

TUFTS MEDICARE PREFERRED HMO PLANS | 2019

# Tufts Medicare Preferred HMO 2019 Formulary (List of Covered Drugs)

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

19555 Version 19

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 711, Monday - Friday 8 a.m. - 8 p.m. (From October 1 - March 31 representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit [thpmp.org](http://thpmp.org).

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

# TUFTS MEDICARE PREFERRED HMO

## 2019 Formulary (List of Covered Drugs)

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

This document includes a list of the drugs (formulary) for our plan which is current as of September, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

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

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

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

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new adverse information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Tufts Medicare Preferred HMO Formulary?”

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

The enclosed formulary is current as of January, 2019. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

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

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

#### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Tufts Medicare Preferred HMO formulary?" below for information about how to request an exception.

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

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

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception.

**When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

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

## **For more information**

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

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

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

## **Tufts Medicare Preferred HMO Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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

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

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

### **QL: Quantity Limit Applies.**

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

### **HI: Home Infusion Drug.**

This prescription drug may be covered under our medical benefit. Some Part B drugs may require a 20% co-insurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members. For more information, call Customer Relations at 1-800-701-9000, Monday-Friday 8 a.m. – 8 p.m. (From October 1 – March 31 representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 711.

**LA: Limited Access Drug.**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8 a.m. – 8 p.m. (From October 1 –March 31 representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 711.

**PA: Prior Authorization Required.**

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

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

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

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

**Transplant:**

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

**Coverage Gap:**

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

**Part B Drug:**

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

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

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

**SP: Available through a designated Special Pharmacy provider**

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



## Your Prescription Drug Costs

	<b>HMO Saver Rx</b> Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties		<b>HMO Basic Rx</b> Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties		<b>HMO Value Rx</b> Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties	
<b>Deductible</b>	<b>\$400</b> (for your Tier 3, Tier 4 and Tier 5 drugs)		<b>\$350</b> (for your Tier 3, Tier 4 and Tier 5 drugs)		<b>\$300</b> (for your Tier 3, Tier 4 and Tier 5 drugs)	
<b>Copays</b>	<b>Retail</b> 30-day supply	<b>Mail order</b> 90-day supply	<b>Retail</b> 30-day supply	<b>Mail order</b> 90-day supply	<b>Retail</b> 30-day supply	<b>Mail order</b> 90-day supply
<b>Tier 1</b>	\$4	\$8	\$4	\$8	\$4	\$8
<b>Tier 2</b>	\$8	\$16	\$8	\$16	\$8	\$16
<b>Tier 3</b>	\$45	\$90	\$45	\$90	\$45	\$90
<b>Tier 4</b>	\$100	\$300	\$100	\$300	\$100	\$300
<b>Tier 5</b>	25%	N/A	26%	N/A	27%	N/A
<b>Coverage Gap Stage</b>						
After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:						
	<ul style="list-style-type: none"> <li>• 37% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>					
<b>Catastrophic Coverage Stage</b>						
After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:						
	5% per prescription, or \$3.40 per prescription for Part D generic drugs, \$8.50 per prescription for Part D brand drugs.					

## Your Prescription Drug Costs

	<b>HMO Prime Rx</b> Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties		<b>HMO Prime Rx Plus</b> Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties	
<b>Deductible</b>	<b>\$0</b>		<b>\$0</b>	
<b>Copays</b>	<b>Retail 30-day supply</b>	<b>Mail order 90-day supply</b>	<b>Retail 30-day supply</b>	<b>Mail order 90-day supply</b>
<b>Tier 1</b>	\$4	\$8	\$2	\$4
<b>Tier 2</b>	\$8	\$16	\$4	\$8
<b>Tier 3</b>	\$45	\$90	\$30	\$60
<b>Tier 4</b>	\$100	\$300	\$80	\$240
<b>Tier 5</b>	33%	N/A	33%	N/A
<b>Coverage Gap Stage</b> After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:				
	<ul style="list-style-type: none"> <li>• 37% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>		<ul style="list-style-type: none"> <li>• Tier 1 copayments for preferred generic drugs on tier 1</li> <li>• Tier 2 copayments for generic drugs on tier 2</li> <li>• 37% of costs for All other Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul>	
<b>Catastrophic Coverage Stage</b> After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:				
	5% per prescription, or \$3.40 per prescription for Part D generic drugs, \$8.50 per prescription for Part D brand drugs.			

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>		
<b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>		
<i>clotrimazole mouth/throat lozenge</i>	Tier-2	
CRESEMBA ORAL CAPSULE	Tier-5	NEDS
<i>fluconazole oral suspension reconstituted</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-2	
<i>flucytosine oral capsule</i>	Tier-5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier-2	
<i>griseofulvin microsize oral tablet</i>	Tier-2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-2	
<i>itraconazole oral capsule</i>	Tier-2	PA
<i>itraconazole oral solution</i>	Tier-3	PA
<i>ketoconazole oral tablet</i>	Tier-3	
NOXAFIL ORAL SUSPENSION	Tier-5	NEDS
NOXAFIL ORAL TABLET DELAYED RELEASE	Tier-5	NEDS
<i>nystatin oral tablet</i>	Tier-2	
<i>posaconazole oral tablet delayed release</i>	Tier-5	NEDS
<i>terbinafine hcl oral tablet</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-5	NEDS
<i>voriconazole oral tablet 200 mg</i>	Tier-5	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	Tier-5	QL (56 EA per 14 days); NEDS
<b>ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>albendazole oral tablet</i>	Tier-5	NEDS
ALBENZA ORAL TABLET	Tier-5	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier-4	
ALINIA ORAL TABLET	Tier-4	
ARIKAYCE INHALATION SUSPENSION	Tier-5	B vs D; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-4	
<i>ivermectin oral tablet</i>	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-5	NEDS
<i>linezolid oral tablet</i>	Tier-5	NEDS
<i>methenamine hippurate oral tablet</i>	Tier-2	
<i>metronidazole oral capsule</i>	Tier-2	
<i>metronidazole oral tablet</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONUROL ORAL PACKET	Tier-4	
<i>neomycin sulfate oral tablet</i>	Tier-2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>praziquantel oral tablet</i>	Tier-3	
SIVEXTRO ORAL TABLET	Tier-5	NEDS
STROMEKTOL ORAL TABLET	Tier-3	
<i>trimethoprim oral tablet</i>	Tier-2	
<i>vancomycin hcl oral capsule</i>	Tier-3	
<i>vancomycin hcl oral solution reconstituted</i>	Tier-4	
XIFAXAN ORAL TABLET 200 MG	Tier-5	NEDS
XIFAXAN ORAL TABLET 550 MG	Tier-5	PA; NEDS
<b>ANTIMALARIALS AND ANTIPROTOZOALS</b>		
<i>atovaquone oral suspension</i>	Tier-5	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	Tier-2	
BENZNIDAZOLE ORAL TABLET	Tier-4	
<i>chloroquine phosphate oral tablet</i>	Tier-2	
COARTEM ORAL TABLET	Tier-3	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	Tier-2	
DARAPRIM ORAL TABLET	Tier-3	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-2	
KRINTAFEL ORAL TABLET	Tier-3	QL (2 EA per 7 days)
<i>mefloquine hcl oral tablet</i>	Tier-2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	Tier-4	B vs D
<i>paromomycin sulfate oral capsule</i>	Tier-2	
PENTAM INJECTION SOLUTION RECONSTITUTED	Tier-3	
<i>primaquine phosphate oral tablet</i>	Tier-2	
<i>quinine sulfate oral capsule</i>	Tier-2	
<i>tinidazole oral tablet</i>	Tier-2	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate oral solution</i>	Tier-3	
<i>abacavir sulfate oral tablet</i>	Tier-2	
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier-5	NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-5	NEDS
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir dipivoxil oral tablet</i>	Tier-5	NEDS
<i>amantadine hcl oral capsule</i>	Tier-2	
<i>amantadine hcl oral syrup</i>	Tier-2	
<i>amantadine hcl oral tablet</i>	Tier-2	
APTIVUS ORAL CAPSULE	Tier-5	NEDS
APTIVUS ORAL SOLUTION	Tier-5	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier-5	NEDS
ATRIPLA ORAL TABLET	Tier-5	NEDS
BIKTARVY ORAL TABLET	Tier-5	NEDS
CIMDUO ORAL TABLET	Tier-5	NEDS
COMPLERA ORAL TABLET	Tier-5	NEDS
CRIXIVAN ORAL CAPSULE	Tier-3	
DELSTRIGO ORAL TABLET	Tier-3	
DESCOVY ORAL TABLET	Tier-5	NEDS
<i>didanosine oral capsule delayed release</i>	Tier-2	
DOVATO ORAL TABLET	Tier-5	NEDS
EDURANT ORAL TABLET	Tier-5	NEDS
<i>efavirenz oral capsule</i>	Tier-3	
<i>efavirenz oral tablet</i>	Tier-5	NEDS
EMTRIVA ORAL CAPSULE	Tier-3	
EMTRIVA ORAL SOLUTION	Tier-3	
<i>entecavir oral tablet</i>	Tier-5	NEDS
EPCLUSA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	Tier-3	
EVOTAZ ORAL TABLET	Tier-5	NEDS
<i>famciclovir oral tablet</i>	Tier-2	
<i>fosamprenavir calcium oral tablet</i>	Tier-5	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	Tier-5	NEDS
HARVONI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	NEDS
INTRON A INJECTION SOLUTION	Tier-3	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty
INVIRASE ORAL TABLET	Tier-5	NEDS
ISENTRESS HD ORAL TABLET	Tier-5	QL (60 EA per 30 days); NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-5	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-5	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-3	QL (720 EA per 30 days)
JULUCA ORAL TABLET	Tier-5	NEDS
KALETRA ORAL SOLUTION	Tier-5	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	NEDS
<i>lamivudine oral solution</i>	Tier-2	
<i>lamivudine oral tablet</i>	Tier-2	
<i>lamivudine-zidovudine oral tablet</i>	Tier-2	
LEXIVA ORAL SUSPENSION	Tier-3	
<i>lopinavir-ritonavir oral solution</i>	Tier-3	
MAVYRET ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-2	
<i>nevirapine oral suspension</i>	Tier-2	
<i>nevirapine oral tablet</i>	Tier-2	
NORVIR ORAL PACKET	Tier-3	
NORVIR ORAL SOLUTION	Tier-3	
ODEFSEY ORAL TABLET	Tier-5	NEDS
<i>oseltamivir phosphate oral capsule</i>	Tier-1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	Tier-5	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	Tier-5	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	Tier-5	NEDS
PREVYMIS ORAL TABLET	Tier-5	PA; NEDS
PREZCOBIX ORAL TABLET	Tier-5	NEDS
PREZISTA ORAL SUSPENSION	Tier-5	NEDS
PREZISTA ORAL TABLET	Tier-5	NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR ORAL TABLET	Tier-3	
REYATAZ ORAL CAPSULE	Tier-5	NEDS
REYATAZ ORAL PACKET	Tier-5	NEDS
<i>ribavirin oral capsule</i>	Tier-2	SP-CVS specialty



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribavirin oral tablet</i>	Tier-2	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	Tier-2	
<i>ritonavir oral tablet</i>	Tier-3	
SELZENTRY ORAL SOLUTION	Tier-4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	Tier-4	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	Tier-4	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	Tier-2	
STRIBILD ORAL TABLET	Tier-5	NEDS
SYMFI LO ORAL TABLET	Tier-5	NEDS
SYMFI ORAL TABLET	Tier-5	NEDS
SYMTUZA ORAL TABLET	Tier-5	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-5	NEDS
TIVICAY ORAL TABLET 10 MG	Tier-4	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-5	NEDS
TRIUMEQ ORAL TABLET	Tier-5	NEDS
TRUVADA ORAL TABLET	Tier-5	NEDS
TYBOST ORAL TABLET	Tier-3	
<i>valacyclovir hcl oral tablet</i>	Tier-3	
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-5	NEDS
<i>valganciclovir hcl oral tablet</i>	Tier-5	NEDS
VEMLIDY ORAL TABLET	Tier-5	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	Tier-3	
VIDEX ORAL SOLUTION RECONSTITUTED	Tier-3	
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	NEDS
VIRAMUNE ORAL SUSPENSION	Tier-3	
VIREAD ORAL POWDER	Tier-5	NEDS
VIREAD ORAL TABLET	Tier-5	NEDS
VOSEVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
XOFLUZA ORAL TABLET THERAPY PACK	Tier-4	QL (2 EA per 7 days)
ZEPATIER ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZIAGEN ORAL TABLET	Tier-3	
<i>zidovudine oral capsule</i>	Tier-2	
<i>zidovudine oral syrup</i>	Tier-2	
<i>zidovudine oral tablet</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA-LACTAM ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension reconstituted</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet chewable</i>	Tier-1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</b>	Tier-3	
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	Tier-3	
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION</b>	Tier-3	
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier-2	
<i>cefaclor oral capsule</i>	Tier-2	
<i>cefaclor oral suspension reconstituted</i>	Tier-2	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-2	
<i>cefadroxil oral tablet</i>	Tier-2	
<i>cefdinir oral capsule</i>	Tier-2	
<i>cefdinir oral suspension reconstituted</i>	Tier-2	
<i>cefixime oral capsule</i>	Tier-3	
<i>cefixime oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-2	
<i>cefpodoxime proxetil oral tablet</i>	Tier-2	
<i>cefprozil oral suspension reconstituted</i>	Tier-2	
<i>cefprozil oral tablet</i>	Tier-2	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-2	
<i>cephalexin oral tablet</i>	Tier-2	
<i>dicloxacillin sodium oral capsule</i>	Tier-3	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPRAX ORAL CAPSULE	Tier-4	
SUPRAX ORAL SUSPENSION RECONSTITUTED	Tier-4	
SUPRAX ORAL TABLET CHEWABLE	Tier-4	
<b>MACROLIDES AND CLINDAMYCIN</b>		
<i>azithromycin oral packet</i>	Tier-2	
<i>azithromycin oral suspension reconstituted</i>	Tier-2	
<i>azithromycin oral tablet</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-2	
<i>clarithromycin oral suspension reconstituted</i>	Tier-2	
<i>clarithromycin oral tablet</i>	Tier-2	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-3	
DIFICID ORAL TABLET	Tier-5	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	Tier-2	
<i>eryped 400 oral suspension reconstituted</i>	Tier-2	
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier-4	
<i>erythrocin stearate oral tablet</i>	Tier-3	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-2	
<i>erythromycin base oral tablet</i>	Tier-3	
<i>erythromycin base oral tablet delayed release</i>	Tier-2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier-3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
<b>MYCOBACTERIAL INFECTIONS</b>		
<i>ethambutol hcl oral tablet</i>	Tier-2	
<i>isoniazid oral syrup</i>	Tier-2	
<i>isoniazid oral tablet</i>	Tier-1	
PASER ORAL PACKET	Tier-4	
PRIFTIN ORAL TABLET	Tier-3	
<i>pyrazinamide oral tablet</i>	Tier-2	
<i>rifabutin oral capsule</i>	Tier-2	
RIFAMATE ORAL CAPSULE	Tier-4	
<i>rifampin oral capsule</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIFATER ORAL TABLET	Tier-4	
SIRTURO ORAL TABLET	Tier-5	PA; NEDS
TRECTOR ORAL TABLET	Tier-4	
<b>QUINOLONES</b>		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
BAXDELA ORAL TABLET	Tier-5	NEDS
<i>ciprofloxacin hcl oral tablet</i>	Tier-1	
<i>ciprofloxacin oral suspension reconstituted</i>	Tier-2	
<i>levofloxacin oral solution</i>	Tier-3	
<i>levofloxacin oral tablet</i>	Tier-1	
<i>moxifloxacin hcl oral tablet</i>	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-2	
<b>SULFONAMIDES</b>		
<i>sulfadiazine oral tablet</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl oral tablet</i>	Tier-2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet</i>	Tier-2	
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier-2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier-3	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier-3	
<i>minocycline hcl oral capsule</i>	Tier-2	
<i>minocycline hcl oral tablet</i>	Tier-3	
<i>mondoxyne nl oral capsule</i>	Tier-1	
NUZYRA ORAL TABLET	Tier-5	NEDS
<i>tetracycline hcl oral capsule</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIBRAMYCIN ORAL SYRUP	Tier-4	
<b>BLOOD MODIFYING AGENTS</b>		
<b>ANTIPLATELET THERAPY</b>		
<i>anagrelide hcl oral capsule</i>	Tier-2	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-3	
BRILINTA ORAL TABLET	Tier-3	
<i>cilostazol oral tablet</i>	Tier-2	
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
<i>dipyridamole oral tablet</i>	Tier-2	PA
<i>prasugrel hcl oral tablet</i>	Tier-3	
ZONTIVITY ORAL TABLET	Tier-4	
<b>BLOOD CELL STIMULATORS</b>		
DOPTELET ORAL TABLET	Tier-5	PA; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	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	Tier-3	SP-CVS specialty; QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier-5	SP-CVS specialty; QL (10 ML per 14 days); NEDS
PROMACTA ORAL PACKET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROMACTA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (1 ML per 14 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (10 ML per 14 days); NEDS
<b>BLOOD THINNERS</b>		
COUMADIN ORAL TABLET	Tier-4	
ELIQUIS ORAL TABLET	Tier-3	
ELIQUIS STARTER PACK ORAL TABLET	Tier-3	
<i>enoxaparin sodium subcutaneous solution</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier-2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-3	
<i>jantoven oral tablet</i>	Tier-1	
PRADAXA ORAL CAPSULE	Tier-4	
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL TABLET	Tier-3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-3	
<b>BLOOD, MISCELLANEOUS</b>		
CABLIVI INJECTION KIT	Tier-5	NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier-2	
STIMATE NASAL SOLUTION	Tier-4	SP-CVS specialty
TAVALISSE ORAL TABLET	Tier-5	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	Tier-2	
<b>CANCER DRUGS</b>		
<b>INJECTABLE AGENTS</b>		
SYLATRON SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; QL (4 EA per 28 days); NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
<b>ORAL AGENTS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Tier-3	Part B
ALUNBRIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	Tier-1	
BALVERSA ORAL TABLET	Tier-5	PA; NEDS
<i>bexarotene oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	Tier-5	PA; NEDS
CABOMETYX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	Tier-5	PA; NEDS
<i>capecitabine oral tablet</i>	Tier-2	Part B; SP-CVS specialty
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-5	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-5	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-5	PA; NEDS
COPIKTRA ORAL CAPSULE	Tier-5	PA; NEDS
COTELLIC ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-3	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	Tier-3	
EMCYT ORAL CAPSULE	Tier-3	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	Tier-5	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	Tier-2	Part B; SP-CVS specialty
<i>exemestane oral tablet</i>	Tier-2	
FARESTON ORAL TABLET	Tier-3	
FARYDAK ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	Tier-2	
GILOTRIF ORAL TABLET	Tier-5	PA; NEDS
GLEOSTINE ORAL CAPSULE	Tier-4	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	Tier-3	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	Tier-2	
IBRANCE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	Tier-5	PA; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDHIFA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier-5	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	Tier-5	PA; NEDS
IMBRUVICA ORAL TABLET	Tier-5	PA; NEDS
INLYTA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	Tier-5	PA; NEDS
JAKAFI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
<i>letrozole oral tablet</i>	Tier-1	
LEUKERAN ORAL TABLET	Tier-3	
LONSURF ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYSODREN ORAL TABLET	Tier-3	
MATULANE ORAL CAPSULE	Tier-5	NEDS
<i>megestrol acetate oral tablet</i>	Tier-1	PA
MEKINIST ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	Tier-5	PA; NEDS
<i>melphalan oral tablet</i>	Tier-2	Part B
<i>mercaptopurine oral tablet</i>	Tier-2	
MYLERAN ORAL TABLET	Tier-3	Part B
NERLYNX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	Tier-5	NEDS
NINLARO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	Tier-5	NEDS
REVLIMID ORAL CAPSULE	Tier-5	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	Tier-3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	Tier-3	SP-CVS specialty
TAFINLAR ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TAGRISSE ORAL TABLET	Tier-5	PA; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALZENNA ORAL CAPSULE	Tier-5	PA; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier-2	
TARCEVA ORAL TABLET 100 MG	Tier-5	SP-CVS specialty; QL (90 EA per 30 days); NEDS
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
TARGRETIN ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>temozolomide oral capsule</i>	Tier-3	Part B; SP-CVS specialty
THALOMID ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	Tier-5	PA; NEDS
<i>toremifene citrate oral tablet</i>	Tier-3	
<i>tretinoin oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
TURALIO ORAL CAPSULE	Tier-5	PA; NEDS
TYKERB ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-4	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-5	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
VERZENIO ORAL TABLET	Tier-5	PA; NEDS
VITRAKVI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	Tier-5	PA; NEDS
VOTRIENT ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	Tier-5	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XTANDI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	Tier-5	PA; NEDS
ZELBORAF ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLINZA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 250 MG	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ZYTIGA ORAL TABLET 500 MG	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet</i>	Tier-2	
MESNEX ORAL TABLET	Tier-5	NEDS
XURIDEN ORAL PACKET	Tier-5	PA; QL (120 EA per 30 days); NEDS
<b>CARDIOVASCULAR AGENTS</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl oral tablet</i>	Tier-1	
<i>captopril oral tablet</i>	Tier-1	
<i>enalapril maleate oral tablet</i>	Tier-2	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-1	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
<i>trandolapril oral tablet</i>	Tier-1	
<b>ALPHA1 BLOCKERS</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>terazosin hcl oral capsule</i>	Tier-1	
<b>ANGINA</b>		
CORLANOR ORAL SOLUTION	Tier-4	PA
CORLANOR ORAL TABLET	Tier-4	PA
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier-1	
<i>isosorbide dinitrate oral tablet</i>	Tier-1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate oral tablet</i>	Tier-2	
NITRO-BID TRANSDERMAL OINTMENT	Tier-4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual solution</i>	Tier-3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier-3	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>		
<i>candesartan cilexetil oral tablet</i>	Tier-1	
<i>eprosartan mesylate oral tablet</i>	Tier-1	
<i>irbesartan oral tablet</i>	Tier-1	
<i>losartan potassium oral tablet</i>	Tier-1	
<i>olmesartan medoxomil oral tablet</i>	Tier-3	
<i>telmisartan oral tablet</i>	Tier-3	
<i>valsartan oral tablet</i>	Tier-2	
<b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>		
<i>amiodarone hcl oral tablet</i>	Tier-2	
<i>digitek oral tablet 125 mcg</i>	Tier-1	
<i>digitek oral tablet 250 mcg</i>	Tier-1	PA
<i>digox oral tablet 125 mcg</i>	Tier-1	
<i>digox oral tablet 250 mcg</i>	Tier-1	PA
<i>digoxin oral solution</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA
<i>disopyramide phosphate oral capsule</i>	Tier-2	PA
<i>dofetilide oral capsule</i>	Tier-3	
<i>flecainide acetate oral tablet</i>	Tier-2	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Tier-4	
LANOXIN ORAL TABLET 250 MCG	Tier-4	PA
<i>mexiletine hcl oral capsule</i>	Tier-2	
MULTAQ ORAL TABLET	Tier-4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-3	
<i>propafenone hcl oral tablet</i>	Tier-2	
<i>quinidine gluconate er oral tablet extended release</i>	Tier-2	
<i>quinidine sulfate oral tablet</i>	Tier-2	
<i>sorine oral tablet</i>	Tier-2	
<i>sotalol hcl (af) oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
<i>sotalol hydrochloride oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-4	
<b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-2	
<i>amlodipine-atorvastatin oral tablet</i>	Tier-3	
<i>amlodipine-olmesartan oral tablet</i>	Tier-3	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-3	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier-1	
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
ENTRESTO ORAL TABLET	Tier-3	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>nadolol-bendroflumethiazide oral tablet</i>	Tier-2	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier-3	
<i>olmesartan-amlodipine-hctz oral tablet</i>	Tier-3	
<i>propranolol-hctz oral tablet</i>	Tier-2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-2	
TEKTRUNA HCT ORAL TABLET	Tier-3	
<i>telmisartan-amlodipine oral tablet</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan-hctz oral tablet</i>	Tier-3	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier-2	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-2	
<b>BETA AND ALPHA BLOCKERS</b>		
<i>carvedilol oral tablet</i>	Tier-1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier-3	
<i>labetalol hcl oral tablet</i>	Tier-2	
<b>BETA BLOCKERS</b>		
<i>acebutolol hcl oral capsule</i>	Tier-2	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-2	
<i>bisoprolol fumarate oral tablet</i>	Tier-2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-2	
<i>metoprolol tartrate oral tablet</i>	Tier-1	
<i>nadolol oral tablet</i>	Tier-3	
<i>pindolol oral tablet</i>	Tier-2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>propranolol hcl oral solution</i>	Tier-2	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>timolol maleate oral tablet</i>	Tier-2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate oral tablet</i>	Tier-1	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-2	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-2	
<i>isradipine oral capsule</i>	Tier-2	
<i>matzim la oral tablet extended release 24 hour</i>	Tier-2	
<i>nicardipine hcl oral capsule</i>	Tier-2	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene-hctz oral tablet</i>	Tier-1	
<b>LIPID LOWERING AGENTS</b>		
<i>atorvastatin calcium oral tablet</i>	Tier-1	
<i>cholestyramine light oral powder</i>	Tier-2	
<i>cholestyramine oral packet</i>	Tier-2	
<i>colesevelam hcl oral packet</i>	Tier-3	
<i>colesevelam hcl oral tablet</i>	Tier-3	
<i>colestipol hcl oral packet</i>	Tier-2	
<i>colestipol hcl oral tablet</i>	Tier-2	
<i>ezetimibe oral tablet</i>	Tier-3	
<i>ezetimibe-simvastatin oral tablet</i>	Tier-3	
<i>fenofibrate micronized oral capsule</i>	Tier-3	
<i>fenofibrate oral capsule</i>	Tier-2	
<i>fenofibrate oral tablet</i>	Tier-2	
<i>fenofibric acid oral capsule delayed release</i>	Tier-3	
<i>fenofibric acid oral tablet</i>	Tier-3	
<b>FLOLIPID ORAL SUSPENSION</b>	Tier-3	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier-3	
<i>fluvastatin sodium oral capsule</i>	Tier-3	
<i>gemfibrozil oral tablet</i>	Tier-1	
<b>JUXTAPID ORAL CAPSULE</b>	Tier-5	PA; NEDS
<i>lovastatin oral tablet</i>	Tier-1	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier-3	
<i>niacor oral tablet</i>	Tier-2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier-3	
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier-5	PA; SP-CVS specialty; NEDS
<b>PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier-5	PA; SP-CVS specialty; NEDS
<i>pravastatin sodium oral tablet</i>	Tier-2	
<i>prevalite oral packet</i>	Tier-2	
<i>rosuvastatin calcium oral tablet</i>	Tier-2	
<i>simvastatin oral tablet</i>	Tier-1	
<b>VASCEPA ORAL CAPSULE</b>	Tier-3	
<b>WELCHOL ORAL PACKET</b>	Tier-4	
<b>WELCHOL ORAL TABLET</b>	Tier-4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>POTASSIUM REPLACEMENT</b>		
<i>klor-con 10 oral tablet extended release</i>	Tier-1	
<i>klor-con m10 oral tablet extended release</i>	Tier-1	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</b>	Tier-4	
<i>klor-con m20 oral tablet extended release</i>	Tier-1	
<i>klor-con oral packet</i>	Tier-1	
<i>klor-con oral tablet extended release</i>	Tier-1	
<i>klor-con sprinkle oral capsule extended release</i>	Tier-1	
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b>	Tier-4	
<i>potassium chloride crys er oral tablet extended release</i>	Tier-1	
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release</i>	Tier-1	
<i>potassium chloride oral packet</i>	Tier-1	
<i>potassium chloride oral solution</i>	Tier-1	
<b>VASODILATORS</b>		
<b>BIDIL ORAL TABLET</b>	Tier-3	
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-2	
<b>DIABETES MELLITUS</b>		
<b>DIABETIC SUPPLIES</b>		
<i>assure insulin safety syringe</i>	Tier-2	
<b>BD DISP NEEDLE</b>	Tier-3	
<b>BD INSULIN SYRINGE</b>	Tier-3	
<b>BD INSULIN SYRINGE U-500</b>	Tier-3	
<i>comfort assist insulin syringe</i>	Tier-2	
<i>cvs gauze sterile pad</i>	Tier-2	
<i>exel comfort point pen needle</i>	Tier-2	
<i>gauze pads pad</i>	Tier-2	
<i>global alcohol prep ease pad</i>	Tier-2	
<i>insulin syringe</i>	Tier-2	
<b>INSULIN SYRINGE</b>	Tier-3	
<i>lancets</i>	Tier-2	Part B
<b>ONETOUCH TEST STRIPS</b>	Tier-3	Part B
<i>preferred plus insulin syringe</i>	Tier-2	
<b>RELI-ON INSULIN SYRINGE</b>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TECHLITE INSULIN SYRINGE	Tier-3	
TECHLITE PEN NEEDLES	Tier-3	
TRUEPLUS INSULIN SYRINGE	Tier-3	
TRUEPLUS PEN NEEDLES	Tier-3	
<b>GLUCOSE ELEVATING</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-3	
GLUCAGON EMERGENCY INJECTION KIT	Tier-3	
PROGLYCEM ORAL SUSPENSION	Tier-4	
<b>INSULINS</b>		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-3	
HUMULIN R INJECTION SOLUTION	Tier-3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LANTUS SUBCUTANEOUS SOLUTION	Tier-3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
<b>NON-INSULIN INJECTABLES</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier-3	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	Tier-3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
<b>ORAL AGENTS</b>		
<i>acarbose oral tablet</i>	Tier-1	
FARXIGA ORAL TABLET	Tier-3	
<i>glimepiride oral tablet</i>	Tier-1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
<i>glyburide micronized oral tablet</i>	Tier-1	PA
<i>glyburide oral tablet</i>	Tier-2	PA
<i>glyburide-metformin oral tablet</i>	Tier-1	PA
JANUMET ORAL TABLET	Tier-3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA ORAL TABLET	Tier-3	
JARDIANCE ORAL TABLET	Tier-3	
JENTADUETO ORAL TABLET	Tier-3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	Tier-1	
<i>metformin hcl oral tablet</i>	Tier-1	
<i>miglitol oral tablet</i>	Tier-3	
<i>nateglinide oral tablet</i>	Tier-1	
<i>pioglitazone hcl oral tablet</i>	Tier-1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-3	
<i>repaglinide oral tablet</i>	Tier-1	
<i>repaglinide-metformin hcl oral tablet</i>	Tier-3	
RIOMET ORAL SOLUTION	Tier-3	
SYNJARDY ORAL TABLET	Tier-3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>tolbutamide oral tablet</i>	Tier-1	
TRADJENTA ORAL TABLET	Tier-3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	

## **EAR, NOSE AND THROAT**

### **EAR**

<i>acetic acid otic solution</i>	Tier-2	
CIPRO HC OTIC SUSPENSION	Tier-3	
CIPRODEX OTIC SUSPENSION	Tier-3	
<i>ciprofloxacin hcl otic solution</i>	Tier-2	
<i>flac otic oil</i>	Tier-2	
<i>fluocinolone acetonide otic oil</i>	Tier-2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-2	
<i>ofloxacin otic solution</i>	Tier-3	

### **MOUTH AND THROAT**

<i>cevimeline hcl oral capsule</i>	Tier-2	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-1	
<i>pilocarpine hcl oral tablet</i>	Tier-2	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NOSE</b>		
<i>azelastine hcl nasal solution</i>	Tier-2	QL (120 ML per 90 days)
<i>cyproheptadine hcl oral syrup</i>	Tier-2	PA
<i>cyproheptadine hcl oral tablet</i>	Tier-2	PA
<i>desloratadine oral tablet</i>	Tier-2	
<i>desloratadine oral tablet dispersible</i>	Tier-2	
<i>flunisolide nasal solution</i>	Tier-3	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	Tier-2	PA
<i>hydroxyzine hcl oral tablet</i>	Tier-2	PA
<i>hydroxyzine pamoate oral capsule</i>	Tier-2	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral solution</i>	Tier-2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier-2	
<i>mometasone furoate nasal suspension</i>	Tier-3	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	Tier-2	QL (91.5 GM per 90 days)
<b>EYE</b>		
<b>ALLERGY</b>		
ALOCRILOPHthalmic SOLUTION	Tier-4	
ALOMIDOPHthalmic SOLUTION	Tier-4	
<i>azelastine hcl ophthalmic solution</i>	Tier-2	
<i>cromolyn sodium ophthalmic solution</i>	Tier-2	
<i>epinastine hcl ophthalmic solution</i>	Tier-2	
LASTACAFTOPHthalmic SOLUTION	Tier-4	
<i>olopatadine hcl ophthalmic solution</i>	Tier-3	
<b>ANTI-INFECTIVES</b>		
AZASITEOPHthalmic SOLUTION	Tier-4	
<i>bacitracin ophthalmic ointment</i>	Tier-2	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier-2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-2	
BESIVANCEOPHthalmic SUSPENSION	Tier-3	
BLEPHAMIDOPHthalmic SUSPENSION	Tier-4	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
COLY-MYCIN	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ophthalmic ointment</i>	Tier-2	
<i>gatifloxacin ophthalmic solution</i>	Tier-2	
<i>gentak ophthalmic ointment</i>	Tier-2	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-2	
<i>levofloxacin ophthalmic solution</i>	Tier-2	
MOXEZA OPHTHALMIC SOLUTION	Tier-4	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
<i>ofloxacin ophthalmic solution</i>	Tier-2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-2	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
TOBRADEX OPHTHALMIC SUSPENSION	Tier-3	
TOBRADEX ST OPHTHALMIC SUSPENSION	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-2	
<b>ANTI-INFLAMMATORIES</b>		
ALREX OPHTHALMIC SUSPENSION	Tier-3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-2	
<i>diclofenac sodium ophthalmic solution</i>	Tier-2	
DUREZOL OPHTHALMIC EMULSION	Tier-3	
FLAREX OPHTHALMIC SUSPENSION	Tier-4	
<i>fluorometholone ophthalmic suspension</i>	Tier-2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-4	
FML OPHTHALMIC OINTMENT	Tier-3	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
INVELTYS OPHTHALMIC SUSPENSION	Tier-4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-2	
LOTEMAX OPHTHALMIC GEL	Tier-3	
LOTEMAX OPHTHALMIC OINTMENT	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTEMAX OPHTHALMIC SUSPENSION	Tier-3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-3	
MAXIDEX OPHTHALMIC SUSPENSION	Tier-4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier-2	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
PRED MILD OPHTHALMIC SUSPENSION	Tier-3	
PRED-G OPHTHALMIC SUSPENSION	Tier-3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-2	
PROLENSA OPHTHALMIC SOLUTION	Tier-4	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic solution</i>	Tier-2	
ZIRGAN OPHTHALMIC GEL	Tier-4	
<b>GLAUCOMA</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-2	
<i>acetazolamide oral tablet</i>	Tier-2	
ALPHAGAN P OPHTHALMIC SOLUTION	Tier-3	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-2	
AZOPT OPHTHALMIC SUSPENSION	Tier-3	
<i>betaxolol hcl ophthalmic solution</i>	Tier-2	
BETIMOL OPHTHALMIC SOLUTION	Tier-3	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>bimatoprost ophthalmic solution</i>	Tier-2	
<i>brimonidine tartrate ophthalmic solution</i>	Tier-2	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IOPIDINE OPHTHALMIC SOLUTION	Tier-4	
ISTALOL OPHTHALMIC SOLUTION	Tier-3	
<i>latanoprost ophthalmic solution</i>	Tier-2	
<i>levobunolol hcl ophthalmic solution</i>	Tier-2	
LUMIGAN OPHTHALMIC SOLUTION	Tier-3	
<i>methazolamide oral tablet</i>	Tier-2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier-3	
<i>pilocarpine hcl ophthalmic solution</i>	Tier-2	
RHOPRESSA OPHTHALMIC SOLUTION	Tier-4	
ROCKLATAN OPHTHALMIC SOLUTION	Tier-4	
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-4	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-3	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier-3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Tier-3	
TRAVATAN Z OPHTHALMIC SOLUTION	Tier-3	
<b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution</i>	Tier-2	
CYSTARAN OPHTHALMIC SOLUTION	Tier-3	
EYLEA INTRAVITREAL SOLUTION	Tier-5	NEDS
LUCENTIS INTRAVITREAL SOLUTION	Tier-5	NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	Tier-5	NEDS
NATACYN OPHTHALMIC SUSPENSION	Tier-4	
OXERVATE OPHTHALMIC SOLUTION	Tier-5	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	Tier-2	
RESTASIS OPHTHALMIC EMULSION	Tier-3	
<b>GASTROINTESTINAL DRUGS</b>		
<b>EMESIS</b>		
<i>aprepitant oral capsule 125 mg</i>	Tier-5	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 &amp; 125 mg, 80 mg</i>	Tier-3	B vs D
CESAMET ORAL CAPSULE	Tier-3	B vs D
<i>compro rectal suppository</i>	Tier-2	
<i>dronabinol oral capsule</i>	Tier-3	B vs D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	B vs D
<i>granisetron hcl oral tablet</i>	Tier-2	B vs D
<i>meclizine hcl oral tablet</i>	Tier-2	
<i>metoclopramide hcl oral solution</i>	Tier-1	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>metoclopramide hcl oral tablet dispersible</i>	Tier-2	
<i>ondansetron hcl oral solution</i>	Tier-2	B vs D
<i>ondansetron hcl oral tablet</i>	Tier-2	B vs D
<i>ondansetron oral tablet dispersible</i>	Tier-2	B vs D
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine rectal suppository</i>	Tier-2	
<i>promethazine hcl oral syrup</i>	Tier-2	PA
<i>promethazine hcl oral tablet</i>	Tier-2	PA
SANCUSO TRANSDERMAL PATCH	Tier-4	
<i>scopolamine transdermal patch 72 hour</i>	Tier-3	
VARUBI ORAL TABLET	Tier-4	B vs D
<b>ENZYMES</b>		
CARBAGLU ORAL TABLET	Tier-5	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
CYSTAGON ORAL CAPSULE	Tier-4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-4	
<b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>		
<i>alosetron hcl oral tablet</i>	Tier-5	NEDS
CHOLBAM ORAL CAPSULE	Tier-5	PA; NEDS
<i>constulose oral solution</i>	Tier-2	
<i>cromolyn sodium oral concentrate</i>	Tier-5	NEDS
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
<i>enulose oral solution</i>	Tier-2	
GATTEX SUBCUTANEOUS KIT	Tier-5	PA; SP-CVS specialty; NEDS
<i>generlac oral solution</i>	Tier-2	
<i>glycopyrrolate oral tablet</i>	Tier-2	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral packet</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactulose oral solution</i>	Tier-2	
<i>levocarnitine oral solution</i>	Tier-2	
<i>levocarnitine oral tablet</i>	Tier-2	
<i>loperamide hcl oral capsule</i>	Tier-3	
<i>megestrol acetate oral suspension</i>	Tier-2	PA
MOVANTIK ORAL TABLET	Tier-3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-4	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-3	PA
OICALIVA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier-4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier-2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier-2	
<i>propantheline bromide oral tablet</i>	Tier-2	
RELISTOR ORAL TABLET	Tier-5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier-5	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-4	
<i>trilyte oral solution reconstituted</i>	Tier-2	
UCERIS RECTAL FOAM	Tier-4	
<i>ursodiol oral capsule</i>	Tier-2	
<i>ursodiol oral tablet</i>	Tier-2	
XERMELO ORAL TABLET	Tier-5	PA; NEDS
<b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-3	
CARAFATE ORAL SUSPENSION	Tier-4	
<i>cimetidine hcl oral solution</i>	Tier-2	
<i>cimetidine oral tablet</i>	Tier-3	
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier-3	
<i>esomeprazole strontium oral capsule delayed release</i>	Tier-3	
<i>famotidine oral suspension reconstituted</i>	Tier-2	
<i>famotidine oral tablet</i>	Tier-1	
<i>lansoprazole oral capsule delayed release</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier-3	
<i>lansoprazole oral tablet dispersible</i>	Tier-3	
<i>methscopolamine bromide oral tablet</i>	Tier-2	
<i>misoprostol oral tablet</i>	Tier-2	
<i>nizatidine oral capsule</i>	Tier-2	
<i>nizatidine oral solution</i>	Tier-2	
<i>omeprazole oral capsule delayed release</i>	Tier-1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-5	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-5	NEDS
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-2	
PYLERA ORAL CAPSULE	Tier-3	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-2	
<i>ranitidine hcl oral syrup</i>	Tier-2	
<i>ranitidine hcl oral tablet</i>	Tier-2	
<i>sucralfate oral tablet</i>	Tier-2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
AMITIZA ORAL CAPSULE	Tier-3	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>balsalazide disodium oral capsule</i>	Tier-2	
<i>budesonide 3 mg oral capsule delayed release</i>	Tier-5	NEDS
<i>colocort rectal enema</i>	Tier-2	
DELZICOL ORAL CAPSULE DELAYED RELEASE	Tier-4	
<i>hydrocortisone rectal enema</i>	Tier-2	
LINZESS ORAL CAPSULE	Tier-3	
<i>mesalamine oral capsule delayed release</i>	Tier-3	
<i>mesalamine oral tablet delayed release</i>	Tier-3	
<i>mesalamine rectal enema</i>	Tier-2	
<i>mesalamine rectal suppository</i>	Tier-3	
ROWASA RECTAL KIT	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfasalazine oral tablet delayed release</i>	Tier-2	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HOME INFUSION THERAPY</b>		
<b>ACUTE CARE DRUGS</b>		
ABELCET INTRAVENOUS SUSPENSION	Tier-5	PA; NEDS
<i>acyclovir sodium intravenous solution</i>	Tier-2	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier-5	PA; NEDS
<i>amikacin sulfate injection solution</i>	Tier-2	HI; Part B
<i>amphotericin b intravenous solution reconstituted</i>	Tier-2	PA
<i>ampicillin sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>ampicillin sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>azithromycin intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>aztreonam injection solution reconstituted</i>	Tier-2	HI; Part B
<i>bactocill in dextrose intravenous solution</i>	Tier-2	HI; Part B
<i>bumetanide injection solution</i>	Tier-2	
<i>caspofungin acetate intravenous solution reconstituted</i>	Tier-5	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefepime hcl injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefotaxime sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefotetan disodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefoxitin sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>ceftazidime injection solution reconstituted</i>	Tier-2	HI; Part B
<i>ceftriaxone sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>ceftriaxone sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>cefuroxime sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>cefuroxime sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>ciprofloxacin in d5w intravenous solution</i>	Tier-2	HI; Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier-2	HI; Part B
<i>clindamycin phosphate injection solution</i>	Tier-2	HI; Part B
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier-2	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>daptomycin intravenous solution reconstituted</i>	Tier-2	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	Tier-4	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	
<i>ertapenem sodium injection solution reconstituted</i>	Tier-2	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>fluconazole in sodium chloride intravenous solution</i>	Tier-2	
<i>furosemide injection solution</i>	Tier-2	
<i>gentamicin in saline intravenous solution</i>	Tier-2	HI; Part B
<i>gentamicin sulfate injection solution</i>	Tier-2	HI; Part B
<i>heparin sodium (porcine) injection solution</i>	Tier-2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier-2	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>levofloxacin in d5w intravenous solution</i>	Tier-2	HI; Part B
<i>levofloxacin intravenous solution</i>	Tier-2	HI; Part B
<i>linezolid intravenous solution</i>	Tier-2	HI; Part B
<i>meropenem intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>methotrexate sodium (pf) injection solution</i>	Tier-2	B vs D
<i>methotrexate sodium injection solution</i>	Tier-2	B vs D
<i>metronidazole in nacl intravenous solution</i>	Tier-2	HI; Part B
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier-2	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	
<i>nafcillin sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier-2	HI; Part B
<i>oxacillin sodium injection solution reconstituted</i>	Tier-2	HI; Part B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin g pot in dextrose intravenous solution</i>	Tier-2	HI; Part B
<i>penicillin g potassium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>penicillin g sodium injection solution reconstituted</i>	Tier-2	HI; Part B
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier-2	HI; Part B
<i>rifampin intravenous solution reconstituted</i>	Tier-2	HI; Part B
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier-2	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>tigecycline intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>tobramycin sulfate injection solution</i>	Tier-2	HI; Part B
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B
<i>vancomycin hcl intravenous solution reconstituted</i>	Tier-2	HI; Part B
<i>voriconazole intravenous solution reconstituted</i>	Tier-2	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	HI; Part B; NEDS
<b>ELECTROLYTES</b>		
<i>dextrose intravenous solution</i>	Tier-2	
<i>dextrose-nacl intravenous solution</i>	Tier-2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier-3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier-3	
ISOLYTE-S INTRAVENOUS SOLUTION	Tier-3	
<i>kcl in dextrose-nacl intravenous solution</i>	Tier-2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier-2	
<i>magnesium sulfate injection solution</i>	Tier-2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier-3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier-3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier-3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier-3	
<i>potassium chloride in dextrose intravenous solution</i>	Tier-2	
<i>potassium chloride in nacl intravenous solution</i>	Tier-2	
<i>potassium chloride intravenous solution</i>	Tier-2	
<i>sodium chloride intravenous solution</i>	Tier-2	
<i>sodium lactate intravenous solution</i>	Tier-2	
<b>IV NUTRITION</b>		
AMINOSYN II INTRAVENOUS SOLUTION	Tier-3	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	Tier-3	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	Tier-3	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
INTRALIPID INTRAVENOUS EMULSION	Tier-3	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTRILIPID INTRAVENOUS EMULSION	Tier-3	B vs D
PLENAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
PREMASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
PROSOL INTRAVENOUS SOLUTION	Tier-3	B vs D
<i>tpn electrolytes intravenous solution</i>	Tier-2	B vs D
TRAVASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
<b>HORMONES</b>		
<b>ADRENAL CORTICOSTEROIDS</b>		
ACTHAR INJECTION GEL	Tier-5	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	Tier-2	
<i>dexamethasone intensol oral concentrate</i>	Tier-2	
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone oral tablet therapy pack</i>	Tier-2	
<i>dexpak 13 day oral tablet therapy pack</i>	Tier-2	
<i>fludrocortisone acetate oral tablet</i>	Tier-2	
<i>hydrocortisone oral tablet</i>	Tier-2	
MEDROL ORAL TABLET	Tier-4	Transplant
<i>methylprednisolone oral tablet</i>	Tier-2	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	Tier-2	Transplant
MILLIPRED ORAL TABLET	Tier-4	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	Tier-4	Transplant
<i>prednisolone oral solution</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral solution</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier-2	Transplant
PREDNISON INTENSOL ORAL CONCENTRATE	Tier-4	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
<i>prednisone oral tablet therapy pack</i>	Tier-2	Transplant
<b>ANDROGENS</b>		
ANADROL-50 ORAL TABLET	Tier-4	
AVEED INTRAMUSCULAR SOLUTION	Tier-4	
<i>danazol oral capsule</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Tier-4	
METHITEST ORAL TABLET	Tier-4	
<i>methyltestosterone oral capsule</i>	Tier-5	NEDS
<i>oxandrolone oral tablet</i>	Tier-2	
<i>testosterone cypionate intramuscular solution</i>	Tier-2	
<i>testosterone enanthate intramuscular solution</i>	Tier-2	
<i>testosterone transdermal gel</i>	Tier-3	
<i>testosterone transdermal solution</i>	Tier-2	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	
<b>GONADOTROPIN RELEASING AGONISTS</b>		
ELIGARD SUBCUTANEOUS KIT	Tier-3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier-5	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier-3	
<i>leuprolide acetate injection kit</i>	Tier-2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
SYNAREL NASAL SOLUTION	Tier-5	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-5	NEDS
<b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>		
<i>levo-t oral tablet</i>	Tier-1	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
<i>levoxyl oral tablet</i>	Tier-2	
<i>liothyronine sodium oral tablet</i>	Tier-2	
<i>methimazole oral tablet</i>	Tier-1	
<i>propylthiouracil oral tablet</i>	Tier-2	
SYNTHROID ORAL TABLET	Tier-4	
TIROSINT ORAL CAPSULE	Tier-4	
TIROSINT-SOL ORAL SOLUTION	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>unithroid oral tablet</i>	Tier-1	
<b>IMMUNOLOGIC AGENTS</b>		
<b>IMMUNE STIMULANTS</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-5	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	Tier-3	
<i>bcg vaccine injection injectable</i>	Tier-2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
BOOSTRIX INTRAMUSCULAR SUSPENSION	Tier-3	
DAPTACEL INTRAMUSCULAR SUSPENSION	Tier-3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier-2	
ENGERIX-B INJECTION SUSPENSION	Tier-3	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Tier-5	PA; HI; Part B; NEDS
GAMMAGARD INJECTION SOLUTION	Tier-5	PA; HI; Part B; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; HI; Part B; NEDS
GAMMAKED INJECTION SOLUTION	Tier-5	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	Tier-5	PA; HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	Tier-5	PA; HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier-3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier-3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier-3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier-3	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier-3	
IPOL INJECTION INJECTABLE	Tier-3	
IXIARO INTRAMUSCULAR SUSPENSION	Tier-3	
KINRIX INTRAMUSCULAR SUSPENSION	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENACTRA INTRAMUSCULAR INJECTABLE	Tier-3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier-3	
M-M-R II SUBCUTANEOUS INJECTABLE	Tier-3	
OCTAGAM INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	Tier-5	PA; HI; Part B; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier-3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier-3	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-3	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier-3	Part B
PRIVIGEN INTRAVENOUS SOLUTION	Tier-5	PA; HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-3	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier-3	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	
RECOMBIVAX HB INJECTION SUSPENSION	Tier-3	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier-3	
ROTATEQ ORAL SOLUTION	Tier-3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	
<i>tdvax intramuscular suspension</i>	Tier-2	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier-3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-3	
VAQTA INTRAMUSCULAR SUSPENSION	Tier-3	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier-3	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-3	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier-3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOSUPPRESSANTS</b>		
ZORTRESS ORAL TABLET	Tier-5	B vs D; QL (60 EA per 30 days); NEDS
<b>IMMUNOSUPPRESSIVES</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Tier-5	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	Tier-2	B vs D
<i>cyclosporine modified oral solution</i>	Tier-2	B vs D
<i>cyclosporine oral capsule</i>	Tier-2	B vs D
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	B vs D; SP-CVS specialty
<i>engraf oral capsule</i>	Tier-2	B vs D
<i>engraf oral solution</i>	Tier-2	B vs D
<i>mycophenolate mofetil oral capsule</i>	Tier-2	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-5	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier-2	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	Tier-2	B vs D
PROGRAF ORAL PACKET	Tier-5	B vs D; NEDS
RAPAMUNE ORAL SOLUTION	Tier-3	B vs D
<i>sirolimus oral solution</i>	Tier-3	B vs D
<i>sirolimus oral tablet</i>	Tier-2	B vs D
<i>tacrolimus oral capsule</i>	Tier-2	B vs D
ZORTRESS ORAL TABLET	Tier-5	B vs D; QL (60 EA per 30 days); NEDS
<b>MISCELLANEOUS DRUGS</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate injection solution</i>	Tier-2	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier-5	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY</b>		
VYNDAQEL ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
<b>AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (6 ML per 30 days); NEDS
<b>AMYOTROPHIC LATERAL SCLEROSIS</b>		
<i>riluzole oral tablet</i>	Tier-3	
TIGLUTIK ORAL SUSPENSION	Tier-5	NEDS
<b>ANAPHYLAXIS EMERGENCY</b>		
<i>epinephrine injection solution</i>	Tier-2	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	Tier-2	QL (2 EA per 1 day)
<b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (20.1 ML per 28 days); NEDS
<b>CUSHING'S SYNDROME</b>		
KORLYM ORAL TABLET	Tier-5	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-5	PA; QL (60 ML per 30 days); NEDS
<b>CYSTIC FIBROSIS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-5	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-5	NEDS
KALYDECO ORAL PACKET	Tier-5	PA; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET	Tier-5	PA; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier-5	PA; QL (120 EA per 30 days); NEDS
PULMOZYME INHALATION SOLUTION	Tier-5	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOBI PODHALER INHALATION CAPSULE	Tier-5	NEDS
<i>tobramycin inhalation nebulization solution</i>	Tier-5	B vs D; NEDS
<b>CYSTINURIA</b>		
CYSTADANE ORAL POWDER	Tier-5	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-5	NEDS
<b>DETOXIFICATION AGENTS</b>		
CHEMET ORAL CAPSULE	Tier-4	
<i>deferasirox oral tablet soluble</i>	Tier-5	NEDS
EXJADE ORAL TABLET SOLUBLE	Tier-5	NEDS
FERRIPROX ORAL SOLUTION	Tier-5	NEDS
FERRIPROX ORAL TABLET	Tier-5	NEDS
JADENU ORAL TABLET	Tier-5	NEDS
JADENU SPRINKLE ORAL PACKET	Tier-5	NEDS
<b>DUCHENNE MUSCULAR DYSTROPHY</b>		
EMFLAZA ORAL SUSPENSION	Tier-5	PA; NEDS
EMFLAZA ORAL TABLET	Tier-5	PA; NEDS
<b>FABRY DISEASE</b>		
GALAFOLD ORAL CAPSULE	Tier-5	PA; NEDS
<b>GAUCHER'S DISEASE</b>		
CERDELGA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	Tier-5	PA; NEDS
<b>GROWTH HORMONE DEFICIENCY</b>		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	Tier-5	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	Tier-3	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<b>HEREDITARY ANGIOEDEMA</b>		
BERINERT INTRAVENOUS KIT	Tier-5	SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
FIRAZYR SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	Tier-5	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
<b>HEREDITARY TYROSINEMIA TYPE 1</b>		
NITYR ORAL TABLET	Tier-5	PA; NEDS
ORFADIN ORAL CAPSULE	Tier-5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier-5	PA; NEDS
<b>HUNTINGTON'S CHOREA</b>		
AUSTEDO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<b>HYPERPARATHYROIDISM</b>		
<i>calcitriol oral capsule</i>	Tier-2	
<i>calcitriol oral solution</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl oral tablet</i>	Tier-5	NEDS
<i>doxercalciferol oral capsule 0.5 mcg</i>	Tier-3	
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	Tier-5	NEDS
<i>paricalcitol oral capsule</i>	Tier-2	
SENSIPAR ORAL TABLET	Tier-5	NEDS
<b>HYPOPARATHYROIDISM</b>		
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
<b>LAMBERT-EATON MYASTHENIC SYNDROME</b>		
FIRDAPSE ORAL TABLET	Tier-5	PA; NEDS
RUZURGI ORAL TABLET	Tier-5	PA; NEDS
<b>MULTIPLE SCLEROSIS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AUBAGIO ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-5	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-5	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-5	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-5	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (1 ML per 28 days); NEDS
<i>pyridostigmine bromide oral solution</i>	Tier-3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	Tier-5	PA; SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<b>MYASTHENIA GRAVIS</b>		
<i>guanidine hcl oral tablet</i>	Tier-2	
MESTINON ORAL SOLUTION	Tier-4	
MESTINON ORAL SYRUP	Tier-4	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-2	
<i>pyridostigmine bromide oral tablet</i>	Tier-2	
<b>OPIOID ANTAGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-3	QL (360 EA per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-3	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	Tier-3	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier-3	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier-3	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier-3	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier-3	QL (90 EA per 30 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR	Tier-5	PA; NEDS
<i>naloxone hcl injection solution</i>	Tier-2	
<i>naloxone hcl injection solution cartridge</i>	Tier-2	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier-2	
NARCAN NASAL LIQUID	Tier-4	QL (4 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	Tier-4	QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	Tier-4	QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	Tier-4	QL (180 EA per 30 days)
<b>PAGET'S DISEASE</b>		
<i>etidronate disodium oral tablet</i>	Tier-2	
<b>PHENYLKETONURIA</b>		
KUVAN ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	Tier-5	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
<b>PHEOCHROMOCYTOMA</b>		
DEMSER ORAL CAPSULE	Tier-5	NEDS
DIBENZYLINE ORAL CAPSULE	Tier-4	
<i>phenoxybenzamine hcl oral capsule</i>	Tier-3	
<b>PHOSPHATE BINDER AGENTS</b>		
<i>sevelamer hcl oral tablet</i>	Tier-3	
<b>PHOSPHATE BINDERS</b>		
AURYXIA ORAL TABLET	Tier-5	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier-2	
<i>calcium acetate (phos binder) oral tablet</i>	Tier-2	
<i>sevelamer carbonate oral packet</i>	Tier-3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sevelamer carbonate oral tablet</i>	Tier-3	
<i>sevelamer hcl oral tablet</i>	Tier-3	
<b>POTASSIUM BINDER</b>		
<i>kionex oral suspension</i>	Tier-2	
LOKELMA ORAL PACKET	Tier-4	
<i>sodium polystyrene sulfonate oral powder</i>	Tier-2	
<i>sps oral suspension</i>	Tier-2	
VELTASSA ORAL PACKET	Tier-4	
<b>PRIMARY PERIODIC PARALYSIS</b>		
KEYEYIS ORAL TABLET	Tier-5	PA; NEDS
<b>SMOKING CESSATION</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier-2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier-3	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier-3	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier-3	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier-3	
NICOTROL NS NASAL SOLUTION	Tier-4	
<b>SUCRASE DEFICIENCY</b>		
SUCRAID ORAL SOLUTION	Tier-5	NEDS
<b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-2	
CIALIS 2.5 MG, 5 MG ORAL TABLET	Tier-4	PA; QL (30 EA per 30 days)
<i>dutasteride oral capsule</i>	Tier-2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-3	
<i>finasteride oral tablet</i>	Tier-1	
<i>silodosin oral capsule</i>	Tier-3	
<i>tadalafil oral tablet</i>	Tier-3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier-2	
<b>TARDIVE DYSKINESIA</b>		
INGREZZA ORAL CAPSULE	Tier-5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
<b>UREA CYCLE DISORDERS</b>		
RAVICTI ORAL LIQUID	Tier-5	PA; NEDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trientine hcl oral capsule</i>	Tier-5	NEDS
<b>NEUROLOGICAL DRUGS</b>		
<b>ALZHEIMER'S DISEASE</b>		
<i>donepezil hcl oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-2	
<i>ergoloid mesylates oral tablet</i>	Tier-2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-2	
<i>galantamine hydrobromide oral solution</i>	Tier-2	
<i>galantamine hydrobromide oral tablet</i>	Tier-2	
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>memantine hcl oral solution</i>	Tier-3	
<i>memantine hcl oral tablet</i>	Tier-2	
<i>rivastigmine tartrate oral capsule</i>	Tier-2	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-2	
<b>MIGRAINE THERAPY</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	Tier-2	
<i>dihydroergotamine mesylate nasal solution</i>	Tier-5	NEDS
<i>eletriptan hydrobromide oral tablet</i>	Tier-3	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (1 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier-3	
MIGERGOT RECTAL SUPPOSITORY	Tier-5	NEDS
<i>naratriptan hcl oral tablet</i>	Tier-2	
<i>rizatriptan benzoate oral tablet</i>	Tier-2	
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-2	
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-3	
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-2	
<i>sumatriptan succinate oral tablet</i>	Tier-2	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier-3	
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier-3	
<i>zolmitriptan oral tablet</i>	Tier-2	
<i>zolmitriptan oral tablet dispersible</i>	Tier-2	
<b>PARKINSON'S DISEASE</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier-5	NEDS
<i>benztropine mesylate oral tablet</i>	Tier-1	PA
<i>bromocriptine mesylate oral capsule</i>	Tier-2	
<i>bromocriptine mesylate oral tablet</i>	Tier-2	
<i>cabergoline oral tablet</i>	Tier-2	
<i>carbidopa oral tablet</i>	Tier-2	
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier-2	
<i>carbidopa-levodopa oral tablet</i>	Tier-2	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-2	
<b>CYCLOSET ORAL TABLET</b>	Tier-3	
<b>DUOPA ENTERAL SUSPENSION</b>	Tier-4	
<i>entacapone oral tablet</i>	Tier-2	
<b>INBRIJA INHALATION CAPSULE</b>	Tier-5	PA; NEDS
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	Tier-4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier-2	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>rasagiline mesylate oral tablet</i>	Tier-3	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>ropinirole hcl oral tablet</i>	Tier-2	
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	Tier-4	
<i>selegiline hcl oral capsule</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline hcl oral tablet</i>	Tier-2	
<i>tolcapone oral tablet</i>	Tier-5	NEDS
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	PA
<i>trihexyphenidyl hcl oral solution</i>	Tier-1	PA
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	PA
<b>PSEUDOBULBAR AFFECT</b>		
NUEDEXTA ORAL CAPSULE	Tier-3	PA
<b>SEIZURES</b>		
APTIOM ORAL TABLET	Tier-4	PA
BANZEL ORAL SUSPENSION	Tier-3	
BANZEL ORAL TABLET	Tier-3	
BRIVIACT ORAL SOLUTION	Tier-5	PA; NEDS
BRIVIACT ORAL TABLET	Tier-5	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-2	
<i>carbamazepine oral suspension</i>	Tier-2	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-2	
CELONTIN ORAL CAPSULE	Tier-4	
<i>clobazam oral suspension</i>	Tier-3	
<i>clobazam oral tablet</i>	Tier-3	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	Tier-1	
<i>clonazepam oral tablet dispersible</i>	Tier-2	
DIASTAT ACUDIAL RECTAL GEL	Tier-3	
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	
<i>diazepam intensol oral concentrate</i>	Tier-2	
<i>diazepam oral solution</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-2	
DILANTIN INFATABS ORAL TABLET CHEWABLE	Tier-3	
DILANTIN ORAL CAPSULE	Tier-3	
DILANTIN ORAL SUSPENSION	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier-2	
<i>divalproex sodium oral tablet delayed release</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDIOLEX ORAL SOLUTION	Tier-4	PA; SP-CVS specialty
<i>epitol oral tablet</i>	Tier-1	
<i>ethosuximide oral capsule</i>	Tier-2	
<i>ethosuximide oral solution</i>	Tier-2	
<i>felbamate oral suspension</i>	Tier-2	
<i>felbamate oral tablet</i>	Tier-2	
FYCOMPA ORAL SUSPENSION	Tier-4	PA
FYCOMPA ORAL TABLET	Tier-4	PA
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution</i>	Tier-2	
<i>gabapentin oral tablet</i>	Tier-1	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-4	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	Tier-3	
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet chewable</i>	Tier-2	
<i>lamotrigine oral tablet dispersible</i>	Tier-2	
<i>lamotrigine starter kit-blue oral kit</i>	Tier-2	
<i>lamotrigine starter kit-green oral kit</i>	Tier-2	
<i>lamotrigine starter kit-orange oral kit</i>	Tier-2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier-2	
<i>levetiracetam oral solution</i>	Tier-2	
<i>levetiracetam oral tablet</i>	Tier-2	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	STPA
LYRICA ORAL CAPSULE	Tier-4	STPA
LYRICA ORAL SOLUTION	Tier-4	STPA
ONFI ORAL SUSPENSION	Tier-4	
ONFI ORAL TABLET	Tier-4	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	Tier-2	
<i>oxcarbazepine oral tablet</i>	Tier-2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
PEGANONE ORAL TABLET	Tier-4	
<i>phenobarbital oral elixir</i>	Tier-2	PA
<i>phenobarbital oral tablet</i>	Tier-2	PA
<i>phenytoin oral suspension</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin oral tablet chewable</i>	Tier-2	
<i>phenytoin sodium extended oral capsule</i>	Tier-2	
<i>pregabalin oral capsule</i>	Tier-3	STPA
<i>pregabalin oral solution</i>	Tier-3	STPA
<i>primidone oral tablet</i>	Tier-2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Tier-4	
<i>roweepra oral tablet</i>	Tier-2	
<i>roweepra xr oral tablet extended release 24 hour</i>	Tier-2	
SABRIL ORAL TABLET	Tier-5	NEDS
SAVELLA ORAL TABLET	Tier-3	STPA; QL (180 EA per 90 days)
SAVELLA TITRATION PACK ORAL	Tier-3	STPA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier-4	
SYMPAZAN ORAL FILM	Tier-4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	Tier-5	NEDS
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	Tier-4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	Tier-2	
<i>topiramate oral capsule sprinkle</i>	Tier-2	
<i>topiramate oral tablet</i>	Tier-1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	Tier-4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Tier-5	NEDS
<i>valproic acid oral capsule</i>	Tier-2	
<i>valproic acid oral solution</i>	Tier-2	
<i>vigabatrin oral packet</i>	Tier-5	NEDS
<i>vigabatrin oral tablet</i>	Tier-5	NEDS
<i>vigadrone oral packet</i>	Tier-5	NEDS
VIMPAT ORAL SOLUTION	Tier-4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	Tier-4	PA; QL (60 EA per 30 days)
<i>zonisamide oral capsule</i>	Tier-2	
<b>SPASTICITY</b>		
<i>baclofen oral tablet</i>	Tier-1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier-3	PA
<i>dantrolene sodium oral capsule</i>	Tier-2	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tizanidine hcl oral capsule 6 mg</i>	Tier-3	
<i>tizanidine hcl oral tablet</i>	Tier-2	
<b>PAIN AND INFLAMMATORY DISEASES</b>		
<b>ARTHRITIS</b>		
AZASAN ORAL TABLET	Tier-4	B vs D
<i>azathioprine oral tablet</i>	Tier-2	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-5	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	Tier-2	
<i>methotrexate oral tablet</i>	Tier-2	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	
RIDAURA ORAL CAPSULE	Tier-5	NEDS
TREXALL ORAL TABLET	Tier-4	B vs D
XATMEP ORAL SOLUTION	Tier-5	B vs D; NEDS
XELJANZ ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<b>GOUT</b>		
<i>allopurinol oral tablet</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulindac oral tablet</i>	Tier-2	
<i>tolmetin sodium oral capsule</i>	Tier-2	
<i>tolmetin sodium oral tablet</i>	Tier-2	
<b>PAIN, OPIOID AND OTHER ANALGESICS</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	Tier-2	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	Tier-2	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	Tier-5	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	Tier-4	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	Tier-3	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	Tier-2	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	Tier-3	QL (180 EA per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	Tier-4	QL (60 EA per 30 days)
<i>endocet oral tablet</i>	Tier-3	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	Tier-2	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution</i>	Tier-2	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	Tier-3	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier-2	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier-2	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Tier-4	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT	Tier-5	PA; QL (30 EA per 30 days); NEDS
LAZANDA NASAL SOLUTION 400 MCG/ACT	Tier-5	PA; QL (15 EA per 30 days); NEDS
<i>levorphanol tartrate oral tablet</i>	Tier-5	QL (240 EA per 30 days); NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier-2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-2	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	Tier-2	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier-3	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier-3	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	Tier-3	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	Tier-2	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	Tier-3	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	Tier-2	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	Tier-2	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	Tier-3	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	Tier-2	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<b>SUBSYS SUBLINGUAL LIQUID</b>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet</i>	Tier-1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<b>PSYCHIATRIC</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disulfiram oral tablet</i>	Tier-2	
<i>naltrexone hcl oral tablet</i>	Tier-2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
<b>ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	Tier-2	
<i>alprazolam intensol oral concentrate</i>	Tier-2	
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-2	
<i>bupirone hcl oral tablet</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-2	
<i>clorazepate dipotassium oral tablet</i>	Tier-2	
<i>lorazepam oral concentrate</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-3	
<b>ATTENTION DEFICIT DISORDER</b>		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	STPA
<i>amphetamine sulfate oral tablet</i>	Tier-3	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	Tier-2	
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-2	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-3	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-2	
DESOXYN ORAL TABLET	Tier-4	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>dexmethylphenidate hcl oral tablet</i>	Tier-2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier-2	
<i>dextroamphetamine sulfate oral tablet</i>	Tier-2	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	STPA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier-2	PA; QL (90 EA per 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-4	
METADATE ER ORAL TABLET EXTENDED RELEASE	Tier-4	
<i>methamphetamine hcl oral tablet</i>	Tier-2	PA
METHYLIN ORAL SOLUTION	Tier-3	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	Tier-2	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Tier-2	
<i>methylphenidate hcl er oral tablet extended release</i>	Tier-2	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>methylphenidate hcl oral solution</i>	Tier-2	
<i>methylphenidate hcl oral tablet</i>	Tier-2	
<i>methylphenidate hcl oral tablet chewable</i>	Tier-2	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	Tier-4	STPA
<i>relexxii oral tablet extended release</i>	Tier-2	
VYVANSE ORAL CAPSULE	Tier-4	STPA
VYVANSE ORAL TABLET CHEWABLE	Tier-4	STPA
<b>BIPOLAR DISORDER</b>		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-4	
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<i>lithium carbonate oral tablet</i>	Tier-1	
<i>lithium oral solution</i>	Tier-1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-2	STPA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-3	
<i>risperidone oral solution</i>	Tier-2	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-2	
<b>DEPRESSION</b>		
<i>amitriptyline hcl oral tablet</i>	Tier-2	PA
<i>amoxapine oral tablet</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-4	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-5	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier-2	
<i>bupropion hcl oral tablet</i>	Tier-2	
<i>citalopram hydrobromide oral solution</i>	Tier-1	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	
<i>clomipramine hcl oral capsule</i>	Tier-2	PA
<i>desipramine hcl oral tablet</i>	Tier-2	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Tier-2	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier-2	
<i>doxepin hcl oral capsule</i>	Tier-3	PA
<i>doxepin hcl oral concentrate</i>	Tier-2	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	Tier-3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-5	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	Tier-2	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-4	STPA
<i>fluoxetine hcl oral capsule</i>	Tier-1	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier-3	
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier-2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier-2	
<i>fluvoxamine maleate oral tablet</i>	Tier-2	
<i>imipramine hcl oral tablet</i>	Tier-2	PA
<i>imipramine pamoate oral capsule</i>	Tier-2	PA
<i>maprotiline hcl oral tablet</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MARPLAN ORAL TABLET	Tier-4	
<i>mirtazapine oral tablet</i>	Tier-2	
<i>mirtazapine oral tablet dispersible</i>	Tier-2	
<i>nefazodone hcl oral tablet</i>	Tier-2	
<i>nortriptyline hcl oral capsule</i>	Tier-1	
<i>nortriptyline hcl oral solution</i>	Tier-1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine mesylate oral capsule</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA ORAL TABLET	Tier-4	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-2	
<i>protriptyline hcl oral tablet</i>	Tier-2	
<i>sertraline hcl oral concentrate</i>	Tier-2	
<i>sertraline hcl oral tablet</i>	Tier-1	
<i>tranylcypromine sulfate oral tablet</i>	Tier-2	
<i>trazodone hcl oral tablet</i>	Tier-1	
<i>trimipramine maleate oral capsule</i>	Tier-2	PA
TRINTELLIX ORAL TABLET	Tier-4	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>venlafaxine hcl oral tablet</i>	Tier-2	
VIIBRYD ORAL TABLET	Tier-4	STPA
VIIBRYD STARTER PACK ORAL KIT	Tier-4	STPA
<b>INSOMNIA</b>		
<i>estazolam oral tablet</i>	Tier-2	
<i>eszopiclone oral tablet</i>	Tier-3	PA; QL (90 EA per 365 days)
<i>flurazepam hcl oral capsule</i>	Tier-2	
HETLIOZ ORAL CAPSULE	Tier-5	PA; NEDS
<i>ramelteon oral tablet</i>	Tier-3	QL (30 EA per 30 days)
ROZEREM ORAL TABLET	Tier-4	QL (30 EA per 30 days)
SILENOR ORAL TABLET	Tier-4	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier-2	
<i>triazolam oral tablet</i>	Tier-2	
<i>zaleplon oral capsule</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier-2	PA; QL (90 EA per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate oral tablet</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier-3	PA; QL (90 EA per 365 days)
<b>NARCOLEPSY</b>		
<i>armodafinil oral tablet</i>	Tier-3	PA
<i>modafinil oral tablet</i>	Tier-3	PA
SUNOSI ORAL TABLET	Tier-4	PA
XYREM ORAL SOLUTION	Tier-5	LA; NEDS
<b>PSYCHOSES</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-5	NEDS
ABILIFY MYCITE ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	Tier-3	STPA
<i>aripiprazole oral tablet</i>	Tier-3	STPA
<i>aripiprazole oral tablet dispersible</i>	Tier-3	STPA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
<i>chlorpromazine hcl oral tablet</i>	Tier-2	
<i>clozapine oral tablet</i>	Tier-2	
<i>clozapine oral tablet dispersible</i>	Tier-2	
FANAPT ORAL TABLET	Tier-4	STPA
FANAPT TITRATION PACK ORAL TABLET	Tier-4	STPA
FAZACLO ORAL TABLET DISPERSIBLE	Tier-3	
<i>fluphenazine decanoate injection solution</i>	Tier-2	
<i>fluphenazine hcl injection solution</i>	Tier-2	
<i>fluphenazine hcl oral concentrate</i>	Tier-2	
<i>fluphenazine hcl oral elixir</i>	Tier-2	
<i>fluphenazine hcl oral tablet</i>	Tier-2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-4	
<i>haloperidol decanoate intramuscular solution</i>	Tier-2	
<i>haloperidol lactate injection solution</i>	Tier-2	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier-3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-5	STPA; QL (30 EA per 30 days); NEDS
LATUDA ORAL TABLET 80 MG	Tier-5	STPA; QL (60 EA per 30 days); NEDS
<i>loxapine succinate oral capsule</i>	Tier-2	
<i>molindone hcl oral tablet</i>	Tier-3	
NUPLAZID ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier-2	
<i>olanzapine oral tablet</i>	Tier-2	STPA
<i>olanzapine oral tablet dispersible</i>	Tier-2	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-3	
<i>perphenazine oral tablet</i>	Tier-2	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier-5	NEDS
<i>pimozide oral tablet</i>	Tier-2	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-3	STPA
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	STPA
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-2	STPA; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	Tier-4	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier-5	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	Tier-5	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	Tier-4	STPA
<i>thioridazine hcl oral tablet</i>	Tier-1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene oral capsule</i>	Tier-1	
<i>trifluoperazine hcl oral tablet</i>	Tier-2	
VERSACLOZ ORAL SUSPENSION	Tier-5	NEDS
VRAYLAR ORAL CAPSULE	Tier-5	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-4	
<i>ziprasidone hcl oral capsule</i>	Tier-2	STPA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	

## **RESPIRATORY DRUGS**

### **ASTHMA**

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
ADVAIR HFA INHALATION AEROSOL	Tier-3	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier-3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	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>	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>	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>	Tier-2	B vs D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier-2	B vs D; QL (180 EA per 90 days)
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-4	B vs D; QL (360 ML per 90 days)
<i>budesonide inhalation suspension</i>	Tier-2	B vs D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-2	B vs D; QL (720 ML per 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier-3	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier-2	QL (3 EA per 90 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	Tier-2	B vs D; QL (900 ML per 90 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier-2	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier-2	B vs D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier-2	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier-2	B vs D; QL (270 EA per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier-2	B vs D; QL (810 ML per 90 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier-3	QL (90 GM per 90 days)
<i>metaproterenol sulfate oral syrup</i>	Tier-2	
<i>montelukast sodium oral packet</i>	Tier-2	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-2	
PERFORMIST INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D; QL (360 ML per 90 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (6 EA per 90 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	Tier-4	QL (40.2 GM per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-4	QL (180 GM per 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT INHALATION AEROSOL	Tier-3	QL (30.6 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-2	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-2	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-2	
<i>theophylline oral solution</i>	Tier-2	
<i>wixela inhub inhalation aerosol powder breath activated</i>	Tier-3	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	Tier-2	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-5	NEDS
<b>IDIOPATHIC PULMONARY FIBROSIS</b>		
ESBRIET ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<b>PULMONARY HYPERTENSION</b>		
ADEMPAS ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	Tier-5	PA; NEDS
<i>ambrisentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
LETAIRIS ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-4	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-5	PA; SP-CVS specialty; NEDS
REVATIO ORAL SUSPENSION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	Tier-3	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET	Tier-5	PA; LA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier-5	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY DRUGS, MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution</i>	Tier-2	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier-3	
DALIRESP ORAL TABLET	Tier-4	
GLASSIA INTRAVENOUS SOLUTION	Tier-5	NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	
<b>SKIN</b>		
<b>ACNE ROSACEA</b>		
<i>azelaic acid external gel</i>	Tier-3	
FINACEA EXTERNAL FOAM	Tier-3	
FINACEA EXTERNAL GEL	Tier-3	
<i>metronidazole external cream</i>	Tier-2	
<i>metronidazole external gel</i>	Tier-2	
<i>metronidazole external lotion</i>	Tier-2	
NORITATE EXTERNAL CREAM	Tier-5	NEDS
SOOLANTRA EXTERNAL CREAM	Tier-4	
<b>ACNE VULGARIS</b>		
<i>adapalene external cream</i>	Tier-2	PA
<i>adapalene external gel</i>	Tier-2	PA
<i>adapalene external solution</i>	Tier-3	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier-3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amneesteem oral capsule</i>	Tier-2	
ATRALIN EXTERNAL GEL	Tier-4	PA
<i>avita external cream</i>	Tier-2	PA
<i>avita external gel</i>	Tier-2	PA
AZELEX EXTERNAL CREAM	Tier-4	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-2	
<i>claravis oral capsule</i>	Tier-2	
CLINDAGEL EXTERNAL GEL	Tier-4	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Tier-3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Tier-2	
<i>clindamycin phosphate external foam</i>	Tier-2	
<i>clindamycin phosphate external gel</i>	Tier-2	
<i>clindamycin phosphate external lotion</i>	Tier-2	
<i>clindamycin phosphate external solution</i>	Tier-2	
<i>clindamycin phosphate external swab</i>	Tier-2	
<i>ery external pad</i>	Tier-2	
<i>erythromycin external gel</i>	Tier-2	
<i>erythromycin external solution</i>	Tier-2	
EVOCLIN EXTERNAL FOAM	Tier-4	
FABIOR EXTERNAL FOAM	Tier-4	PA
<i>isotretinoin oral capsule</i>	Tier-2	
RETIN-A EXTERNAL CREAM	Tier-4	PA
RETIN-A EXTERNAL GEL	Tier-4	PA
RETIN-A MICRO EXTERNAL GEL	Tier-4	PA
RETIN-A MICRO PUMP EXTERNAL GEL	Tier-4	PA
<i>tretinoin external cream</i>	Tier-2	PA
<i>tretinoin external gel</i>	Tier-2	PA
<i>tretinoin microsphere external gel</i>	Tier-2	PA
<b>BACTERIAL INFECTIONS, TOPICAL</b>		
CORTISPORIN EXTERNAL CREAM	Tier-4	
CORTISPORIN EXTERNAL OINTMENT	Tier-4	
<i>gentamicin sulfate external cream</i>	Tier-3	
<i>gentamicin sulfate external ointment</i>	Tier-3	
<i>mupirocin calcium external cream</i>	Tier-2	
<i>mupirocin external ointment</i>	Tier-2	
<i>silver sulfadiazine external cream</i>	Tier-2	
<i>ssd external cream</i>	Tier-2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XEPI EXTERNAL CREAM	Tier-4	QL (60 GM per 30 days)
<b>CORTICOSTEROIDS, TOPICAL</b>		
ALA SCALP EXTERNAL LOTION	Tier-4	
<i>ala-cort external cream</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-4	
<i>alclometasone dipropionate external ointment</i>	Tier-2	
<i>amcinonide external cream</i>	Tier-4	
<i>amcinonide external lotion</i>	Tier-2	
<i>amcinonide external ointment</i>	Tier-4	
APEXICON E EXTERNAL CREAM	Tier-4	
<i>betamethasone dipropionate aug external cream</i>	Tier-2	
<i>betamethasone dipropionate aug external gel</i>	Tier-4	
<i>betamethasone dipropionate aug external lotion</i>	Tier-4	
<i>betamethasone dipropionate aug external ointment</i>	Tier-2	
<i>betamethasone dipropionate external cream</i>	Tier-4	
<i>betamethasone dipropionate external lotion</i>	Tier-2	
<i>betamethasone dipropionate external ointment</i>	Tier-4	
<i>betamethasone valerate external cream</i>	Tier-2	
<i>betamethasone valerate external foam</i>	Tier-4	
<i>betamethasone valerate external lotion</i>	Tier-2	
<i>betamethasone valerate external ointment</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-4	
<i>clobetasol prop emollient base external cream</i>	Tier-3	
<i>clobetasol propionate emulsion external foam</i>	Tier-4	
<i>clobetasol propionate external cream</i>	Tier-4	
<i>clobetasol propionate external foam</i>	Tier-4	
<i>clobetasol propionate external gel</i>	Tier-3	
<i>clobetasol propionate external liquid</i>	Tier-4	
<i>clobetasol propionate external lotion</i>	Tier-4	
<i>clobetasol propionate external ointment</i>	Tier-4	
<i>clobetasol propionate external shampoo</i>	Tier-4	
<i>clobetasol propionate external solution</i>	Tier-3	
<i>clocortolone pivalate external cream</i>	Tier-4	
<i>clodan external shampoo</i>	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-4	
<i>desonide external cream</i>	Tier-4	
<i>desonide external lotion</i>	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desonide external ointment</i>	Tier-4	
<i>desoximetasone external cream</i>	Tier-4	
<i>desoximetasone external gel</i>	Tier-4	
<i>desoximetasone external liquid</i>	Tier-4	
<i>desoximetasone external ointment</i>	Tier-4	
<i>diflorasone diacetate external cream</i>	Tier-4	
<i>diflorasone diacetate external ointment</i>	Tier-4	
<i>fluocinolone acetonide external cream</i>	Tier-4	
<i>fluocinolone acetonide external ointment</i>	Tier-4	
<i>fluocinolone acetonide external solution</i>	Tier-4	
<i>fluocinolone acetonide scalp external oil</i>	Tier-3	
<i>fluocinonide emulsified base external cream</i>	Tier-4	
<i>fluocinonide external cream</i>	Tier-4	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	Tier-4	
<i>fluocinonide external ointment</i>	Tier-4	
<i>fluocinonide external solution</i>	Tier-4	
<i>flurandrenolide external cream</i>	Tier-3	
<i>flurandrenolide external lotion</i>	Tier-3	
<i>flurandrenolide external ointment</i>	Tier-4	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	Tier-2	
<i>fluticasone propionate external lotion</i>	Tier-4	
<i>fluticasone propionate external ointment</i>	Tier-2	
<i>halcinonide external cream</i>	Tier-3	
<i>halobetasol propionate external cream</i>	Tier-4	
<i>halobetasol propionate external ointment</i>	Tier-4	
HALOG EXTERNAL CREAM	Tier-4	
HALOG EXTERNAL OINTMENT	Tier-4	
<i>hydrocortisone butyrate external cream</i>	Tier-4	
<i>hydrocortisone butyrate external lotion</i>	Tier-1	
<i>hydrocortisone butyrate external ointment</i>	Tier-4	
<i>hydrocortisone butyrate external solution</i>	Tier-4	
<i>hydrocortisone external cream</i>	Tier-1	
<i>hydrocortisone external lotion</i>	Tier-1	
<i>hydrocortisone external ointment</i>	Tier-1	
<i>hydrocortisone valerate external cream</i>	Tier-4	
<i>hydrocortisone valerate external ointment</i>	Tier-4	
KENALOG EXTERNAL AEROSOL SOLUTION	Tier-4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate external cream</i>	Tier-2	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-2	
<i>nolix external cream</i>	Tier-3	
<i>nolix external lotion</i>	Tier-3	
PANDEL EXTERNAL CREAM	Tier-4	
<i>prednicarbate external cream</i>	Tier-4	
<i>prednicarbate external ointment</i>	Tier-2	
<i>triamcinolone acetonide external aerosol solution</i>	Tier-4	
<i>triamcinolone acetonide external cream</i>	Tier-2	
<i>triamcinolone acetonide external lotion</i>	Tier-2	
<i>triamcinolone acetonide external ointment</i>	Tier-2	
TRIANEX EXTERNAL OINTMENT	Tier-4	
<i>triderm external cream</i>	Tier-2	
<b>FUNGAL INFECTIONS, TOPICAL</b>		
<i>ciclopirox external gel</i>	Tier-2	
<i>ciclopirox external shampoo</i>	Tier-2	
<i>ciclopirox external solution</i>	Tier-3	
<i>ciclopirox olamine external cream</i>	Tier-2	
<i>ciclopirox olamine external suspension</i>	Tier-2	
<i>clotrimazole external cream</i>	Tier-3	
<i>clotrimazole external solution</i>	Tier-2	
<i>clotrimazole-betamethasone external cream</i>	Tier-3	
<i>clotrimazole-betamethasone external lotion</i>	Tier-3	
<i>econazole nitrate external cream</i>	Tier-3	
ERTACZO EXTERNAL CREAM	Tier-4	
EXELDERM EXTERNAL CREAM	Tier-4	
EXELDERM EXTERNAL SOLUTION	Tier-4	
<i>ketconazole external cream</i>	Tier-3	
<i>ketconazole external foam</i>	Tier-3	
<i>ketconazole external shampoo</i>	Tier-2	
<i>luliconazole external cream</i>	Tier-3	
MENTAX EXTERNAL CREAM	Tier-4	
<i>naftifine hcl external cream 1 %</i>	Tier-2	
<i>naftifine hcl external cream 2 %</i>	Tier-3	
NAFTIN EXTERNAL GEL	Tier-3	
<i>nyamyc external powder</i>	Tier-2	
<i>nystatin external cream</i>	Tier-2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin external ointment</i>	Tier-2	
<i>nystatin external powder</i>	Tier-2	
<i>nystatin mouth/throat suspension</i>	Tier-2	
<i>nystatin-triamcinolone external cream</i>	Tier-3	
<i>nystatin-triamcinolone external ointment</i>	Tier-3	
<i>nystop external powder</i>	Tier-2	
<i>oxiconazole nitrate external cream</i>	Tier-3	
OXISTAT EXTERNAL LOTION	Tier-3	
<b>PSORIASIS AND SEBORRHEA</b>		
<i>acitretin oral capsule</i>	Tier-5	NEDS
<i>calcipotriene external cream</i>	Tier-3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier-3	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier-3	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	Tier-5	NEDS
<i>calcitriol external ointment</i>	Tier-2	
<i>methoxsalen rapid oral capsule</i>	Tier-5	NEDS
<i>tazarotene external cream</i>	Tier-3	PA
TAZORAC EXTERNAL CREAM	Tier-4	PA
TAZORAC EXTERNAL GEL	Tier-4	PA
<b>SCABIES AND PEDICULOSIS</b>		
EURAX EXTERNAL CREAM	Tier-3	
EURAX EXTERNAL LOTION	Tier-3	
<i>lindane external shampoo</i>	Tier-2	
<i>malathion external lotion</i>	Tier-2	
<i>permethrin external cream</i>	Tier-3	
SKLICE EXTERNAL LOTION	Tier-4	
<b>TOPICAL, MISCELLANEOUS</b>		
<i>ammonium lactate external cream</i>	Tier-3	
<i>ammonium lactate external lotion</i>	Tier-2	
ANUSOL-HC RECTAL CREAM	Tier-4	
<i>diclofenac epolamine transdermal patch</i>	Tier-3	QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel</i>	Tier-3	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-2	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	Tier-5	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
ELIDEL EXTERNAL CREAM	Tier-4	STPA
EUCRISA EXTERNAL OINTMENT	Tier-4	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>WOMEN'S HEALTH</b>		
<b>CONTRACEPTIVES</b>		
<i>amethia oral tablet</i>	Tier-2	
<i>apri oral tablet</i>	Tier-2	
<i>aranelle oral tablet</i>	Tier-2	
<i>ashlyna oral tablet</i>	Tier-2	
<i>aubra oral tablet</i>	Tier-2	
<i>aviane oral tablet</i>	Tier-2	
<i>balziva oral tablet</i>	Tier-2	
<i>briellyn oral tablet</i>	Tier-2	
<i>camila oral tablet</i>	Tier-2	
<i>deblitane oral tablet</i>	Tier-2	
<i>delyla oral tablet</i>	Tier-2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier-2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-2	
<i>emoquette oral tablet</i>	Tier-2	
<i>errin oral tablet</i>	Tier-2	
<i>estradiol-norethindrone acet oral tablet</i>	Tier-2	
<i>falmina oral tablet</i>	Tier-2	
<b>GENERESS FE ORAL TABLET CHEWABLE</b>	Tier-4	
<i>introvale oral tablet</i>	Tier-2	
<i>junel 1.5/30 oral tablet</i>	Tier-2	
<i>junel 1/20 oral tablet</i>	Tier-2	
<i>junel fe 1.5/30 oral tablet</i>	Tier-2	
<i>junel fe 1/20 oral tablet</i>	Tier-2	
<i>junel fe 24 oral tablet</i>	Tier-2	
<i>kariva oral tablet</i>	Tier-2	
<i>kelnor 1/35 oral tablet</i>	Tier-2	
<i>larin 1.5/30 oral tablet</i>	Tier-2	
<i>larin 1/20 oral tablet</i>	Tier-2	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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<i>necon 0.5/35 (28) oral tablet</i>	Tier-2	
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<i>norethin ace-eth estrad-fe oral tablet</i>	Tier-2	
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<i>norlyroc oral tablet</i>	Tier-2	
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier-2	
<i>nortrel 1/35 (21) oral tablet</i>	Tier-2	
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<i>nortrel 7/7/7 oral tablet</i>	Tier-2	
<i>orsythia oral tablet</i>	Tier-2	
<i>portia-28 oral tablet</i>	Tier-2	
<i>sharobel oral tablet</i>	Tier-2	
<i>tarina fe 1/20 oral tablet</i>	Tier-2	
<i>tri-previfem oral tablet</i>	Tier-2	
<i>tri-sprintec oral tablet</i>	Tier-2	
<i>trivora (28) oral tablet</i>	Tier-2	
<i>velivet oral tablet</i>	Tier-2	
<i>vyfemla oral tablet</i>	Tier-2	
<i>zovia 1/35e (28) oral tablet</i>	Tier-2	
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<i>alendronate sodium oral tablet</i>	Tier-1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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DIVIGEL TRANSDERMAL GEL	Tier-4	
<i>dotti transdermal patch twice weekly</i>	Tier-2	PA
DUAVEE ORAL TABLET	Tier-4	PA
ELESTRIN TRANSDERMAL GEL	Tier-4	
<i>estradiol oral tablet</i>	Tier-1	PA
<i>estradiol transdermal patch twice weekly</i>	Tier-2	PA
<i>estradiol transdermal patch weekly</i>	Tier-2	PA
<i>estradiol vaginal cream</i>	Tier-3	
<i>estradiol vaginal tablet</i>	Tier-3	
<i>estradiol valerate intramuscular oil</i>	Tier-2	
ESTRING VAGINAL RING	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-4	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	Tier-4	PA
FEMRING VAGINAL RING	Tier-3	
FORTEO SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
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<i>ibandronate sodium oral tablet</i>	Tier-2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	Tier-4	
IMVEXXY STARTER PACK VAGINAL INSERT	Tier-4	
<i>jinteli oral tablet</i>	Tier-2	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier-1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier-1	
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
MENEST ORAL TABLET	Tier-4	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-4	PA
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier-2	PA
ORILISSA ORAL TABLET 150 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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PREMPHASE ORAL TABLET	Tier-4	PA
PREMPRO ORAL TABLET	Tier-4	PA
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PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA
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TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier-5	PA; NEDS
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**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

**Tufts Health Plan:**

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

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

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

**Tufts Health Plan, Attention:**

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St., Watertown, MA 02472

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

Fax: 1-617-972-9048

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

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

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

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019 (TDD: 1-800-537-7697)

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

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

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

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

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY: 711)。

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

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

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

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

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

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

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

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 711) まで、お電話にてご連絡ください。

**Khmer (Cambodian):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ថ្ងៃ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

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

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

**Navajo:** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'deęę, t'áá jiikeh, éí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

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

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

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

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

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).



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This formulary was updated on 12/01/2019. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 711, Monday - Friday 8 a.m. - 8 p.m. (From October 1 - March 31 representatives are available 7 days a week, 8 a.m. - 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Or visit [thpmp.org](http://thpmp.org).

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Tufts Health Plan is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal.



705 Mount Auburn Street,  
Watertown, MA 02472