3
<i>chlorpheniramine maleate</i>	27	<i>clobetasol prop emollient base</i> ..	74	CRINONE	82
<i>chlorpromazine hcl</i>	67	<i>clobetasol propionate</i>	74	CRIXIVAN	5
<i>chlorthalidone</i>	21	<i>clobetasol propionate emulsion</i> ..	74	<i>cromolyn sodium</i>	28, 33, 69
CHOLBAM	33	<i>clocortolone pivalate</i>	74	CULTURELLE	33
<i>cholestyramine</i>	22	<i>clodan</i>	74	CUPRIMINE	53
<i>cholestyramine light</i>	22	<i>clomipramine hcl</i>	65	<i>cvs budesonide</i>	28
CIALIS	52	<i>clonazepam</i>	56	<i>cvs gauze sterile</i>	24
<i>ciclopirox</i>	76	<i>clonidine</i>	21	<i>cyclobenzaprine hcl</i>	58
<i>ciclopirox olamine</i>	76	<i>clonidine hcl</i>	21	CYCLOPHOSPHAMIDE	13
<i>cilostazol</i>	11	<i>clonidine hcl er</i>	63	CYCLOSET	55
CIMDUO	5	<i>clopidogrel bisulfate</i>	11	<i>cyclosporine</i>	44
<i>cimetidine</i>	34	<i>clorazepate dipotassium</i>	63	<i>cyclosporine modified</i>	44
<i>cimetidine solution</i>	34	<i>clotrimazole</i>	3, 76	<i>cyproheptadine hcl</i>	28
<i>cinacalcet hcl</i>	48	<i>clotrimazole anti-fungal</i>	77	CYSTADANE	46
CINRYZE	47	<i>clotrimazole-betamethasone</i>	76	CYSTAGON	33
CIPRO HC	27	<i>clozapine</i>	67	CYSTARAN	31
CIPRODEX	27	COARTEM	4	<i>dalfampridine er</i>	49
<i>ciprofloxacin</i>	10	<i>cod liver oil</i>	79	DALIRESP	72
<i>ciprofloxacin hcl</i>	10, 27, 29	<i>codeine sulfate</i>	61	DALVANCE	37
<i>ciprofloxacin in d5w</i>	37	<i>coenzyme q10</i>	79	<i>danazol</i>	41
<i>citalopram hydrobromide</i>	65	<i>colchicine</i>	59	<i>dantrolene sodium</i>	58
<i>claravis</i>	73	<i>colchicine-probenecid</i>	59	<i>dapsone tablets</i>	4
<i>clarithromycin</i>	9	<i>colesevelam hcl</i>	22	DAPTACEL	42
<i>clarithromycin er</i>	9	<i>colestipol hcl</i>	22	<i>daptomycin</i>	37
CLEOCIN	84	<i>colistimethate sodium (cba)</i>	37	DARAPRIM	4
CLINDAGEL	73	<i>colloidal oatmeal bath</i>	78	<i>darifenacin hydrobromide er</i>	52
<i>clindamycin capsules</i>	9	<i>colocort</i>	35	DAURISMO	13
<i>clindamycin oral solution</i>	9	COLY-MYCIN S	29	<i>deblitane</i>	81
<i>clindamycin phos-benzoyl perox</i> ..	73	COMBIGAN	31	<i>deferasirox</i>	46
<i>clindamycin phosphate</i> ...	37, 73, 84	COMBIPATCH	82	DELESTROGEN	82
<i>clindamycin phosphate in d5w</i>	37	COMBIVENT RESPIMAT	69	DELSTRIGO	5
CLINIMIX E/DEXTROSE		COMETRIQ (100 MG DAILY		<i>delyla</i>	81
(2.75/5)	39	DOSE)	13	DELZICOL	35
CLINIMIX E/DEXTROSE		COMETRIQ (140 MG DAILY		<i>demeclocycline hcl</i>	10
(4.25/10)	39	DOSE)	13	DEMSEER	51
CLINIMIX E/DEXTROSE		COMETRIQ (60 MG DAILY		DENAVIR	79
(4.25/5)	39	DOSE)	13	DEPEN TITRATABS	53
CLINIMIX E/DEXTROSE		<i>comfort assist insulin syringe</i>	24	DEPO-ESTRADIOL	82
(5/15)	39	COMPLERA	5	DEPO-PROVERA	82
CLINIMIX E/DEXTROSE		<i>compro</i>	32	DEPO-SUBQ PROVERA 104 ..	82
(5/20)	39	CONDYLOX	79	DEPO-TESTOSTERONE	41
CLINIMIX/DEXTROSE		<i>constulose</i>	33	DESCOVY	5
(4.25/10)	39	COPAXONE	49	<i>desipramine hcl</i>	65
CLINIMIX/DEXTROSE		COPIKTRA	13	<i>desloratadine</i>	28
(4.25/25)	39	CORDRAN	74	<i>desmopressin ace spray refrig</i> ...	52
CLINIMIX/DEXTROSE		CORLANOR	18	<i>desmopressin acetate</i>	52
(4.25/5)	39	<i>cortisone acetate</i>	40	<i>desogestrel-ethinyl estradiol</i>	81

<i>desonide</i>	75	DIVIGEL.....	82	<i>enalapril maleate</i>	17
<i>desoximetasone</i>	75	<i>docusate sodium (all forms and strengths)</i>	33	<i>enalapril-hydrochlorothiazide</i>	19
DESOXYN.....	63	<i>dofetilide</i>	19	ENBREL.....	58
<i>desvenlafaxine er</i>	65	<i>donepezil hcl</i>	53	ENBREL MINI.....	58
<i>desvenlafaxine succinate er</i>	65	DOPTelet.....	11	ENBREL SURECLICK.....	58
<i>dexamethasone</i>	40	<i>dorzolamide hcl</i>	31	<i>endocet</i>	61
<i>dexamethasone intensol</i>	40	<i>dorzolamide hcl-timolol mal</i>	31	ENGERIX-B.....	42
<i>dexamethasone sodium phosphate</i>	29	<i>dorzolamide hcl-timolol mal pf</i> ...31		<i>enoxaparin sodium</i>	12
DEXEDRINE.....	63	<i>dotti</i>	83	<i>entacapone</i>	55
<i>dexmethylphenidate hcl</i>	63	<i>double antibiotic</i>	77	<i>entecavir</i>	5
<i>dexmethylphenidate hcl er</i>	63	DOVATO.....	5	ENTRESTO.....	19
<i>dexpak 13 day</i>	40	<i>doxazosin mesylate</i>	17	<i>enulose</i>	33
<i>dextroamphetamine sulfate</i>	63	<i>doxepin hcl</i>	65, 78	ENVARsus XR.....	44
<i>dextroamphetamine sulfate er</i>	63	<i>doxercalciferol</i>	48	EPCLUSA.....	5
<i>dextrose</i>	38	DOXY 100.....	37	EPIDIOLEX.....	56
<i>dextrose-nacl</i>	38	<i>doxycycline hyclate</i>	10	<i>epinastine hcl</i>	28
DIASSTAT ACUDIAL.....	56	<i>doxycycline monohydrate</i>	10	<i>epinephrine</i>	45
DIASSTAT PEDIATRIC.....	56	<i>doxylamine succinate</i>	27	<i>epitol</i>	56
DIASSTIX.....	24	<i>dronabinol</i>	32	EPIVIR.....	5
<i>diazepam</i>	56	<i>drospirenone-ethinyl estradiol</i> ...81		<i>eplerenone</i>	22
<i>diazepam intensol</i>	56	DROXIA.....	13	<i>eprosartan mesylate</i>	18
DIBENZYLINE.....	51	DUAVEE.....	83	EQUETRO.....	64
<i>diclofenac epolamine</i>	78	<i>duloxetine hcl</i>	65	ERAXIS.....	37
<i>diclofenac potassium</i>	59	DUOPA.....	55	<i>ergoloid mesylates</i>	53
<i>diclofenac sodium</i>	29, 59, 78	DUPIXENT.....	70, 78	ERIVEDGE.....	13
<i>diclofenac sodium er</i>	59	DUREZOL.....	29	ERLEADA.....	13
<i>diclofenac-misoprostol</i>	59	<i>dutasteride</i>	52	<i>erlotinib hcl</i>	13
<i>dicloxacillin sodium</i>	9	<i>dutasteride-tamsulosin hcl</i>	52	<i>errin</i>	81
<i>dicyclomine hcl</i>	33	DUTOPROL.....	19	ERTACZO.....	76
<i>didanosine</i>	5	<i>e.e.s. 400</i>	9	<i>ertapenem sodium</i>	37
DIFICID.....	9	<i>econazole nitrate</i>	76	<i>ery</i>	73
<i>diflorasone diacetate</i>	75	EDURANT.....	5	<i>eryped 400</i>	9
<i>diflunisal</i>	59	<i>efavirenz</i>	5	ERY-TAB.....	9
<i>digitek</i>	18	EGRIFTA.....	47	ERYTHROCIN LACTOBIONATE.....	37
<i>digox</i>	18	<i>electrolyte-48 in dextrose</i>	79	<i>erythrocin stearate</i>	9
<i>digoxin</i>	18	ELESTRIN.....	83	<i>erythromycin</i>	29, 73
<i>dihydroergotamine mesylate</i>	54	<i>eletriptan hydrobromide</i>	54	<i>erythromycin base</i>	9
DILANTIN.....	56	ELIDEL.....	78	<i>erythromycin ethylsuccinate</i>	9
DILANTIN INFATABS.....	56	ELIGARD.....	41	ESBRIET.....	71
<i>diltiazem hcl</i>	21	ELIQUIS.....	11	<i>escitalopram oxalate</i>	65
<i>diltiazem hcl er</i>	21	ELIQUIS STARTER PACK.....	12	<i>esomeprazole magnesium</i>	34
<i>diltiazem hcl er beads</i>	20	ELMIRON.....	52	<i>esomeprazole strontium</i>	34
<i>diltiazem hcl er coated beads</i>	21	EMBEDA.....	61	<i>estazolam</i>	66
<i>dilt-xr</i>	21	EMCYT.....	13	<i>estradiol</i>	83
<i>diphenhydramine hcl</i>	27	EMEND.....	32	<i>estradiol valerate</i>	83
<i>diphtheria-tetanus toxoids dt</i>	42	EMFLAZA.....	46	<i>estradiol-norethindrone acet</i>	81
<i>dipyridamole</i>	11	EMGALITY.....	54	ESTRING.....	83
<i>disopyramide phosphate</i>	19	EMGALITY (300 MG DOSE)....	54	<i>eszopiclone</i>	66
<i>disulfiram</i>	62	<i>emoquette</i>	81	<i>ethacrynic acid</i>	22
<i>divalproex sodium</i>	56	EMSAM.....	65	<i>ethambutol hcl</i>	9
<i>divalproex sodium er</i>	56	EMTRIVA.....	5	<i>ethosuximide</i>	56

<i>etidronate disodium</i>	51	FIRMAGON.....	41	FUZEON.....	5
<i>etodolac</i>	60	FIRVANQ.....	3	<i>fyavolv</i>	83
<i>etodolac er</i>	59	<i>flac</i>	27	FYCOMPA.....	56
<i>etoposide</i>	13	FLAREX.....	29	<i>gabapentin</i>	56
EUCRISA.....	78	<i>flavoxate hcl</i>	52	GALAFOLD.....	46
EURAX.....	77	FLEBOGAMMA DIF.....	42	<i>galantamine hydrobromide</i>	53
EVAMIST.....	83	<i>flecainide acetate</i>	19	<i>galantamine hydrobromide er</i>	53
EVENITY.....	83	FLOLIPID.....	22	GAMMAGARD.....	42
EVOCLIN.....	73	FLORASTOR.....	33	GAMMAGARD S/D LESS	
EVOTAZ.....	5	<i>fluconazole</i>	3	IGA.....	42
EVZIO.....	50	<i>fluconazole in sodium chloride</i> ..	37	GAMMAKED.....	42
<i>exel comfort point pen needle</i>	24	<i>flucytosine</i>	3	GAMMAPLEX.....	43
EXELDERM.....	76	<i>fludrocortisone acetate</i>	40	GAMUNEX-C.....	43
<i>exemestane</i>	13	<i>flunisolide</i>	28	GARDASIL 9.....	43
EXJADE.....	46	<i>fluocinolone acetonide</i>	27, 75	<i>gatifloxacin</i>	29
EXTAVIA.....	49	<i>fluocinolone acetonide scalp</i>	75	GATTEX.....	33
EYLEA.....	31	<i>fluocinonide</i>	75	<i>gauze pads</i>	24
<i>ezetimibe</i>	22	<i>fluocinonide emulsified base</i>	75	<i>gemfibrozil</i>	22
<i>ezetimibe-simvastatin</i>	22	<i>fluorometholone</i>	29	GENERESS FE.....	81
FABIOR.....	73	<i>fluorouracil</i>	78	<i>generlac</i>	33
<i>falmina</i>	81	<i>fluoxetine hcl</i>	65	<i>gengraf</i>	44
<i>famciclovir</i>	5	<i>fluphenazine decanoate</i>	67	GENOTROPIN.....	47
<i>famotidine tablet</i>	34, 35	<i>fluphenazine hcl</i>	67	GENOTROPIN MINIQUICK....	47
FANAPT.....	67	<i>flurandrenolide</i>	75	<i>gentak</i>	29
FANAPT TITRATION PACK...	67	<i>flurazepam hcl</i>	66	<i>gentamicin in saline</i>	37
FARESTON.....	13	<i>flurbiprofen</i>	60	<i>gentamicin sulfate</i>	29, 37, 73
FARXIGA.....	26	<i>flurbiprofen sodium</i>	30	GENVOYA.....	5
FARYDAK.....	13	<i>flutamide</i>	13	GEODON	
FASENRA.....	70	<i>fluticasone propionate</i>	28, 75	INTRAMUSCULAR	
FAZACLO.....	67	<i>fluticasone-salmeterol</i>	70	INJECTION.....	67
<i>febuxostat</i>	59	<i>fluvastatin sodium</i>	22	GILENYA.....	49
<i>felbamate</i>	56	<i>fluvastatin sodium er</i>	22	GILOTRIF.....	13
<i>felodipine er</i>	21	<i>fluvoxamine maleate</i>	65	GLASSIA.....	72
FEMHRT LOW DOSE.....	83	<i>fluvoxamine maleate er</i>	65	GLEOSTINE.....	13
FEMRING.....	83	FML.....	30	<i>glimepiride</i>	26
<i>fenofibrate</i>	22	FML FORTE.....	30	<i>glipizide</i>	26
<i>fenofibrate micronized</i>	22	FOCALIN XR.....	63	<i>glipizide er</i>	26
<i>fenofibric acid</i>	22	<i>folic acid</i>	79	<i>glipizide-metformin hcl</i>	26
<i>fenoprofen calcium</i>	60	<i>fondaparinux sodium</i>	12	<i>global alcohol prep ease</i>	24
<i>fentanyl</i>	61	FORTEO.....	83	GLUCAGEN HYPOKIT.....	24
<i>fentanyl citrate</i>	61	<i>fosamprenavir calcium</i>	5	GLUCAGON EMERGENCY...	24
FENTORA.....	61	<i>fosinopril sodium</i>	17	<i>glucose</i>	80
FERRIPROX.....	46	<i>fosinopril sodium-hctz</i>	19	<i>glyburide</i>	26
<i>ferrous fumarate</i>	79	FRAGMIN.....	12	<i>glyburide micronized</i>	26
<i>ferrous gluconate</i>	79	FREAMINE HBC.....	40	<i>glyburide-metformin</i>	26
<i>ferrous sulfate</i>	79	FREESTYLE INSULINX		<i>glycerin</i>	33
FETZIMA.....	65	TEST.....	24	<i>glycopyrrolate</i>	33
FETZIMA TITRATION.....	65	FREESTYLE LITE.....	24	<i>gnp ultra com insulin syringe</i>	24
FINACEA.....	72	FREESTYLE LITE TEST.....	24	GNP ULTRA COM INSULIN	
<i>finasteride</i>	52	<i>frovatriptan succinate</i>	54	SYRINGE.....	24
FIRAZYR.....	48	FULPHILA.....	11	<i>granisetron hcl</i>	32
FIRDAPSE.....	48	<i>furosemide</i>	22, 37	<i>griseofulvin microsize</i>	3

<i>griseofulvin ultramicrosize</i>	3	<i>hydrocortisone ace-pramoxine</i> ...	78	INVIRASE.....	6
<i>guanfacine hcl er</i>	63	<i>hydrocortisone butyrate</i>	75	<i>iodine</i>	77
<i>guanidine hcl</i>	50	<i>hydrocortisone valerate</i>	75, 76	IONOSOL-MB IN D5W	38
GYNAZOLE-1	84	<i>hydrocortisone-acetic acid</i>	27	IOPIDINE.....	31
HAEGARDA	48	<i>hydrogen peroxide</i>	77	IPOL.....	43
<i>halcinonide</i>	75	<i>hydromorphone hcl</i>	61	<i>ipratropium bromide</i>	28, 70
<i>halobetasol propionate</i>	75	<i>hydromorphone hcl er</i>	61	<i>ipratropium-albuterol</i>	70
HALOG	75	<i>hydrophilic ointment</i>	78	<i>irbesartan</i>	18
<i>haloperidol</i>	67	<i>hydroxychloroquine sulfate</i>	4	<i>irbesartan-hydrochlorothiazide</i> ..	19
<i>haloperidol decanoate</i>	67	<i>hydroxyurea</i>	13	IRESSA.....	14
<i>haloperidol lactate</i>	67	<i>hydroxyzine hcl</i>	28	ISENTRESS	6
HARVONI.....	5	<i>hydroxyzine pamoate</i>	28	ISENTRESS HD	6
HAVRIX	43	HYSINGLA ER	61	ISOLYTE-P IN D5W	38
<i>heparin sodium (porcine)</i>	37	<i>ibandronate sodium</i>	83	ISOLYTE-S	38
HEPATAMINE	40	IBRANCE.....	14	<i>isoniazid</i>	9
HETLIOZ	66	<i>ibuprofen</i>	60	<i>isopropyl alcohol</i>	77
HIBERIX	43	<i>icatibant acetate</i>	48	<i>isosorbide dinitrate</i>	18
HORIZANT	56	ICLUSIG	14	<i>isosorbide dinitrate er</i>	18
HUMALOG	25	IDHIFA	14	<i>isosorbide mononitrate</i>	18
HUMALOG JUNIOR		ILEVRO	30	<i>isosorbide mononitrate er</i>	18
KWIKPEN	24	<i>imatinib mesylate</i>	14	<i>isotretinoin</i>	73
HUMALOG KWIKPEN	24	IMBRUVICA.....	14	<i>isradipine</i>	21
HUMALOG MIX 50/50	24	<i>imipenem-cilastatin</i>	37	ISTALOL.....	31
HUMALOG MIX 50/50		<i>imipramine hcl</i>	65	<i>itraconazole</i>	3
KWIKPEN	24	<i>imipramine pamoate</i>	65	<i>ivermectin</i>	3
HUMALOG MIX 75/25	25	<i>imiquimod</i>	79	IXIARO	43
HUMALOG MIX 75/25		<i>imiquimod pump</i>	79	JADENU	46
KWIKPEN	25	IMOVAX RABIES	43	JADENU SPRINKLE.....	46
HUMATROPE	47	IMVEXXY MAINTENANCE		JAKAFI.....	14
HUMIRA	59	PACK	83	<i>jantoven</i>	12
HUMIRA PEDIATRIC		IMVEXXY STARTER PACK ..	83	JANUMET	26
CROHNS START	58	INBRIJA	55	JANUMET XR	26
HUMIRA PEN	59	INCRELEX	47	JANUVIA	26
HUMIRA PEN-CD/UC/HS		INCRUSE ELLIPTA	70	JARDIANCE	26
STARTER	59	<i>indapamide</i>	22	JENTADUETO	26
HUMIRA PEN-PS/UV/ADOL		INDOCIN ORAL		JENTADUETO XR	26
HS START	59	SUSPENSION	60	<i>jinteli</i>	83
HUMULIN 70/30	25	<i>indomethacin</i>	60	JULUCA	6
HUMULIN 70/30 KWIKPEN ...	25	<i>indomethacin er</i>	60	<i>junel 1.5/30</i>	81
HUMULIN N	25	INFANRIX	43	<i>junel 1/20</i>	81
HUMULIN N KWIKPEN	25	INGREZZA	52	<i>junel fe 1.5/30</i>	81
HUMULIN R	25	INLYTA	14	<i>junel fe 1/20</i>	81
HUMULIN R U-500		INREBIC	14	<i>junel fe 24</i>	81
(CONCENTRATED)	25	INTELENCE	5	JUXTAPID	22
HUMULIN R U-500		INTRALIPID	40	JYNARQUE	52
KWIKPEN	25	INTRAROSA	84	KALETRA	6
HYCAMTIN	13	INTRON A	6	KALYDECO	46
<i>hydralazine hcl</i>	23	<i>introvale</i>	81	KAPVAY	63
<i>hydrochlorothiazide</i>	22	INVANZ	37	<i>kariva</i>	81
<i>hydrocodone-acetaminophen</i>	61	INVEGA SUSTENNA	67, 68	<i>kcl in dextrose-nacl</i>	38
<i>hydrocodone-ibuprofen</i>	61	INVEGA TRINZA	68	<i>kcl-lactated ringers-d5w</i>	38
<i>hydrocortisone</i>	35, 40, 75	INVELTYS	30	<i>kelnor 1/35</i>	81

KENALOG.....	76	<i>larin fe 1.5/30</i>	81	<i>lidocaine viscous</i>	78
<i>ketoconazole</i>	3, 76	<i>larin fe 1/20</i>	81	<i>lidocaine viscous hcl</i>	78
KETO-DIASTIX.....	24	LASTACRAFT.....	28	<i>lidocaine-prilocaine</i>	78
<i>ketoprofen</i>	60	<i>latanoprost</i>	31	<i>lindane</i>	77
<i>ketoprofen er</i>	60	LATUDA.....	68	<i>linezolid</i>	3, 4, 37
<i>ketorolac tromethamine</i>	30	LAZANDA.....	61	LINZESS.....	35
KETOSTIX.....	24	<i>leflunomide</i>	59	<i>liothyronine sodium</i>	42
<i>ketotifen fumarate</i>	28	LENVIMA (10 MG DAILY		<i>lisinopril</i>	17
KEVEYIS.....	51	DOSE).....	14	<i>lisinopril-hydrochlorothiazide</i>	19
KINERET.....	45	LENVIMA (12 MG DAILY		<i>lithium</i>	64
KINRIX.....	43	DOSE).....	14	<i>lithium carbonate</i>	64
<i>kionex</i>	51	LENVIMA (14 MG DAILY		<i>lithium carbonate er</i>	64
KISQALI (200 MG DOSE).....	14	DOSE).....	14	LO LOESTRIN FE.....	81
KISQALI (400 MG DOSE).....	14	LENVIMA (18 MG DAILY		LOKELMA.....	51
KISQALI (600 MG DOSE).....	14	DOSE).....	14	LONSURF.....	15
KISQALI 200 DOSE.....	14	LENVIMA (20 MG DAILY		<i>loperamide hcl</i>	33
KISQALI 400 DOSE.....	14	DOSE).....	14	<i>lopinavir-ritonavir</i>	6
KISQALI 600 DOSE.....	14	LENVIMA (24 MG DAILY		<i>loratadine</i>	27
KISQALI FEMARA (400 MG		DOSE).....	14	<i>loratadine-pseudoephedrine er</i> ...27	
DOSE).....	14	LENVIMA (4 MG DAILY		<i>lorazepam</i>	63
KISQALI FEMARA (600 MG		DOSE).....	14	LORBRENA.....	15
DOSE).....	14	LENVIMA (8 MG DAILY		<i>losartan potassium</i>	18
KISQALI FEMARA(200 MG		DOSE).....	14	<i>losartan potassium-hctz</i>	20
DOSE).....	14	<i>lessina</i>	81	LOTEMAX.....	30
<i>klor-con</i>	23	LETAIRIS.....	71	<i>loteprednol etabonate</i>	30
<i>klor-con 10</i>	23	<i>letrozole</i>	15	<i>lovastatin</i>	22
<i>klor-con m10</i>	23	<i>leucovorin calcium</i>	17	<i>loxapine succinate</i>	68
KLOR-CON M15.....	23	LEUKERAN.....	15	LUCENTIS.....	31
<i>klor-con m20</i>	23	LEUKINE.....	11	<i>luliconazole</i>	76
<i>klor-con sprinkle</i>	23	<i>leuprolide acetate</i>	41	LUMIGAN.....	31
KORLYM.....	46	<i>levabuterol hcl</i>	70	LUPRON DEPOT (1-MONTH).41	
KRINTAFEL.....	4	<i>levabuterol tartrate</i>	70	LUPRON DEPOT (3-MONTH).41	
KRISTALOSE.....	33	<i>levetiracetam</i>	57	LUPRON DEPOT (4-MONTH).41	
K-TAB.....	23	<i>levetiracetam er</i>	57	LUPRON DEPOT (6-MONTH).41	
KUVAN.....	51	<i>levobunolol hcl</i>	31	LYNPARZA.....	15
<i>labetalol hcl</i>	20	<i>levocarnitine</i>	33	LYRICA.....	57
<i>lactulose</i>	32, 33	<i>levocetirizine dihydrochloride</i> ...28		LYRICA CR.....	57
<i>lamivudine</i>	6	<i>levofloxacin</i>	10, 29, 37	LYSODREN.....	15
<i>lamivudine-zidovudine</i>	6	<i>levofloxacin in d5w</i>	37	<i>mafenide acetate</i>	78
<i>lamotrigine</i>	56	<i>levonest</i>	81	<i>magnesium aluminum silicate</i>35	
<i>lamotrigine er</i>	56	<i>levonorgest-eth estrad 91-day</i>81		<i>magnesium salts</i>	80
<i>lamotrigine starter kit-blue</i>	56	<i>levonorgestrel 1.5 mg tablet</i>81		<i>magnesium sulfate</i>	39
<i>lamotrigine starter kit-green</i>	56	<i>levonorgestrel-ethinyl estradiol</i> ..81		<i>malathion</i>	77
<i>lamotrigine starter kit-orange</i>56		<i>levora 0.15/30 (28)</i>	81	<i>maltodextrin</i>	33
<i>lancets</i>	24	<i>levorphanol tartrate</i>	61	<i>maprotiline hcl</i>	65
<i>lanolin</i>	78	<i>levo-t</i>	41	<i>marlissa</i>	81
LANOXIN.....	19	<i>levothyroxine sodium</i>	41	MARPLAN.....	65
<i>lansoprazole</i>	35	<i>levoxyl</i>	42	MATULANE.....	15
LANTUS.....	25	LEXIVA.....	6	<i>matzim la</i>	21
LANTUS SOLOSTAR.....	25	<i>lidocaine</i>	78	MAVENCLAD (10 TABS).....	49
<i>larin 1.5/30</i>	81	<i>lidocaine hcl</i>	78	MAVENCLAD (4 TABS).....	49
<i>larin 1/20</i>	81	<i>lidocaine hcl urethral/mucosal</i> ...78		MAVENCLAD (5 TABS).....	49

MAVENCLAD (6 TABS).....	49	<i>methylphenidate hcl er (la)</i>	64	<i>mycophenolate mofetil</i>	44, 45
MAVENCLAD (7 TABS).....	49	<i>methylprednisolone</i>	40	<i>mycophenolate sodium</i>	45
MAVENCLAD (8 TABS).....	49	<i>methyltestosterone</i>	41	MYLERAN.....	15
MAVENCLAD (9 TABS).....	49	<i>metoclopramide hcl</i>	32	MYRBETRIQ.....	52
MAVYRET.....	6	<i>metolazone</i>	22	MYTESI.....	34
MAXIDEX.....	30	<i>metoprolol succinate er</i>	20	<i>nabumetone</i>	60
MAYZENT.....	49	<i>metoprolol tartrate</i>	20	<i>nadolol</i>	20
<i>meclizine hcl</i>	32, 33	<i>metoprolol-hydrochlorothiazide</i>	20	<i>nadolol-bendroflumethiazide</i>	20
<i>meclofenamate sodium</i>	60	<i>metronidazole</i>	4, 72, 84	<i>nafticillin sodium</i>	38
MEDROL.....	40	<i>metronidazole in nacl</i>	37	<i>naftifine hcl</i>	76
<i>medroxyprogesterone acetate</i>	83	<i>mexiletine hcl</i>	19	NAFTIN GEL.....	76
<i>mefenamic acid</i>	60	<i>miconazole 3</i>	84	<i>naloxone hcl</i>	50
<i>mefloquine hcl</i>	4	<i>miconazole nitrate</i>	78	<i>naltrexone hcl</i>	62
<i>megestrol acetate</i>	15, 33	<i>microgestin 1.5/30</i>	81	<i>naphazoline hcl</i>	28
MEKINIST.....	15	<i>microgestin 1/20</i>	81	NAPHCOR-A.....	28
MEKTOVI.....	15	<i>microgestin fe 1.5/30</i>	81	<i>naproxen</i>	60
<i>melatonin tablet and solution</i>	80	<i>microgestin fe 1/20</i>	81	<i>naproxen dr</i>	60
<i>melatonin/pyridoxine tablet</i>	80	<i>midodrine hcl</i>	21	<i>naproxen sodium</i>	60
<i>meloxicam</i>	60	MIGERGOT.....	54	<i>naproxen sodium er</i>	60
<i>melfhalan</i>	15	<i>miglitol</i>	26	<i>naratriptan hcl</i>	54
<i>memantine hcl</i>	53	<i>miglustat</i>	47	NARCAN.....	50
<i>memantine hcl er</i>	53	MILLIPRED.....	40	NASACORT ALLERGY 24HR.....	28
MENACTRA.....	43	<i>mineral oil</i>	33	NATACYN.....	31
MENEST.....	83	<i>minocycline hcl</i>	10	<i>nateglinide</i>	26
MENOSTAR.....	83	<i>minocycline hcl er</i>	10	NATPARA.....	48
MENTAX.....	76	<i>minoxidil</i>	23	NEBUPENT.....	4
MENVEO.....	43	<i>mirtazapine</i>	65	<i>necon 0.5/35 (28)</i>	81
<i>mercaptapurine</i>	15	<i>misoprostol</i>	35	<i>nefazodone hcl</i>	65
<i>meropenem</i>	37	M-M-R II.....	43	<i>neomycin sulfate</i>	4, 78
<i>mesalamine</i>	32, 35	<i>modafinil</i>	66	<i>neomycin-bacitracin zn-</i>	
MESNEX.....	17	<i>moexipril hcl</i>	17	<i>polymyx</i>	29
MESTINON SYRUP.....	50	<i>molindone hcl</i>	68	<i>neomycin-polymyxin-dexameth</i>	30
METADATE ER.....	63	<i>mometasone furoate</i>	28, 76	<i>neomycin-polymyxin-gramicidin</i>	30
<i>metaproterenol sulfate</i>	70	<i>mondoxyne nl</i>	10	<i>neomycin-polymyxin-hc</i>	29, 30
<i>metformin hcl</i>	26	<i>montelukast sodium</i>	70	NEPHRAMINE.....	40
<i>metformin hcl er</i>	26	MONUROL.....	4	NERLYNX.....	15
<i>methadone hcl</i>	61	<i>morphine sulfate</i>	61	NEULASTA.....	11
<i>methamphetamine hcl</i>	63	<i>morphine sulfate (concentrate)</i>	61	NEUPRO.....	55
<i>methazolamide</i>	31	<i>morphine sulfate er</i>	61	<i>nevirapine</i>	6
<i>methenamine hippurate</i>	4	<i>morphine sulfate er beads</i>	61	<i>nevirapine er</i>	6
<i>methimazole</i>	42	MOVANTIK.....	33	NEXAVAR.....	15
METHITEST.....	41	MOVIPREP.....	33	<i>niacin er</i>	22
<i>methotrexate</i>	59	MOXEZA.....	29	<i>niacinamide</i>	80
<i>methotrexate sodium</i>	37	<i>moxifloxacin hcl</i>	10, 29	<i>niacor</i>	22
<i>methotrexate sodium (pf)</i>	37	<i>moxifloxacin hcl in nacl</i>	37	<i>nicardipine hcl</i>	21
<i>methoxsalen rapid</i>	77	MULPLETA.....	11	<i>nicotine gum, lozenge, patch</i>	51
<i>methscopolamine bromide</i>	35	MULTAQ.....	19	<i>nicotinic acid</i>	80
<i>methylcellulose</i>	33	MULTISTIX 10 SG.....	24	NICOTROL.....	51
METHYLIN.....	63	<i>multivitamins</i>	80	NICOTROL NS.....	51
<i>methylphenidate hcl</i>	64	<i>mupirocin</i>	73	<i>nifedipine</i>	21
<i>methylphenidate hcl er</i>	64	<i>mupirocin calcium</i>	73	<i>nifedipine er</i>	21
<i>methylphenidate hcl er (cd)</i>	63	MYCAMINE.....	37	<i>nifedipine er osmotic release</i>	21

<i>nikki</i>	81	OFEV.....	71	OZEMPIC (0.25 OR 0.5	
<i>nilutamide</i>	15	<i>ofloxacin</i>	10, 27, 29	MG/DOSE).....	25
<i>nimodipine</i>	21	<i>olanzapine</i>	68	OZEMPIC (1 MG/DOSE).....	25
NINLARO.....	15	<i>olanzapine-fluoxetine hcl</i>	64	<i>paliperidone er</i>	68
<i>nisoldipine er</i>	21	<i>olmesartan medoxomil</i>	18	PALYNZIQ.....	51
NITRO-BID.....	18	<i>olmesartan medoxomil-hctz</i>	20	PANDEL.....	76
<i>nitrofurantoin macrocrystal</i>	4	<i>olmesartan-amlodipine-hctz</i>	20	PANRETIN.....	78
<i>nitrofurantoin monohyd macro</i>	4	<i>olopatadine hcl</i>	28	<i>pantoprazole sodium</i>	35
<i>nitroglycerin</i>	18	<i>omega-3-acid ethyl esters</i>	22	PANZYGA.....	43
NITROSTAT.....	18	<i>omeprazole</i>	35	<i>paricalcitol</i>	48
NITYR.....	48	<i>omeprazole-sodium bicarbonate</i>	35	<i>paromomycin sulfate</i>	4
<i>nizatidine</i>	35	OMNITROPE.....	47	<i>paroxetine hcl</i>	65
<i>nolix</i>	76	<i>ondansetron</i>	32	<i>paroxetine hcl er</i>	65
<i>nonoxynol-9</i>	82	<i>ondansetron hcl</i>	32	<i>paroxetine mesylate</i>	66
NORDITROPIN FLEXPRO.....	47	ONFI.....	57	PASER.....	9
<i>norethin ace-eth estrad-fe</i>	82	OPCON-A.....	28	PAXIL ORAL SUSPENSION..	66
<i>norethindrone acetate</i>	83	OPSUMIT.....	71	PEDIARIX.....	43
<i>norethindrone-eth estradiol</i>	83	ORALAIR.....	72	<i>pediatric vitamins</i>	80
<i>norethin-eth estradiol-fe</i>	82	ORA-PLUS.....	27	PEDVAX HIB.....	43
NORITATE.....	72	ORAPRED ODT.....	40	<i>peg 3350-kcl-na bicarb-nacl</i>	34
<i>norlyroc</i>	82	ORA-SWEET.....	27	<i>peg-3350/electrolytes</i>	34
NORMOSOL-M IN D5W.....	39	ORA-SWEET SF.....	27	PEGANONE.....	57
NORMOSOL-R IN D5W.....	39	ORENITRAM.....	71	PEGASYS.....	6
NORMOSOL-R PH 7.4.....	39	ORFADIN.....	48	PEGASYS PROCLICK.....	6
NORPACE CR.....	19	ORLISSA.....	83	<i>penicillamine</i>	53
NORTHERA.....	21	ORKAMBI.....	46	<i>penicillin g pot in dextrose</i>	38
<i>nortrel 0.5/35 (28)</i>	82	<i>orsythia</i>	82	<i>penicillin g potassium</i>	38
<i>nortrel 1/35 (21)</i>	82	<i>oseltamivir phosphate</i>	6	<i>penicillin g sodium</i>	38
<i>nortrel 1/35 (28)</i>	82	OSMOPREP.....	34	<i>penicillin v potassium</i>	9
<i>nortrel 7/7/7</i>	82	OSPHENA.....	84	PENTAM.....	4
<i>nortriptyline hcl</i>	65	<i>oxacillin sodium</i>	38	<i>pentoxifylline er</i>	12
NORVIR.....	6	<i>oxacillin sodium in dextrose</i>	38	PERFOROMIST.....	70
NOXAFIL.....	3	<i>oxandrolone</i>	41	<i>perindopril erbumine</i>	17
NUBEQA.....	15	<i>oxaprozin</i>	60	<i>permethrin</i>	77
NUCALA.....	72	<i>oxazepam</i>	63	<i>perphenazine</i>	68
NUDEXTA.....	55	<i>oxcarbazepine</i>	57	<i>perphenazine-amitriptyline</i>	68
NUPLAZID.....	68	OXERVATE.....	31	PERSERIS.....	68
NUTRILIPID.....	40	<i>oxiconazole nitrate</i>	77	<i>petrolatum</i>	78
NUTROPIN AQ NUSPIN 10.....	47	OXISTAT.....	77	PEXEVA.....	66
NUTROPIN AQ NUSPIN 20.....	47	OXTELLAR XR.....	57	<i>phenelzine sulfate</i>	66
NUTROPIN AQ NUSPIN 5.....	47	<i>oxybutynin chloride</i>	52	<i>phenobarbital</i>	57
NUZYRA.....	10	<i>oxybutynin chloride er</i>	52	<i>phenoxybenzamine hcl</i>	51
<i>nyamyc</i>	77	<i>oxycodone hcl</i>	62	<i>phenytoin</i>	57
NYMALIZE.....	21	<i>oxycodone hcl er</i>	62	<i>phenytoin sodium extended</i>	57
<i>nystatin</i>	3, 77	<i>oxycodone-acetaminophen</i>	62	PHOS-FLUR.....	80
<i>nystatin-triamcinolone</i>	77	<i>oxycodone-aspirin</i>	62	PHOSPHOLINE IODIDE.....	31
<i>nystop</i>	77	<i>oxycodone-ibuprofen</i>	62	PIFELTRO.....	6
OICALIVA.....	34	OXYCONTIN.....	62	<i>pilocarpine hcl</i>	27, 31
OCTAGAM.....	43	<i>oxymorphone hcl</i>	62	<i>pimecrolimus</i>	78
<i>octreotide acetate</i>	45	<i>oxymorphone hcl er</i>	62	<i>pimozide</i>	68
ODEFSEY.....	6	OXYTROL FOR WOMEN.....	52	<i>pindolol</i>	20
ODOMZO.....	15			PIN-X.....	3

<i>pioglitazone hcl</i>	26	<i>pregabalin</i>	57	<i>pyrazinamide</i>	10
<i>pioglitazone hcl-glimepiride</i>	26	PREMARIN.....	83	<i>pyridostigmine bromide</i>	49, 50
<i>pioglitazone hcl-metformin hcl</i> ...	26	PREMASOL.....	40	<i>pyridostigmine bromide er</i>	50
<i>piperacillin sod-tazobactam so</i> ...	38	PREMPHASE.....	83	QUADRACEL.....	43
<i>piperonyl</i>	77	PREMPRO.....	84	QUDEXY XR.....	57
PIQRAY (200 MG DAILY DOSE).....	15	<i>prenatal</i>	84	<i>quetiapine fumarate</i>	68
PIQRAY (250 MG DAILY DOSE).....	15	<i>prenatal vitamins</i>	80	<i>quetiapine fumarate er</i>	68
PIQRAY (300 MG DAILY DOSE).....	15	<i>prevalite</i>	23	QUILLIVANT XR.....	64
<i>piroxicam</i>	60	PREVNAR 13.....	43	<i>quinapril hcl</i>	17
PLASMA-LYTE 148.....	39	PREVYMIS.....	6	<i>quinapril-hydrochlorothiazide</i>	20
PLASMA-LYTE A.....	39	PREZCOBIX.....	6	<i>quinidine gluconate er</i>	19
PLEGRIDY.....	49	PREZISTA.....	7	<i>quinidine sulfate</i>	19
PLEGRIDY STARTER PACK..	49	PRIFTIN.....	10	<i>quinine sulfate</i>	4
PLENAMINE.....	40	<i>primaquine phosphate</i>	4	QVAR REDIHALER.....	70
PNEUMOVAX 23.....	43	<i>primidone</i>	57	RABAVERT.....	43
<i>podofilox</i>	79	PRIVIGEN.....	43	<i>rabeprazole sodium</i>	35
<i>polyethylene glycol 3350</i>	34	PROAIR RESPICLICK.....	70	<i>raloxifene hcl</i>	84
<i>polymyxin b sulfate</i>	38	<i>probenecid</i>	59	<i>ramelteon</i>	66
<i>polymyxin b-trimethoprim</i>	29	PROCALAMINE.....	40	<i>ramipril</i>	17
POMALYST.....	15	<i>prochlorperazine</i>	32	RANEXA.....	18
<i>portia-28</i>	82	<i>prochlorperazine maleate</i>	32	<i>ranitidine 150 max strength</i>	35
<i>posaconazole</i>	3	PROCRIT.....	11	<i>ranitidine hcl</i>	35
<i>potassium chloride</i>	23, 39	<i>procto-med hc</i>	78	<i>ranolazine er</i>	18
<i>potassium chloride crys er</i>	23	<i>procto-pak</i>	78	RAPAMUNE ORAL SOLUTION.....	45
<i>potassium chloride er</i>	23	<i>proctosol hc</i>	79	<i>rasagiline mesylate</i>	55
<i>potassium chloride in dextrose</i> ...	39	<i>proctozone-hc</i>	79	RASUVO.....	59
<i>potassium chloride in nacl</i>	39	<i>progesterone micronized</i>	84	RAVICTI.....	52
<i>potassium citrate er</i>	52	PROGLYCEM.....	24	REBIF.....	50
<i>potassium phosphate</i>	80	PROGRAF INJECTION.....	45	REBIF REBIDOSE.....	49
<i>povidone</i>	78	PROLASTIN-C.....	72	REBIF REBIDOSE TITRATION PACK.....	50
PRADAXA.....	12	PROLENSA.....	30	REBIF TITRATION PACK.....	50
PRALUENT.....	23	PROLIA.....	84	RECOMBIVAX HB.....	43
<i>pramipexole dihydrochloride</i>	55	PROMACTA.....	11	REESES PINWORM MEDICINE.....	3
<i>pramipexole dihydrochloride er</i> ..	55	<i>promethazine hcl</i>	32	REGRANEX.....	79
<i>prasugrel hcl</i>	11	<i>propafenone hcl</i>	19	RELENZA DISKHALER.....	7
<i>pravastatin sodium</i>	23	<i>propafenone hcl er</i>	19	<i>relexxi</i>	64
<i>praziquantel</i>	4	<i>propantheline bromide</i>	34	RELI-ON INSULIN SYRINGE..	24
<i>prazosin hcl</i>	18	<i>proparacaine hcl</i>	31	RELISTOR.....	34
PRED MILD.....	30	<i>propranolol hcl</i>	20	<i>repaglinide</i>	26
PRED-G.....	30	<i>propranolol hcl er</i>	20	<i>repaglinide-metformin hcl</i>	26
PRED-G S.O.P.....	30	<i>propranolol-hctz</i>	20	RESCRIPTOR.....	7
<i>prednicarbate</i>	76	<i>propylthiouracil</i>	42	RESTASIS.....	31
<i>prednisolone</i>	40	PROQUAD.....	43	RETIN-A.....	73
<i>prednisolone acetate</i>	30	PROSOL.....	40	RETIN-A MICRO.....	73
<i>prednisolone sodium phosphate</i>	30, 40	<i>protriptyline hcl</i>	66	RETIN-A MICRO PUMP.....	73
<i>prednisone</i>	41	PROVENTIL HFA.....	70	REVATIO ORAL SOLUTION..	71
PREDNISONONE INTENSOL.....	40	PRUDOXIN.....	79	REVLIMID.....	15
<i>preferred plus insulin syringe</i>	24	<i>pseudoephedrine hcl</i>	27	REXULTI.....	68
		<i>psyllium fiber</i>	34	REYATAZ.....	7
		PULMOZYME.....	46		
		PURIXAN.....	15		
		PYLERA.....	35		

RHOPRESSA.....	31	<i>sevelamer carbonate oral</i>	SUBSYS.....	62	
<i>ribavirin</i>	7	<i>packets</i>	SUCRAID.....	52	
RIDAURA.....	59	<i>sevelamer hcl</i>	<i>sucralfate</i>	35	
<i>rifabutin</i>	10	<i>sharobel</i>	<i>sulfacetamide sodium</i>	29	
RIFAMATE.....	10	SHINGRIX.....	<i>sulfacetamide sodium (acne)</i>	79	
<i>rifampin</i>	10, 38	SIGNIFOR.....	<i>sulfacetamide-prednisolone</i>	29	
RIFATER.....	10	<i>sildenafil citrate</i>	<i>sulfadiazine</i>	10	
<i>riluzole</i>	45	SILENOR.....	<i>sulfamethoxazole-trimethoprim</i> ..	10	
<i>rimantadine hcl</i>	7	<i>silodosin</i>	SULFAMYLON.....	79	
RIOMET.....	26	<i>silver sulfadiazine</i>	<i>sulfasalazine</i>	35	
<i>risedronate sodium</i>	84	SIMBRINZA.....	<i>sulindac</i>	60	
RISPERDAL CONSTA.....	64	<i>simethicone</i>	<i>sumatriptan</i>	54	
<i>risperidone</i>	64	<i>simple syrup</i>	<i>sumatriptan succinate</i>	54	
<i>ritonavir</i>	7	<i>simvastatin</i>	<i>sumatriptan succinate refill</i>	54	
<i>rivastigmine</i>	53	<i>sirolimus</i>	<i>sumatriptan-naproxen sodium</i>	54	
<i>rivastigmine tartrate</i>	53	SIRTURO.....	SUNOSI.....	66	
<i>rizatriptan benzoate</i>	54	SIVEXTRO.....	SUPRAX.....	9	
ROCKLATAN.....	31	SKLICE.....	SUPREP BOWEL PREP KIT....	34	
<i>ropinirole hcl</i>	55	<i>sodium bicarbonate</i>	SUTENT.....	16	
<i>ropinirole hcl er</i>	55	<i>sodium chloride</i>	39, 70, 79, 80	SYLATRON.....	12
<i>rosuvastatin calcium</i>	23	<i>sodium fluoride</i>	80	SYMBICORT.....	71
ROTARIX.....	44	<i>sodium lactate</i>	39	SYMDEKO.....	46
ROTATEQ.....	44	<i>sodium phenylbutyrate</i>	52	SYMFI.....	7
ROWASA.....	35	<i>sodium phosphate monobasic</i>	34	SYMFI LO.....	7
<i>rowepra</i>	57	<i>sodium polystyrene sulfonate</i>	51	SYMLINPEN 120.....	26
<i>rowepra xr</i>	57	<i>solifenacin succinate</i>	53	SYMLINPEN 60.....	26
ROZEREM.....	66	SOLOSEC.....	84	SYMPAZAN.....	57
ROZLYTREK.....	15	SOLTAMOX.....	15	SYMTUZA.....	7
RUBRACA.....	15	SOMATULINE DEPOT.....	45	SYNAREL.....	41
RUCONEST.....	48	SOMAVERT.....	45	SYNJARDY.....	26
RUZURGI.....	48	SOOLANTRA.....	72	SYNJARDY XR.....	26
RYDAPT.....	15	<i>sorine</i>	19	SYNRIBO.....	12
RYTARY.....	55	<i>sotalol hcl</i>	19	SYNTHROID.....	42
SABRIL.....	57	<i>sotalol hcl (af)</i>	19	TABLOID.....	16
SAIZEN.....	47	<i>sotalol hydrochloride</i>	19	<i>tacrolimus</i>	45, 79
SAIZENPREP.....	47	SOTYLIZE.....	19	<i>tadalafil</i>	52
<i>saliva substitute</i>	27	SPIRIVA HANDIHALER.....	70	<i>tadalafil (pah)</i>	71
SAMSCA.....	53	SPIRIVA RESPIMAT.....	70	TAFINLAR.....	16
SANCUSO.....	32	<i>spironolactone</i>	22	TAGRISSO.....	16
SANTYL.....	79	<i>spironolactone-hctz</i>	22	TAKHZYRO.....	48
SAPHRIS.....	68	SPRITAM.....	57	TALZENNA.....	16
SAVELLA.....	57	SPRYCEL.....	15	<i>tamoxifen citrate</i>	16
SAVELLA TITRATION PACK	57	<i>sps</i>	51	<i>tamsulosin hcl</i>	52
<i>scopolamine</i>	32	<i>ssd</i>	74	TARCEVA.....	16
<i>selegiline hcl</i>	55	<i>stavudine</i>	7	TARGRETIN.....	16, 79
<i>selenium sulfide</i>	79	STIMATE.....	12	<i>tarina fe 1/20</i>	82
SELZENTRY.....	7	STIVARGA.....	16	TASIGNA.....	16
<i>sennosides</i>	34	<i>streptomycin sulfate</i>	38	TAVALISSE.....	12
SENSIPAR.....	48	STRIBILD.....	7	<i>tazarotene</i>	77
SEREVENT DISKUS.....	70	STRIVERDI RESPIMAT.....	71	TAZORAC.....	77
SEROSTIM.....	47	STROMECTOL.....	4	<i>taztia xt</i>	21
<i>sertraline hcl</i>	66	SUBOXONE FILM.....	50	<i>tdvax</i>	44

TECFIDERA.....	50	<i>tolbutamide</i>	27	<i>trospium chloride</i>	53
TECHLITE INSULIN		<i>tolcapone</i>	55	<i>trospium chloride er</i>	53
SYRINGE.....	24	<i>tolmetin sodium</i>	60	TRUEPLUS INSULIN	
TECHLITE PEN NEEDLES.....	24	<i>tolnaftate</i>	78	SYRINGE.....	24
TEFLARO.....	38	<i>tolterodine tartrate</i>	53	TRUEPLUS PEN NEEDLES.....	24
TEGSEDI.....	45	<i>tolterodine tartrate er</i>	53	TRULICITY.....	26
TEKTURNA.....	21	<i>topiramate</i>	57	TRUMENBA.....	44
TEKTURNA HCT.....	20	<i>topiramate er</i>	57	TRUVADA.....	7
<i>telmisartan</i>	18	<i>toremifene citrate</i>	16	TURALIO.....	16
<i>telmisartan-amlodipine</i>	20	<i>torseamide</i>	22	TWINRIX.....	44
<i>telmisartan-hctz</i>	20	TOUJEO MAX SOLOSTAR.....	25	TYBOST.....	7
<i>temazepam</i>	66	TOUJEO SOLOSTAR.....	25	TYGACIL.....	38
<i>temozolomide</i>	16	TOVIAZ.....	53	TYKERB.....	16
TENIVAC.....	44	<i>tpn electrolytes</i>	40	TYMLOS.....	84
<i>tenofovir disoproxil fumarate</i>	7	TRACLEER.....	71	TYPHIM VI.....	44
<i>terazosin hcl</i>	18	TRADJENTA.....	27	UCERIS.....	34, 36
<i>terbinafine hcl</i>	3	<i>tramadol hcl</i>	62	UDENYCA.....	11
<i>terbutaline sulfate</i>	71	<i>tramadol hcl er</i>	62	ULORIC.....	59
<i>terconazole</i>	84	<i>tramadol hcl er (biphasic)</i>	62	<i>unithroid</i>	42
<i>testosterone</i>	41	<i>tramadol-acetaminophen</i>	62	UPTRAVI.....	71, 72
<i>testosterone cypionate</i>	41	<i>trandolapril</i>	17	UROCIT-K 10.....	53
<i>testosterone enanthate</i>	41	<i>trandolapril-verapamil hcl er</i>	20	UROCIT-K 15.....	53
<i>tetrabenazine</i>	48	<i>tranexamic acid</i>	12	UROCIT-K 5.....	53
<i>tetracycline hcl</i>	10	<i>tranylcypromine sulfate</i>	66	<i>ursodiol</i>	34
THALOMID.....	16	TRAVASOL.....	40	VABOMERE.....	38
<i>theophylline</i>	71	TRAVATAN Z.....	31	<i>valacyclovir hcl</i>	7
<i>theophylline er</i>	71	<i>trazodone hcl</i>	66	VALCHLOR.....	79
THIOLA EC.....	46	TRECATOR.....	10	<i>valganciclovir hcl</i>	7
<i>thioridazine hcl</i>	68	TRELSTAR MIXJECT.....	41	<i>valproate sodium</i>	58
<i>thiothixene</i>	68	<i>tretinoin</i>	16, 73	<i>valproic acid</i>	58
THYROLAR-1.....	42	<i>tretinoin microsphere</i>	73	<i>valsartan</i>	18
THYROLAR-1/2.....	42	TREXALL.....	59	<i>valsartan-hydrochlorothiazide</i> ... 20	
THYROLAR-1/4.....	42	<i>triamcinolone acetonide</i>	27, 76	<i>vancomycin hcl</i>	4, 38
THYROLAR-2.....	42	<i>triamterene-hctz</i>	22	<i>vandazole</i>	84
THYROLAR-3.....	42	TRIANEX.....	76	VAQTA.....	44
<i>tiagabine hcl</i>	57	<i>triazolam</i>	66	VARIVAX.....	44
TIBSOVO.....	16	<i>triderm</i>	76	VARIZIG.....	44
<i>tigecycline</i>	38	<i>trientine hcl</i>	53	VARUBI.....	32
TIGLUTIK.....	45	<i>trifluoperazine hcl</i>	68	VASCEPA.....	23
<i>timolol maleate</i>	20, 31	<i>trifluridine</i>	30	<i>velivet</i>	82
TIMOPTIC OCUDOSE.....	31	<i>trihexyphenidyl hcl</i>	55	VELTASSA.....	51
<i>tinidazole</i>	4	<i>trilyte</i>	34	VEMLIDY.....	7
TIROSINT.....	42	<i>trimethoprim</i>	4	VENCLEXTA.....	16
TIROSINT-SOL.....	42	<i>trimipramine maleate</i>	66	VENCLEXTA STARTING	
TIVICAY.....	7	TRINTELLIX.....	66	PACK.....	16
<i>tizanidine hcl</i>	58	<i>triple antibiotic</i>	78	<i>venlafaxine hcl</i>	66
TOBI PODHALER.....	46	<i>tri-previfem</i>	82	<i>venlafaxine hcl er</i>	66
TOBRADEX.....	29	<i>tri-sprintec</i>	82	VENTAVIS.....	72
TOBRADEX ST.....	29	TRIUMEQ.....	7	<i>verapamil hcl</i>	21
<i>tobramycin</i>	29, 46	<i>trivora (28)</i>	82	<i>verapamil hcl er</i>	21
<i>tobramycin sulfate</i>	38	TROKENDI XR.....	57, 58	VERSACLOZ.....	69
<i>tobramycin-dexamethasone</i>	29	TROPHAMINE.....	40	VERZENIO.....	16

VESICARE.....	53	XOFLUZA.....	8
VIBRAMYCIN.....	10	XOLAIR.....	72
VICTOZA.....	26	XOSPATA.....	16
VIDEX.....	7	XPOVIO (100 MG ONCE	
VIDEX EC.....	7	WEEKLY).....	16
<i>vigabatrin</i>	58	XPOVIO (60 MG ONCE	
<i>vigadrone</i>	58	WEEKLY).....	16
VIIBRYD.....	66	XPOVIO (80 MG ONCE	
VIIBRYD STARTER PACK....	66	WEEKLY).....	16
VIMPAT.....	58	XPOVIO (80 MG TWICE	
VIRACEPT.....	7	WEEKLY).....	17
VIRAMUNE SUSPENSION.....	7	XTANDI.....	17
VIREAD.....	7	XURIDEN.....	17
<i>vitamin a</i>	80	XYOSTED.....	41
<i>vitamin a & d</i>	79	XYREM.....	66
<i>vitamin b complex</i>	80	YF-VAX.....	44
<i>vitamin b-1</i>	80	YONSA.....	17
<i>vitamin b-12 er</i>	80	<i>yuvaferm</i>	84
<i>vitamin b-2</i>	80	<i>zafirlukast</i>	71
<i>vitamin b50 complex</i>	80	<i>zaleplon</i>	66
<i>vitamin b-6 er</i>	80	ZARXIO.....	11
<i>vitamin c (all forms and</i> <i>strengths)</i>	80	ZEJULA.....	17
<i>vitamin d2</i>	80	ZELBORAF.....	17
<i>vitamin d3</i>	80	ZEMAIRA.....	72
<i>vitamin d3 super strength</i>	80	ZENPEP.....	33
<i>vitamin e</i>	80	ZEPATIER.....	8
VITRAKVI.....	16	ZERBAXA.....	38
VIVITROL.....	62	ZIAGEN.....	8
VIZIMPRO.....	16	<i>zidovudine</i>	8
<i>voriconazole</i>	3, 38	ZILEUTON ER.....	71
VOSEVI.....	8	<i>zinc oxide</i>	79
VOTRIENT.....	16	<i>ziprasidone hcl</i>	69
VRAYLAR.....	69	ZIRGAN.....	30
<i>vyfemla</i>	82	ZOLINZA.....	17
VYNDAQEL.....	45	<i>zolmitriptan</i>	54
VYVANSE.....	64	<i>zolpidem tartrate</i>	66
<i>warfarin sodium</i>	12	<i>zolpidem tartrate er</i>	66
WELCHOL.....	23	ZOMACTON.....	47
<i>witch hazel</i>	79	<i>zonisamide</i>	58
<i>wixela inhub</i>	71	ZONTIVITY.....	11
XALKORI.....	16	ZORBTIVE.....	47
XARELTO.....	12	ZORTRESS.....	44, 45
XARELTO STARTER PACK... 12		ZOSTAVAX.....	44
XATMEP.....	59	<i>zovia 1/35e (28)</i>	82
XELJANZ.....	59	ZOVIRAX.....	79
XELJANZ XR.....	59	ZYDELIG.....	17
XEPI.....	74	ZYKADIA.....	17
XERMELO.....	34	ZYLET.....	30
XGEVA.....	84	ZYPREXA.....	69
XIFAXAN.....	4	ZYPREXA RELPREVV.....	69
XIGDUO XR.....	27	ZYTIGA.....	17

If you have questions, please call *Tufts Health Unify* at **855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.

For more information, visit TuftsHealthUnify.org.

Updated: 12/01/2019

Formulary ID: 19558

Version: 21

H7419_6316C Approved