

TUFTS HEALTH PLAN SENIOR CARE OPTIONS | 2019

Tufts Health Plan Senior Care Options 2019 Formulary (List of Covered Drugs)

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

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact us at 1-855-670-5934 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/sco.

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 Health Plan Senior Care Options (SNP) | 2019 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Tufts Health Plan Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health Plan Senior Care Options.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thmp.org/sco.


Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	6
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	6
B2. Does the Drug List ever change?	7
B3. What happens when there is a change to the Drug List?.....	8
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	9
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?.....	9
B6. What happens if we change our rules about how we cover some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	10
B7. How can you find a drug on the Drug List?.....	10
B8. What if the drug you want to take is not on the Drug List?.....	10
B9. What if you are a new Tufts Health Plan Senior Care Options member and can’t find your drug on the Drug List or have a problem getting your drug?	11
B10. Can you ask for an exception to cover your drug?.....	12
B11. How can you ask for an exception?.....	12
B12. How long does it take to get an exception?	12
B13. What are generic drugs?	12
B14. What are OTC drugs?	13
B15. Does Tufts Health Plan Senior Care Options cover OTC non-drug products?.....	13
B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?	13
B17. Can I get prescriptions delivered to my home from my local pharmacy?	13
B18. What is your copay?.....	14
C. Overview of the <i>List of Covered Drugs</i>	15
C1. List of Drugs by Medical Condition.....	15
D. Index of Covered Drugs.....	95

A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Plan Senior Care Options*.

- ❖ Tufts Health Plan is an HMO-SNP plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and Centers for Medicare & Medicaid Services (CMS).
- ❖ You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at thmp.org/sco or by calling 1-855-670-5934.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 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.)
- ❖ ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711), de lunes a viernes, de 8 a. m. a 8 p. m. (desde el 1 de octubre hasta el 31 de marzo, los representantes están disponibles los 7 días de la semana, de 8 a. m. a 8 p. m.)
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-670-5934 (TTY: 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.) The call is free.

 **If you have questions**, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thmp.org/sco.

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 1-855-670-5934 (TTY: 711).

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

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

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

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

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

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

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

thmp.org/sco | 1-855-670-5934

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. For more information, visit thpmp.org/sco.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 19 are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Tufts Health Plan Senior Care Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Tufts Health Plan Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Tufts Health Plan Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. See question B4 for more information.

You can also see an up-to-date list of drugs that we cover on our website at thmp.org/sco or call Customer Relations at 1-855-670-5934.

B2. Does the Drug List ever change?

Yes. Tufts Health Plan Senior Care Options may add or remove drugs on the Drug List during the year.

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

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

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

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

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

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

- You can always check Tufts Health Plan Senior Care Options' up-to-date Drug List online at thpmp.org/sco.
- You can also call Customer Relations to check the current Drug List at 1-855-670-5934.



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

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

- **A new generic drug becomes available.** Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. You can then talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead.

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

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

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

- Get a 30-day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see questions B10-B12 for more information about exceptions.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Tufts Health Plan Senior Care Options before you fill your prescription. Prior approval means an approval from Tufts Health Plan Senior Care Options to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Prior authorization is different from a referral. Tufts Health Plan Senior Care Options may not cover the drug if you don't get approval.
- **Quantity limits:** Sometimes Tufts Health Plan Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health Plan Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Non-extended day supply drug:** For certain drugs, Tufts Health Plan Senior Care Options limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 19. You can also get more information by visiting our web site at thmp.org/sco. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 19 has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thmp.org/sco.

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 95.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 17. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Customer Relations at 1-855-670-5934 and ask about it. If you learn that Tufts Health Plan Senior Care Options will not cover the drug, you can do one of these things:

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

B9. What if you are a new Tufts Health Plan Senior Care Options member and can't find your drug on the Drug List or have a problem getting your drug?

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

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

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

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

If you are taking a drug that Tufts Health Plan Senior Care Options does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

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

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 Health Plan Senior Care Options Customer Relations department.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thmp.org/sco.



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

Yes. You can ask Tufts Health Plan Senior Care Options to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can you ask for an exception?

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

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

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

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

B13. What are generic drugs?

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

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MassHealth Over-the-Counter Drug List to see what OTC drugs are covered.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit:

- Benzonatate
- Chondroitin/MSM
- Coenzyme – Q10
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Methylsulfonylmethane (MSM)
- Omega 3/Fish Oil

B15. Does Tufts Health Plan Senior Care Options cover OTC non-drug products?

Tufts Health Plan Senior Care Options covers some OTC non-drug products when they are written as prescriptions by your provider.

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

You can read the Tufts Health Plan Senior Care Options Drug List to see what OTC non-drug products are covered.

B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?

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

B17. Can I get prescriptions delivered to my home from my local pharmacy?

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



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thpmp.org/sco.

B18. What is your copay?

Tufts Health Plan Senior Care Options members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs (Preferred Generic) have \$0 copay
- Tier 2 drugs (Generic) have \$0 copay
- Tier 3 drugs (Preferred Brand) have \$0 copay
- Tier 4 drugs (Non-preferred Drug) have \$0 copay
- Tier 5 drugs (Specialty Tier) have \$0 copay

OTCs have a \$0 copay.

If you have questions, call Customer Relations at 1-855-670-5934.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 95. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of Drugs by Medical Condition

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

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

B vs D: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options 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.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

LA: Limited Access Drug.

This prescription may be available only at certain pharmacies.

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.

This section is continued on the next page



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 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.) The call is free. **For more information**, visit thpmp.org/sco. 15

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 Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Transplant:

This drug is covered under Part B when used for a Medicare covered organ transplant.

Part B Drug:

No co-payment is required and the cost of the medication does not apply to your Part D benefit.

NEDS: Non-extended Day Supply Drug

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

SP: Available through a designated Special Pharmacy provider

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

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

The first column of the chart lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *omeprazole*), brand name drugs are capitalized (e.g., PROAIR HFA). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Tufts Health Plan Senior Care Options has any rules for covering your drug.

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE.....	19
BLOOD MODIFYING AGENTS.....	27
CANCER DRUGS.....	28
CARDIOVASCULAR AGENTS.....	34
DIABETES MELLITUS.....	40
EAR, NOSE AND THROAT.....	43
EYE.....	44
GASTROINTESTINAL DRUGS.....	48
HOME INFUSION THERAPY.....	51
HORMONES.....	55
IMMUNOLOGIC AGENTS.....	57
MISCELLANEOUS DRUGS.....	60
NEUROLOGICAL DRUGS.....	69
PAIN AND INFLAMMATORY DISEASES.....	74
PSYCHIATRIC.....	78
RESPIRATORY DRUGS.....	84
SKIN.....	88
WOMEN'S HEALTH.....	94

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole oral tablet</i>	\$0 (Tier-2)	
MONUROL ORAL PACKET	\$0 (Tier-4)	
<i>neomycin sulfate oral tablet</i>	\$0 (Tier-2)	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$0 (Tier-2)	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohydrate macro oral capsule</i>	\$0 (Tier-2)	PA; QL (90 EA per 365 days)
<i>praziquantel oral tablet</i>	\$0 (Tier-3)	
SIVEXTRO ORAL TABLET	\$0 (Tier-5)	NEDS
STROMECTOL ORAL TABLET	\$0 (Tier-3)	
<i>trimethoprim oral tablet</i>	\$0 (Tier-2)	
<i>vancomycin hcl oral capsule</i>	\$0 (Tier-3)	
<i>vancomycin hcl oral solution reconstituted</i>	\$0 (Tier-4)	
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier-5)	NEDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier-5)	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	\$0 (Tier-5)	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	\$0 (Tier-2)	
BENZNIDAZOLE ORAL TABLET	\$0 (Tier-4)	
<i>chloroquine phosphate oral tablet</i>	\$0 (Tier-2)	
COARTEM ORAL TABLET	\$0 (Tier-3)	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	\$0 (Tier-2)	
DARAPRIM ORAL TABLET	\$0 (Tier-3)	
<i>hydroxychloroquine sulfate oral tablet</i>	\$0 (Tier-2)	
KRINTAFEL ORAL TABLET	\$0 (Tier-3)	QL (2 EA per 7 days)
<i>mefloquine hcl oral tablet</i>	\$0 (Tier-2)	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-4)	B vs D
<i>paromomycin sulfate oral capsule</i>	\$0 (Tier-2)	
PENTAM INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>primaquine phosphate oral tablet</i>	\$0 (Tier-2)	
<i>quinine sulfate oral capsule</i>	\$0 (Tier-2)	
<i>tinidazole oral tablet</i>	\$0 (Tier-2)	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$0 (Tier-3)	
<i>abacavir sulfate oral tablet</i>	\$0 (Tier-2)	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$0 (Tier-5)	NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir oral capsule</i>	\$0 (Tier-1)	
<i>acyclovir oral suspension</i>	\$0 (Tier-3)	
<i>acyclovir oral tablet</i>	\$0 (Tier-2)	
<i>adefovir dipivoxil oral tablet</i>	\$0 (Tier-5)	NEDS
<i>amantadine hcl oral capsule</i>	\$0 (Tier-2)	
<i>amantadine hcl oral syrup</i>	\$0 (Tier-2)	
<i>amantadine hcl oral tablet</i>	\$0 (Tier-2)	
APTIVUS ORAL CAPSULE	\$0 (Tier-5)	NEDS
APTIVUS ORAL SOLUTION	\$0 (Tier-5)	NEDS
<i>atazanavir sulfate oral capsule</i>	\$0 (Tier-5)	NEDS
ATRIPLA ORAL TABLET	\$0 (Tier-5)	NEDS
BIKTARVY ORAL TABLET	\$0 (Tier-5)	NEDS
CIMDUO ORAL TABLET	\$0 (Tier-5)	NEDS
COMPLERA ORAL TABLET	\$0 (Tier-5)	NEDS
CRIXIVAN ORAL CAPSULE	\$0 (Tier-3)	
DELSTRIGO ORAL TABLET	\$0 (Tier-3)	
DESCOVY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>didanosine oral capsule delayed release</i>	\$0 (Tier-2)	
DOVATO ORAL TABLET	\$0 (Tier-5)	NEDS
EDURANT ORAL TABLET	\$0 (Tier-5)	NEDS
<i>efavirenz oral capsule</i>	\$0 (Tier-3)	
<i>efavirenz oral tablet</i>	\$0 (Tier-5)	NEDS
EMTRIVA ORAL CAPSULE	\$0 (Tier-3)	
EMTRIVA ORAL SOLUTION	\$0 (Tier-3)	
<i>entecavir oral tablet</i>	\$0 (Tier-5)	NEDS
EPCLUSA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	\$0 (Tier-3)	
EVOTAZ ORAL TABLET	\$0 (Tier-5)	NEDS
<i>famciclovir oral tablet</i>	\$0 (Tier-2)	
<i>fosamprenavir calcium oral tablet</i>	\$0 (Tier-5)	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	\$0 (Tier-5)	NEDS
HARVONI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (Tier-3)	
INTELENCE ORAL TABLET 200 MG	\$0 (Tier-5)	NEDS
INTRON A INJECTION SOLUTION	\$0 (Tier-3)	SP-CVS specialty

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTRON A INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty
INVIRASE ORAL TABLET	\$0 (Tier-5)	NEDS
ISENTRESS HD ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	\$0 (Tier-3)	
ISENTRESS ORAL TABLET	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier-5)	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier-3)	QL (720 EA per 30 days)
JULUCA ORAL TABLET	\$0 (Tier-5)	NEDS
KALETRA ORAL SOLUTION	\$0 (Tier-5)	NEDS
KALETRA ORAL TABLET 100-25 MG	\$0 (Tier-3)	
KALETRA ORAL TABLET 200-50 MG	\$0 (Tier-5)	NEDS
<i>lamivudine oral solution</i>	\$0 (Tier-2)	
<i>lamivudine oral tablet</i>	\$0 (Tier-2)	
<i>lamivudine-zidovudine oral tablet</i>	\$0 (Tier-2)	
LEXIVA ORAL SUSPENSION	\$0 (Tier-3)	
<i>lopinavir-ritonavir oral solution</i>	\$0 (Tier-3)	
MAVYRET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nevirapine oral suspension</i>	\$0 (Tier-2)	
<i>nevirapine oral tablet</i>	\$0 (Tier-2)	
NORVIR ORAL PACKET	\$0 (Tier-3)	
NORVIR ORAL SOLUTION	\$0 (Tier-3)	
ODEFSEY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>oseltamivir phosphate oral capsule</i>	\$0 (Tier-1)	
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier-1)	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	\$0 (Tier-5)	NEDS
PREVYMIS ORAL TABLET	\$0 (Tier-5)	PA; NEDS
PREZCOBIX ORAL TABLET	\$0 (Tier-5)	NEDS
PREZISTA ORAL SUSPENSION	\$0 (Tier-5)	NEDS
PREZISTA ORAL TABLET	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (60 EA per 180 days)
RESCRIPTOR ORAL TABLET	\$0 (Tier-3)	
REYATAZ ORAL CAPSULE	\$0 (Tier-5)	NEDS
REYATAZ ORAL PACKET	\$0 (Tier-5)	NEDS
<i>ribavirin oral capsule</i>	\$0 (Tier-2)	SP-CVS specialty
<i>ribavirin oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	\$0 (Tier-2)	
<i>ritonavir oral tablet</i>	\$0 (Tier-3)	
SELZENTRY ORAL SOLUTION	\$0 (Tier-4)	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier-4)	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	\$0 (Tier-2)	
STRIBILD ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI LO ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI ORAL TABLET	\$0 (Tier-5)	NEDS
SYMTUZA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	\$0 (Tier-5)	NEDS
TIVICAY ORAL TABLET 10 MG	\$0 (Tier-4)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier-5)	NEDS
TRIUMEQ ORAL TABLET	\$0 (Tier-5)	NEDS
TRUVADA ORAL TABLET	\$0 (Tier-5)	NEDS
TYBOST ORAL TABLET	\$0 (Tier-3)	
<i>valacyclovir hcl oral tablet</i>	\$0 (Tier-3)	
<i>valganciclovir hcl oral solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>valganciclovir hcl oral tablet</i>	\$0 (Tier-5)	NEDS
VEMLIDY ORAL TABLET	\$0 (Tier-5)	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	
VIDEX ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier-5)	NEDS
VIRAMUNE ORAL SUSPENSION	\$0 (Tier-3)	
VIREAD ORAL POWDER	\$0 (Tier-5)	NEDS
VIREAD ORAL TABLET	\$0 (Tier-5)	NEDS
VOSEVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOFLUZA ORAL TABLET THERAPY PACK	\$0 (Tier-4)	QL (2 EA per 7 days)
ZEPATIER ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZIAGEN ORAL TABLET	\$0 (Tier-3)	
<i>zidovudine oral capsule</i>	\$0 (Tier-2)	
<i>zidovudine oral syrup</i>	\$0 (Tier-2)	
<i>zidovudine oral tablet</i>	\$0 (Tier-2)	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	\$0 (Tier-1)	
<i>amoxicillin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet chewable</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	\$0 (Tier-2)	
<i>ampicillin oral capsule</i>	\$0 (Tier-1)	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>cefaclor oral capsule</i>	\$0 (Tier-2)	
<i>cefaclor oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefadroxil oral capsule</i>	\$0 (Tier-1)	
<i>cefadroxil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefadroxil oral tablet</i>	\$0 (Tier-2)	
<i>cefdinir oral capsule</i>	\$0 (Tier-2)	
<i>cefdinir oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefixime oral capsule</i>	\$0 (Tier-3)	
<i>cefixime oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral tablet</i>	\$0 (Tier-2)	
<i>cefprozil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefprozil oral tablet</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefuroxime axetil oral tablet</i>	\$0 (Tier-2)	
<i>cephalexin oral capsule</i>	\$0 (Tier-1)	
<i>cephalexin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cephalexin oral tablet</i>	\$0 (Tier-2)	
<i>dicloxacillin sodium oral capsule</i>	\$0 (Tier-3)	
<i>penicillin v potassium oral solution reconstituted</i>	\$0 (Tier-1)	
<i>penicillin v potassium oral tablet</i>	\$0 (Tier-1)	
SUPRAX ORAL CAPSULE	\$0 (Tier-4)	
SUPRAX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	
SUPRAX ORAL TABLET CHEWABLE	\$0 (Tier-4)	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral packet</i>	\$0 (Tier-2)	
<i>azithromycin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>azithromycin oral tablet</i>	\$0 (Tier-1)	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>clarithromycin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>clarithromycin oral tablet</i>	\$0 (Tier-2)	
<i>clindamycin hcl oral capsule</i>	\$0 (Tier-1)	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$0 (Tier-3)	
DIFICID ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>e.e.s. 400 oral tablet</i>	\$0 (Tier-2)	
<i>eryped 400 oral suspension reconstituted</i>	\$0 (Tier-2)	
ERY-TAB ORAL TABLET DELAYED RELEASE	\$0 (Tier-4)	
<i>erythrocin stearate oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral capsule delayed release particles</i>	\$0 (Tier-2)	
<i>erythromycin base oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral tablet delayed release</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (Tier-3)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0 (Tier-2)	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isoniazid oral syrup</i>	\$0 (Tier-2)	
<i>isoniazid oral tablet</i>	\$0 (Tier-1)	
PASER ORAL PACKET	\$0 (Tier-4)	
PRIFTIN ORAL TABLET	\$0 (Tier-3)	
<i>pyrazinamide oral tablet</i>	\$0 (Tier-2)	
<i>rifabutin oral capsule</i>	\$0 (Tier-2)	
RIFAMATE ORAL CAPSULE	\$0 (Tier-4)	
<i>rifampin oral capsule</i>	\$0 (Tier-2)	
RIFATER ORAL TABLET	\$0 (Tier-4)	
SIRTURO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TRECTOR ORAL TABLET	\$0 (Tier-4)	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
BAXDELA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>ciprofloxacin hcl oral tablet</i>	\$0 (Tier-1)	
<i>ciprofloxacin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>levofloxacin oral solution</i>	\$0 (Tier-3)	
<i>levofloxacin oral tablet</i>	\$0 (Tier-1)	
<i>moxifloxacin hcl oral tablet</i>	\$0 (Tier-3)	
<i>ofloxacin oral tablet</i>	\$0 (Tier-2)	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	\$0 (Tier-2)	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$0 (Tier-1)	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral capsule 100 mg</i>	\$0 (Tier-3)	
<i>doxycycline hyclate oral capsule 50 mg</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral tablet</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>	\$0 (Tier-3)	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg, 75 mg</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral capsule</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral tablet 150 mg</i>	\$0 (Tier-3)	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>minocycline hcl oral capsule</i>	\$0 (Tier-2)	
<i>minocycline hcl oral tablet</i>	\$0 (Tier-3)	
<i>mondoxyne nl oral capsule</i>	\$0 (Tier-1)	
NUZYRA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tetracycline hcl oral capsule</i>	\$0 (Tier-3)	
VIBRAMYCIN ORAL SYRUP	\$0 (Tier-4)	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	\$0 (Tier-2)	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
BRILINTA ORAL TABLET	\$0 (Tier-3)	
<i>cilostazol oral tablet</i>	\$0 (Tier-2)	
<i>clopidogrel bisulfate oral tablet</i>	\$0 (Tier-1)	
<i>dipyridamole oral tablet</i>	\$0 (Tier-2)	PA
<i>prasugrel hcl oral tablet</i>	\$0 (Tier-3)	
ZONTIVITY ORAL TABLET	\$0 (Tier-4)	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	\$0 (Tier-5)	PA; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 14 days); NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier-3)	SP-CVS specialty; QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier-5)	SP-CVS specialty; QL (10 ML per 14 days); NEDS
PROMACTA ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 14 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (10 ML per 14 days); NEDS
BLOOD THINNERS		
COUMADIN ORAL TABLET	\$0 (Tier-4)	
ELIQUIS ORAL TABLET	\$0 (Tier-3)	
ELIQUIS STARTER PACK ORAL TABLET	\$0 (Tier-3)	
<i>enoxaparin sodium subcutaneous solution</i>	\$0 (Tier-3)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier-5)	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier-2)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$0 (Tier-5)	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0 (Tier-3)	
<i>jantoven oral tablet</i>	\$0 (Tier-1)	
PRADAXA ORAL CAPSULE	\$0 (Tier-4)	
<i>warfarin sodium oral tablet</i>	\$0 (Tier-1)	
XARELTO ORAL TABLET	\$0 (Tier-3)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	\$0 (Tier-5)	NEDS
<i>pentoxifylline er oral tablet extended release</i>	\$0 (Tier-2)	
STIMATE NASAL SOLUTION	\$0 (Tier-4)	SP-CVS specialty
TAVALISSE ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	\$0 (Tier-2)	
CANCER DRUGS		
INJECTABLE AGENTS		
SYLATRON SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORAL AGENTS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	\$0 (Tier-3)	Part B
ALUNBRIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	\$0 (Tier-1)	
BALVERSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>bexarotene oral capsule</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	\$0 (Tier-2)	
BOSULIF ORAL TABLET 100 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
CABOMETYX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>capecitabine oral tablet</i>	\$0 (Tier-2)	Part B; SP-CVS specialty
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COPIKTRA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
COTELLIC ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0 (Tier-3)	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	\$0 (Tier-3)	
EMCYT ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	\$0 (Tier-2)	Part B; SP-CVS specialty
<i>exemestane oral tablet</i>	\$0 (Tier-2)	
FARESTON ORAL TABLET	\$0 (Tier-3)	
FARYDAK ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	\$0 (Tier-2)	
GILOTRIF ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GLEOSTINE ORAL CAPSULE	\$0 (Tier-4)	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	\$0 (Tier-3)	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	\$0 (Tier-2)	
IBRANCE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	\$0 (Tier-5)	PA; NEDS
IDHIFA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
IMBRUVICA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
INLYTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
JAKAFI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI 200 DOSE ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI 400 DOSE ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI 600 DOSE ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
<i>letrozole oral tablet</i>	\$0 (Tier-1)	
LEUKERAN ORAL TABLET	\$0 (Tier-3)	
LONSURF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
LYSODREN ORAL TABLET	\$0 (Tier-3)	
MATULANE ORAL CAPSULE	\$0 (Tier-5)	NEDS
<i>megestrol acetate oral tablet</i>	\$0 (Tier-1)	PA
MEKINIST ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>melphalan oral tablet</i>	\$0 (Tier-2)	Part B
<i>mercaptopurine oral tablet</i>	\$0 (Tier-2)	
MYLERAN ORAL TABLET	\$0 (Tier-3)	Part B
NERLYNX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	\$0 (Tier-5)	NEDS
NINLARO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	\$0 (Tier-5)	NEDS
REVLIMID ORAL CAPSULE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	\$0 (Tier-3)	
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty
TAFINLAR ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TAGRISSE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TALZENNA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>tamoxifen citrate oral tablet</i>	\$0 (Tier-2)	
TARCEVA ORAL TABLET 100 MG	\$0 (Tier-5)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
TARCEVA ORAL TABLET 150 MG, 25 MG	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
TARGRETIN ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>temozolomide oral capsule</i>	\$0 (Tier-3)	Part B; SP-CVS specialty
THALOMID ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>toremifene citrate oral tablet</i>	\$0 (Tier-3)	
<i>tretinoin oral capsule</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
TURALIO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
TYKERB ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	\$0 (Tier-4)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier-5)	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
VERZENIO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
VITRAKVI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
VOTRIENT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XTANDI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
ZELBORAF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 250 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	\$0 (Tier-2)	
MESNEX ORAL TABLET	\$0 (Tier-5)	NEDS
XURIDEN ORAL PACKET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	\$0 (Tier-1)	
<i>captopril oral tablet</i>	\$0 (Tier-1)	
<i>enalapril maleate oral tablet</i>	\$0 (Tier-2)	
<i>fosinopril sodium oral tablet</i>	\$0 (Tier-1)	
<i>lisinopril oral tablet</i>	\$0 (Tier-1)	
<i>moexipril hcl oral tablet</i>	\$0 (Tier-1)	
<i>perindopril erbumine oral tablet</i>	\$0 (Tier-1)	
<i>quinapril hcl oral tablet</i>	\$0 (Tier-1)	
<i>ramipril oral capsule</i>	\$0 (Tier-1)	
<i>trandolapril oral tablet</i>	\$0 (Tier-1)	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>doxazosin mesylate oral tablet</i>	\$0 (Tier-1)	
<i>prazosin hcl oral capsule</i>	\$0 (Tier-1)	
<i>terazosin hcl oral capsule</i>	\$0 (Tier-1)	
ANGINA		
CORLANOR ORAL SOLUTION	\$0 (Tier-4)	PA
CORLANOR ORAL TABLET	\$0 (Tier-4)	PA
<i>isosorbide dinitrate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>isosorbide dinitrate oral tablet</i>	\$0 (Tier-1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isosorbide mononitrate oral tablet</i>	\$0 (Tier-2)	
NITRO-BID TRANSDERMAL OINTMENT	\$0 (Tier-4)	
<i>nitroglycerin sublingual tablet sublingual</i>	\$0 (Tier-2)	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0 (Tier-2)	
<i>nitroglycerin translingual solution</i>	\$0 (Tier-3)	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-3)	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	\$0 (Tier-1)	
<i>eprosartan mesylate oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan oral tablet</i>	\$0 (Tier-1)	
<i>losartan potassium oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan medoxomil oral tablet</i>	\$0 (Tier-3)	
<i>telmisartan oral tablet</i>	\$0 (Tier-3)	
<i>valsartan oral tablet</i>	\$0 (Tier-2)	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl oral tablet</i>	\$0 (Tier-2)	
<i>digitek oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digitek oral tablet 250 mcg</i>	\$0 (Tier-1)	PA
<i>digox oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digox oral tablet 250 mcg</i>	\$0 (Tier-1)	PA
<i>digoxin oral solution</i>	\$0 (Tier-1)	PA
<i>digoxin oral tablet 125 mcg</i>	\$0 (Tier-1)	
<i>digoxin oral tablet 250 mcg</i>	\$0 (Tier-1)	PA
<i>disopyramide phosphate oral capsule</i>	\$0 (Tier-2)	PA
<i>dofetilide oral capsule</i>	\$0 (Tier-3)	
<i>flecainide acetate oral tablet</i>	\$0 (Tier-2)	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	\$0 (Tier-4)	
LANOXIN ORAL TABLET 250 MCG	\$0 (Tier-4)	PA
<i>mexiletine hcl oral capsule</i>	\$0 (Tier-2)	
MULTAQ ORAL TABLET	\$0 (Tier-4)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	PA
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
<i>propafenone hcl oral tablet</i>	\$0 (Tier-2)	
<i>quinidine gluconate er oral tablet extended release</i>	\$0 (Tier-2)	
<i>quinidine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>sorine oral tablet</i>	\$0 (Tier-2)	
<i>sotalol hcl (af) oral tablet</i>	\$0 (Tier-1)	
<i>sotalol hcl oral tablet</i>	\$0 (Tier-1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>labetalol hcl oral tablet</i>	\$0 (Tier-2)	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$0 (Tier-2)	
<i>atenolol oral tablet</i>	\$0 (Tier-1)	
<i>betaxolol hcl oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol fumarate oral tablet</i>	\$0 (Tier-2)	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>metoprolol tartrate oral tablet</i>	\$0 (Tier-1)	
<i>nadolol oral tablet</i>	\$0 (Tier-3)	
<i>pindolol oral tablet</i>	\$0 (Tier-2)	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>propranolol hcl oral solution</i>	\$0 (Tier-2)	
<i>propranolol hcl oral tablet</i>	\$0 (Tier-1)	
<i>timolol maleate oral tablet</i>	\$0 (Tier-2)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	\$0 (Tier-1)	
<i>cartia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl oral tablet</i>	\$0 (Tier-1)	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>felodipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isradipine oral capsule</i>	\$0 (Tier-2)	
<i>matzim la oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nicardipine hcl oral capsule</i>	\$0 (Tier-2)	
<i>nifedipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine oral capsule</i>	\$0 (Tier-2)	PA
<i>nimodipine oral capsule</i>	\$0 (Tier-2)	
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
NYMALIZE ORAL SOLUTION	\$0 (Tier-5)	NEDS

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>klor-con m20 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con oral packet</i>	\$0 (Tier-1)	
<i>klor-con oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con sprinkle oral capsule extended release</i>	\$0 (Tier-1)	
K-TAB ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>potassium chloride crys er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral capsule extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride oral packet</i>	\$0 (Tier-1)	
<i>potassium chloride oral solution</i>	\$0 (Tier-1)	
VASODILATORS		
BIDIL ORAL TABLET	\$0 (Tier-3)	
<i>hydralazine hcl oral tablet</i>	\$0 (Tier-1)	
<i>minoxidil oral tablet</i>	\$0 (Tier-2)	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	\$0 (Tier-2)	
BD DISP NEEDLE	\$0 (Tier-3)	
BD INSULIN SYRINGE	\$0 (Tier-3)	
BD INSULIN SYRINGE U-500	\$0 (Tier-3)	
<i>comfort assist insulin syringe</i>	\$0 (Tier-2)	
<i>cvs gauze sterile pad</i>	\$0 (Tier-2)	
<i>exel comfort point pen needle</i>	\$0 (Tier-2)	
<i>gauze pads pad</i>	\$0 (Tier-2)	
<i>global alcohol prep ease pad</i>	\$0 (Tier-2)	
<i>insulin syringe</i>	\$0 (Tier-2)	
INSULIN SYRINGE	\$0 (Tier-3)	
<i>lancets</i>	\$0 (Tier-2)	Part B
ONETOUCH TEST STRIPS	\$0 (Tier-3)	Part B
<i>preferred plus insulin syringe</i>	\$0 (Tier-2)	
RELI-ON INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE PEN NEEDLES	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS INSULIN SYRINGE	\$0 (Tier-3)	
TRUEPLUS PEN NEEDLES	\$0 (Tier-3)	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
GLUCAGON EMERGENCY INJECTION KIT	\$0 (Tier-3)	
PROGLYCEM ORAL SUSPENSION	\$0 (Tier-4)	
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-3)	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN R INJECTION SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
LANTUS SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
NON-INSULIN INJECTABLES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	\$0 (Tier-3)	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	\$0 (Tier-3)	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-4)	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-4)	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
ORAL AGENTS		
<i>acarbose oral tablet</i>	\$0 (Tier-1)	
FARXIGA ORAL TABLET	\$0 (Tier-3)	
<i>glimepiride oral tablet</i>	\$0 (Tier-1)	
<i>glipizide er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>glipizide oral tablet</i>	\$0 (Tier-1)	
<i>glipizide-metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>glyburide micronized oral tablet</i>	\$0 (Tier-1)	PA
<i>glyburide oral tablet</i>	\$0 (Tier-2)	PA
<i>glyburide-metformin oral tablet</i>	\$0 (Tier-1)	PA
JANUMET ORAL TABLET	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
JANUVIA ORAL TABLET	\$0 (Tier-3)	
JARDIANCE ORAL TABLET	\$0 (Tier-3)	
JENTADUETO ORAL TABLET	\$0 (Tier-3)	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	\$0 (Tier-1)	
<i>metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>miglitol oral tablet</i>	\$0 (Tier-3)	
<i>nateglinide oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$0 (Tier-2)	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$0 (Tier-3)	
<i>repaglinide oral tablet</i>	\$0 (Tier-1)	
<i>repaglinide-metformin hcl oral tablet</i>	\$0 (Tier-3)	
RIOMET ORAL SOLUTION	\$0 (Tier-3)	
SYNJARDY ORAL TABLET	\$0 (Tier-3)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>tolbutamide oral tablet</i>	\$0 (Tier-1)	
TRADJENTA ORAL TABLET	\$0 (Tier-3)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	

EAR, NOSE AND THROAT

EAR

<i>acetic acid otic solution</i>	\$0 (Tier-2)	
CIPRO HC OTIC SUSPENSION	\$0 (Tier-3)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier-3)	
<i>ciprofloxacin hcl otic solution</i>	\$0 (Tier-2)	
<i>flac otic oil</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide otic oil</i>	\$0 (Tier-2)	
<i>hydrocortisone-acetic acid otic solution</i>	\$0 (Tier-2)	
<i>ofloxacin otic solution</i>	\$0 (Tier-3)	

MOUTH AND THROAT

<i>cevimeline hcl oral capsule</i>	\$0 (Tier-2)	
<i>chlorhexidine gluconate mouth/throat solution</i>	\$0 (Tier-1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hcl oral tablet</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide mouth/throat paste</i>	\$0 (Tier-2)	
NOSE		
<i>azelastine hcl nasal solution</i>	\$0 (Tier-2)	QL (120 ML per 90 days)
<i>cyproheptadine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>cyproheptadine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>desloratadine oral tablet</i>	\$0 (Tier-2)	
<i>desloratadine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>flunisolide nasal solution</i>	\$0 (Tier-3)	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	\$0 (Tier-1)	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>hydroxyzine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>hydroxyzine pamoate oral capsule</i>	\$0 (Tier-2)	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	\$0 (Tier-2)	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	\$0 (Tier-2)	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral solution</i>	\$0 (Tier-2)	
<i>levocetirizine dihydrochloride oral tablet</i>	\$0 (Tier-2)	
<i>mometasone furoate nasal suspension</i>	\$0 (Tier-3)	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	\$0 (Tier-2)	QL (91.5 GM per 90 days)
EYE		
ALLERGY		
ALOCRILOPHthalmic SOLUTION	\$0 (Tier-4)	
ALOMIDOPHthalmic SOLUTION	\$0 (Tier-4)	
<i>azelastine hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium ophthalmic solution</i>	\$0 (Tier-2)	
<i>epinastine hcl ophthalmic solution</i>	\$0 (Tier-2)	
LASTACAFTOPHthalmic SOLUTION	\$0 (Tier-4)	
<i>olopatadine hcl ophthalmic solution</i>	\$0 (Tier-3)	
ANTI-INFECTIVES		
AZASITEOPHthalmic SOLUTION	\$0 (Tier-4)	
<i>bacitracin ophthalmic ointment</i>	\$0 (Tier-2)	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	\$0 (Tier-2)	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	\$0 (Tier-2)	
BESIVANCEOPHthalmic SUSPENSION	\$0 (Tier-3)	
BLEPHAMIDOPHthalmic SUSPENSION	\$0 (Tier-4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-4)	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$0 (Tier-1)	
COLY-MYCIN	\$0 (Tier-4)	
<i>erythromycin ophthalmic ointment</i>	\$0 (Tier-2)	
<i>gatifloxacin ophthalmic solution</i>	\$0 (Tier-2)	
<i>gentak ophthalmic ointment</i>	\$0 (Tier-2)	
<i>gentamicin sulfate ophthalmic solution</i>	\$0 (Tier-2)	
<i>levofloxacin ophthalmic solution</i>	\$0 (Tier-2)	
MOXEZA OPHTHALMIC SOLUTION	\$0 (Tier-4)	
<i>moxifloxacin hcl ophthalmic solution</i>	\$0 (Tier-3)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-2)	
<i>ofloxacin ophthalmic solution</i>	\$0 (Tier-2)	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium ophthalmic ointment</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium ophthalmic solution</i>	\$0 (Tier-2)	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	\$0 (Tier-2)	
TOBRADEX OPHTHALMIC OINTMENT	\$0 (Tier-3)	
TOBRADEX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
TOBRADEX ST OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>tobramycin ophthalmic solution</i>	\$0 (Tier-2)	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	\$0 (Tier-2)	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	\$0 (Tier-2)	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	
<i>diclofenac sodium ophthalmic solution</i>	\$0 (Tier-2)	
DUREZOL OPHTHALMIC EMULSION	\$0 (Tier-3)	
FLAREX OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>fluorometholone ophthalmic suspension</i>	\$0 (Tier-2)	
<i>flurbiprofen sodium ophthalmic solution</i>	\$0 (Tier-1)	
FML FORTE OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
FML OPHTHALMIC OINTMENT	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ILEVRO OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
INVELTYS OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>ketorolac tromethamine ophthalmic solution</i>	\$0 (Tier-2)	
LOTEMAX OPHTHALMIC GEL	\$0 (Tier-3)	
LOTEMAX OPHTHALMIC OINTMENT	\$0 (Tier-3)	
LOTEMAX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>loteprednol etabonate ophthalmic suspension</i>	\$0 (Tier-3)	
MAXIDEX OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-2)	
PRED MILD OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-3)	
<i>prednisolone acetate ophthalmic suspension</i>	\$0 (Tier-3)	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	
PROLENSA OPHTHALMIC SOLUTION	\$0 (Tier-4)	
ZYLET OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	\$0 (Tier-2)	
ZIRGAN OPHTHALMIC GEL	\$0 (Tier-4)	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>acetazolamide oral tablet</i>	\$0 (Tier-2)	
ALPHAGAN P OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>apraclonidine hcl ophthalmic solution</i>	\$0 (Tier-2)	
AZOPT OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>betaxolol hcl ophthalmic solution</i>	\$0 (Tier-2)	
BETIMOL OPHTHALMIC SOLUTION	\$0 (Tier-3)	
BETOPTIC-S OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>bimatoprost ophthalmic solution</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>brimonidine tartrate ophthalmic solution</i>	\$0 (Tier-2)	
<i>carteolol hcl ophthalmic solution</i>	\$0 (Tier-1)	
COMBIGAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>dorzolamide hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	\$0 (Tier-2)	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	\$0 (Tier-3)	
IOPIDINE OPHTHALMIC SOLUTION	\$0 (Tier-4)	
ISTALOL OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>latanoprost ophthalmic solution</i>	\$0 (Tier-2)	
<i>levobunolol hcl ophthalmic solution</i>	\$0 (Tier-2)	
LUMIGAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>methazolamide oral tablet</i>	\$0 (Tier-2)	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RHOPRESSA OPHTHALMIC SOLUTION	\$0 (Tier-4)	
ROCKLATAN OPHTHALMIC SOLUTION	\$0 (Tier-4)	
SIMBRINZA OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>timolol maleate ophthalmic gel forming solution</i>	\$0 (Tier-3)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier-1)	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	\$0 (Tier-3)	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	\$0 (Tier-3)	
TRAVATAN Z OPHTHALMIC SOLUTION	\$0 (Tier-3)	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution</i>	\$0 (Tier-2)	
CYSTARAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
EYLEA INTRAVITREAL SOLUTION	\$0 (Tier-5)	NEDS
LUCENTIS INTRAVITREAL SOLUTION	\$0 (Tier-5)	NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
NATACYN OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
OXERVATE OPHTHALMIC SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RESTASIS OPHTHALMIC EMULSION	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL DRUGS		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier-5)	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier-3)	B vs D
CESAMET ORAL CAPSULE	\$0 (Tier-3)	B vs D
<i>compro rectal suppository</i>	\$0 (Tier-2)	
<i>dronabinol oral capsule</i>	\$0 (Tier-3)	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	B vs D
<i>granisetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>meclizine hcl oral tablet</i>	\$0 (Tier-2)	
<i>metoclopramide hcl oral solution</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ondansetron hcl oral solution</i>	\$0 (Tier-2)	B vs D
<i>ondansetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>ondansetron oral tablet dispersible</i>	\$0 (Tier-2)	B vs D
<i>prochlorperazine maleate oral tablet</i>	\$0 (Tier-1)	
<i>prochlorperazine rectal suppository</i>	\$0 (Tier-2)	
<i>promethazine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>promethazine hcl oral tablet</i>	\$0 (Tier-2)	PA
SANCUSO TRANSDERMAL PATCH	\$0 (Tier-4)	
<i>scopolamine transdermal patch 72 hour</i>	\$0 (Tier-3)	
VARUBI ORAL TABLET	\$0 (Tier-4)	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	\$0 (Tier-5)	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-3)	
CYSTAGON ORAL CAPSULE	\$0 (Tier-4)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-4)	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl oral tablet</i>	\$0 (Tier-5)	NEDS
CHOLBAM ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>constulose oral solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium oral concentrate</i>	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dicyclomine hcl oral capsule</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral solution</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral tablet</i>	\$0 (Tier-1)	
<i>enulose oral solution</i>	\$0 (Tier-2)	
GATTEX SUBCUTANEOUS KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>generlac oral solution</i>	\$0 (Tier-2)	
<i>glycopyrrolate oral tablet</i>	\$0 (Tier-2)	
KRISTALOSE ORAL PACKET	\$0 (Tier-3)	
<i>lactulose oral packet</i>	\$0 (Tier-3)	
<i>lactulose oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral tablet</i>	\$0 (Tier-2)	
<i>loperamide hcl oral capsule</i>	\$0 (Tier-3)	
<i>megestrol acetate oral suspension</i>	\$0 (Tier-2)	PA
MOVANTIK ORAL TABLET	\$0 (Tier-3)	
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$0 (Tier-4)	
MYTESI ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	PA
OCALIVA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	\$0 (Tier-4)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0 (Tier-2)	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0 (Tier-2)	
<i>propantheline bromide oral tablet</i>	\$0 (Tier-2)	
RELISTOR ORAL TABLET	\$0 (Tier-5)	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0 (Tier-4)	
<i>trilyte oral solution reconstituted</i>	\$0 (Tier-2)	
UCERIS RECTAL FOAM	\$0 (Tier-4)	
<i>ursodiol oral capsule</i>	\$0 (Tier-2)	
<i>ursodiol oral tablet</i>	\$0 (Tier-2)	
XERMELO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	\$0 (Tier-3)	
CARAFATE ORAL SUSPENSION	\$0 (Tier-4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cimetidine hcl oral solution</i>	\$0 (Tier-2)	
<i>cimetidine oral tablet</i>	\$0 (Tier-3)	
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0 (Tier-3)	
<i>esomeprazole strontium oral capsule delayed release</i>	\$0 (Tier-3)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>famotidine oral tablet</i>	\$0 (Tier-1)	
<i>lansoprazole oral capsule delayed release</i>	\$0 (Tier-3)	
<i>lansoprazole oral tablet delayed release dispersible</i>	\$0 (Tier-3)	
<i>lansoprazole oral tablet dispersible</i>	\$0 (Tier-3)	
<i>methscopolamine bromide oral tablet</i>	\$0 (Tier-2)	
<i>misoprostol oral tablet</i>	\$0 (Tier-2)	
<i>nizatidine oral capsule</i>	\$0 (Tier-2)	
<i>nizatidine oral solution</i>	\$0 (Tier-2)	
<i>omeprazole oral capsule delayed release</i>	\$0 (Tier-1)	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$0 (Tier-5)	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	\$0 (Tier-5)	NEDS
<i>pantoprazole sodium oral tablet delayed release</i>	\$0 (Tier-2)	
PYLERA ORAL CAPSULE	\$0 (Tier-3)	
<i>rabeprazole sodium oral tablet delayed release</i>	\$0 (Tier-3)	
<i>ranitidine hcl oral capsule</i>	\$0 (Tier-2)	
<i>ranitidine hcl oral syrup</i>	\$0 (Tier-2)	
<i>ranitidine hcl oral tablet</i>	\$0 (Tier-2)	
<i>sucralfate oral tablet</i>	\$0 (Tier-2)	
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	\$0 (Tier-3)	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>balsalazide disodium oral capsule</i>	\$0 (Tier-2)	
<i>budesonide 3 mg oral capsule delayed release</i>	\$0 (Tier-5)	NEDS
<i>colocort rectal enema</i>	\$0 (Tier-2)	
DELZICOL ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-4)	
<i>hydrocortisone rectal enema</i>	\$0 (Tier-2)	
LINZESS ORAL CAPSULE	\$0 (Tier-3)	
<i>mesalamine oral capsule delayed release</i>	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mesalamine oral tablet delayed release</i>	\$0 (Tier-3)	
<i>mesalamine rectal enema</i>	\$0 (Tier-2)	
<i>mesalamine rectal suppository</i>	\$0 (Tier-3)	
ROWASA RECTAL KIT	\$0 (Tier-4)	
<i>sulfasalazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfasalazine oral tablet delayed release</i>	\$0 (Tier-2)	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-5)	NEDS
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	\$0 (Tier-5)	PA; NEDS
<i>acyclovir sodium intravenous solution</i>	\$0 (Tier-2)	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
<i>amikacin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>amphotericin b injection solution reconstituted</i>	\$0 (Tier-2)	PA
<i>amphotericin b intravenous solution reconstituted</i>	\$0 (Tier-2)	PA
<i>ampicillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>azithromycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>aztreonam injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>bactocill in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>bumetanide injection solution</i>	\$0 (Tier-2)	
<i>caspofungin acetate intravenous solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefepime hcl injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefotaxime sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefotetan disodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefoxitin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefoxitin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftazidime injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ciprofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>colistimethate sodium (cba) injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>daptomycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-4)	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>ertapenem sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>fluconazole in sodium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>furosemide injection solution</i>	\$0 (Tier-2)	
<i>gentamicin in saline intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>gentamicin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>heparin sodium (porcine) injection solution</i>	\$0 (Tier-2)	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>levofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>levofloxacin intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>linezolid intravenous solution</i>	\$0 (Tier-2)	HI; Part B

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meropenem intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>methotrexate sodium (pf) injection solution</i>	\$0 (Tier-2)	B vs D
<i>methotrexate sodium injection solution</i>	\$0 (Tier-2)	B vs D
<i>metronidazole in nacl intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>moxifloxacin hcl in nacl intravenous solution</i>	\$0 (Tier-2)	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>nafcillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>nafcillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g pot in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g potassium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>polymyxin b sulfate injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>rifampin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>streptomycin sulfate intramuscular solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>tigecycline intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>tobramycin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>vancomycin hcl intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>voriconazole intravenous solution reconstituted</i>	\$0 (Tier-2)	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	HI; Part B; NEDS
ELECTROLYTES		
<i>dextrose intravenous solution</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>kcl in dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
<i>kcl-lactated ringers-d5w intravenous solution</i>	\$0 (Tier-2)	
<i>magnesium sulfate injection solution</i>	\$0 (Tier-2)	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>potassium chloride in dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride in nacl intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>sodium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>sodium lactate intravenous solution</i>	\$0 (Tier-2)	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
INTRALIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
NUTRILIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
PLENAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PREMASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROSOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
<i>tprn electrolytes intravenous solution</i>	\$0 (Tier-2)	B vs D
TRAVASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D

HORMONES

ADRENAL CORTICOSTEROIDS

ACTHAR INJECTION GEL	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	\$0 (Tier-2)	
<i>dexamethasone intensol oral concentrate</i>	\$0 (Tier-2)	
<i>dexamethasone oral elixir</i>	\$0 (Tier-2)	
<i>dexamethasone oral tablet</i>	\$0 (Tier-1)	
<i>dexamethasone oral tablet therapy pack</i>	\$0 (Tier-2)	
<i>dexpak 13 day oral tablet therapy pack</i>	\$0 (Tier-2)	
<i>fludrocortisone acetate oral tablet</i>	\$0 (Tier-2)	
<i>hydrocortisone oral tablet</i>	\$0 (Tier-2)	
MEDROL ORAL TABLET	\$0 (Tier-4)	Transplant
<i>methylprednisolone oral tablet</i>	\$0 (Tier-2)	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	\$0 (Tier-2)	Transplant
MILLIPRED ORAL TABLET	\$0 (Tier-4)	Transplant

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
SYNAREL NASAL SOLUTION	\$0 (Tier-5)	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-5)	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levo-t oral tablet</i>	\$0 (Tier-1)	
<i>levothyroxine sodium oral tablet</i>	\$0 (Tier-1)	
<i>levoxyl oral tablet</i>	\$0 (Tier-2)	
<i>liothyronine sodium oral tablet</i>	\$0 (Tier-2)	
<i>methimazole oral tablet</i>	\$0 (Tier-1)	
<i>propylthiouracil oral tablet</i>	\$0 (Tier-2)	
SYNTHROID ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1/2 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1/4 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-2 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-3 ORAL TABLET	\$0 (Tier-4)	
TIROSINT ORAL CAPSULE	\$0 (Tier-4)	
TIROSINT-SOL ORAL SOLUTION	\$0 (Tier-4)	
<i>unithroid oral tablet</i>	\$0 (Tier-1)	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
<i>bcg vaccine injection injectable</i>	\$0 (Tier-2)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
BOOSTRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
DAPTACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	\$0 (Tier-2)	
ENGERIX-B INJECTION SUSPENSION	\$0 (Tier-3)	B vs D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; NEDS
GAMMAGARD INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; HI; Part B; NEDS
GAMMAKED INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
HAVRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
HIBERIX INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	\$0 (Tier-3)	
INFANRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
IPOL INJECTION INJECTABLE	\$0 (Tier-3)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
KINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (Tier-3)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
M-M-R II SUBCUTANEOUS INJECTABLE	\$0 (Tier-3)	
OCTAGAM INTRAVENOUS SOLUTION	\$0 (Tier-3)	PA; HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0 (Tier-3)	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	Part B

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIVIGEN INTRAVENOUS SOLUTION	\$0 (Tier-5)	PA; HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS INJECTABLE	\$0 (Tier-3)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
RECOMBIVAX HB INJECTION SUSPENSION	\$0 (Tier-3)	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
ROTATEQ ORAL SOLUTION	\$0 (Tier-3)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
<i>tdvax intramuscular suspension</i>	\$0 (Tier-2)	
TENIVAC INTRAMUSCULAR INJECTABLE	\$0 (Tier-3)	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	\$0 (Tier-2)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
TWINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0 (Tier-3)	
VAQTA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
VARIVAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-3)	
VARIZIG INTRAMUSCULAR SOLUTION	\$0 (Tier-3)	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-3)	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
IMMUNOSUPPRESSANTS		
ZORTRESS ORAL TABLET	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CELLCEPT ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-5)	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine modified oral solution</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine oral capsule</i>	\$0 (Tier-2)	B vs D
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D; SP-CVS specialty
<i>engraf oral capsule</i>	\$0 (Tier-2)	B vs D
<i>engraf oral solution</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral capsule</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0 (Tier-5)	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	\$0 (Tier-2)	B vs D
PROGRAF ORAL PACKET	\$0 (Tier-5)	B vs D; NEDS
RAPAMUNE ORAL SOLUTION	\$0 (Tier-3)	B vs D
<i>sirolimus oral solution</i>	\$0 (Tier-3)	B vs D
<i>sirolimus oral tablet</i>	\$0 (Tier-2)	B vs D
<i>tacrolimus oral capsule</i>	\$0 (Tier-2)	B vs D
ZORTRESS ORAL TABLET	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate injection solution</i>	\$0 (Tier-2)	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAQEL ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole oral tablet</i>	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TIGLUTIK ORAL SUSPENSION	\$0 (Tier-5)	NEDS
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection solution</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (20.1 ML per 28 days); NEDS
CUSHING'S SYNDROME		
KORLYM ORAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
KALYDECO ORAL PACKET	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
KALYDECO ORAL TABLET	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
PULMOZYME INHALATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	\$0 (Tier-5)	NEDS
<i>tobramycin inhalation nebulization solution</i>	\$0 (Tier-5)	B vs D; NEDS
CYSTINURIA		
CYSTADANE ORAL POWDER	\$0 (Tier-5)	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	\$0 (Tier-5)	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	\$0 (Tier-4)	
<i>deferasirox oral tablet soluble</i>	\$0 (Tier-5)	NEDS
EXJADE ORAL TABLET SOLUBLE	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FERRIPROX ORAL SOLUTION	\$0 (Tier-5)	NEDS
FERRIPROX ORAL TABLET	\$0 (Tier-5)	NEDS
JADENU ORAL TABLET	\$0 (Tier-5)	NEDS
JADENU SPRINKLE ORAL PACKET	\$0 (Tier-5)	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	\$0 (Tier-5)	PA; NEDS
EMFLAZA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	\$0 (Tier-5)	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	\$0 (Tier-5)	SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FIRAZYR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
NITYR ORAL TABLET	\$0 (Tier-5)	PA; NEDS
ORFADIN ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ORFADIN ORAL SUSPENSION	\$0 (Tier-5)	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	\$0 (Tier-2)	
<i>calcitriol oral solution</i>	\$0 (Tier-2)	
<i>cinacalcet hcl oral tablet</i>	\$0 (Tier-5)	NEDS
<i>doxercalciferol oral capsule 0.5 mcg</i>	\$0 (Tier-3)	
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	\$0 (Tier-5)	NEDS
<i>paricalcitol oral capsule</i>	\$0 (Tier-2)	
SENSIPAR ORAL TABLET	\$0 (Tier-5)	NEDS
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
RUZURGI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AUBAGIO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAYZENT ORAL TABLET 2 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
<i>pyridostigmine bromide oral solution</i>	\$0 (Tier-3)	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
<i>guanidine hcl oral tablet</i>	\$0 (Tier-2)	
MESTINON ORAL SOLUTION	\$0 (Tier-4)	
MESTINON ORAL SYRUP	\$0 (Tier-4)	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide oral tablet</i>	\$0 (Tier-2)	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0 (Tier-3)	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0 (Tier-3)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	\$0 (Tier-3)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier-3)	QL (360 EA per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOKELMA ORAL PACKET	\$0 (Tier-4)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier-2)	
<i>sps oral suspension</i>	\$0 (Tier-2)	
VELTASSA ORAL PACKET	\$0 (Tier-4)	
PRIMARY PERIODIC PARALYSIS		
KEYEYIS ORAL TABLET	\$0 (Tier-5)	PA; NEDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	\$0 (Tier-3)	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	\$0 (Tier-3)	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	\$0 (Tier-3)	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	\$0 (Tier-3)	
NICOTROL NS NASAL SOLUTION	\$0 (Tier-4)	
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	\$0 (Tier-5)	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
CIALIS 2.5 MG, 5 MG ORAL TABLET	\$0 (Tier-4)	PA; QL (30 EA per 30 days)
<i>dutasteride oral capsule</i>	\$0 (Tier-2)	
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$0 (Tier-3)	
<i>finasteride oral tablet</i>	\$0 (Tier-1)	
<i>silodosin oral capsule</i>	\$0 (Tier-3)	
<i>tadalafil oral tablet</i>	\$0 (Tier-3)	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	\$0 (Tier-2)	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	\$0 (Tier-5)	PA; NEDS
<i>sodium phenylbutyrate oral powder</i>	\$0 (Tier-5)	NEDS
<i>sodium phenylbutyrate oral tablet</i>	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	\$0 (Tier-2)	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>desmopressin ace spray refrig nasal solution</i>	\$0 (Tier-2)	
<i>desmopressin acetate oral tablet</i>	\$0 (Tier-2)	
ELMIRON ORAL CAPSULE	\$0 (Tier-4)	
<i>flavoxate hcl oral tablet</i>	\$0 (Tier-2)	
JYNARQUE ORAL TABLET	\$0 (Tier-5)	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>oxybutynin chloride oral syrup</i>	\$0 (Tier-1)	
<i>oxybutynin chloride oral tablet</i>	\$0 (Tier-1)	
<i>potassium citrate er oral tablet extended release</i>	\$0 (Tier-2)	
SAMSCA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>solifenacin succinate oral tablet</i>	\$0 (Tier-3)	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>tolterodine tartrate oral tablet</i>	\$0 (Tier-3)	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>trospium chloride er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>trospium chloride oral tablet</i>	\$0 (Tier-3)	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
VESICARE ORAL TABLET	\$0 (Tier-4)	
WILSON'S DISEASE		
CUPRIMINE ORAL CAPSULE	\$0 (Tier-5)	NEDS
DEPEN TITRATABS ORAL TABLET	\$0 (Tier-3)	
<i>penicillamine oral capsule</i>	\$0 (Tier-5)	NEDS
<i>trientine hcl oral capsule</i>	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	\$0 (Tier-1)	
<i>donepezil hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ergoloid mesylates oral tablet</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide oral solution</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide oral tablet</i>	\$0 (Tier-2)	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>memantine hcl oral solution</i>	\$0 (Tier-3)	
<i>memantine hcl oral tablet</i>	\$0 (Tier-2)	
<i>rivastigmine tartrate oral capsule</i>	\$0 (Tier-2)	
<i>rivastigmine transdermal patch 24 hour</i>	\$0 (Tier-2)	
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$0 (Tier-2)	
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier-5)	NEDS
<i>eletriptan hydrobromide oral tablet</i>	\$0 (Tier-3)	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$0 (Tier-3)	
MIGERGOT RECTAL SUPPOSITORY	\$0 (Tier-5)	NEDS
<i>naratriptan hcl oral tablet</i>	\$0 (Tier-2)	
<i>rizatriptan benzoate oral tablet</i>	\$0 (Tier-2)	
<i>rizatriptan benzoate oral tablet dispersible</i>	\$0 (Tier-2)	
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier-3)	
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier-2)	
<i>sumatriptan succinate oral tablet</i>	\$0 (Tier-2)	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier-2)	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier-3)	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	\$0 (Tier-3)	
<i>sumatriptan-naproxen sodium oral tablet</i>	\$0 (Tier-3)	
<i>zolmitriptan oral tablet</i>	\$0 (Tier-2)	
<i>zolmitriptan oral tablet dispersible</i>	\$0 (Tier-2)	
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-5)	NEDS
<i>benztropine mesylate oral tablet</i>	\$0 (Tier-1)	PA
<i>bromocriptine mesylate oral capsule</i>	\$0 (Tier-2)	
<i>bromocriptine mesylate oral tablet</i>	\$0 (Tier-2)	
<i>cabergoline oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa er oral tablet extended release</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa oral tablet</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa oral tablet dispersible</i>	\$0 (Tier-2)	
<i>carbidopa-levodopa-entacapone oral tablet</i>	\$0 (Tier-2)	
CYCLOSET ORAL TABLET	\$0 (Tier-3)	
DUOPA ENTERAL SUSPENSION	\$0 (Tier-4)	
<i>entacapone oral tablet</i>	\$0 (Tier-2)	
INBRIJA INHALATION CAPSULE	\$0 (Tier-5)	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-4)	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>pramipexole dihydrochloride oral tablet</i>	\$0 (Tier-1)	
<i>rasagiline mesylate oral tablet</i>	\$0 (Tier-3)	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>ropinirole hcl oral tablet</i>	\$0 (Tier-2)	
RYTARY ORAL CAPSULE EXTENDED RELEASE	\$0 (Tier-4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selegiline hcl oral capsule</i>	\$0 (Tier-2)	
<i>selegiline hcl oral tablet</i>	\$0 (Tier-2)	
<i>tolcapone oral tablet</i>	\$0 (Tier-5)	NEDS
<i>trihexyphenidyl hcl oral elixir</i>	\$0 (Tier-1)	PA
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier-1)	PA
<i>trihexyphenidyl hcl oral tablet</i>	\$0 (Tier-1)	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	\$0 (Tier-3)	PA
SEIZURES		
APTIOM ORAL TABLET	\$0 (Tier-4)	PA
BANZEL ORAL SUSPENSION	\$0 (Tier-3)	
BANZEL ORAL TABLET	\$0 (Tier-3)	
BRIVIACT ORAL SOLUTION	\$0 (Tier-5)	PA; NEDS
BRIVIACT ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>carbamazepine er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>carbamazepine oral suspension</i>	\$0 (Tier-2)	
<i>carbamazepine oral tablet</i>	\$0 (Tier-1)	
<i>carbamazepine oral tablet chewable</i>	\$0 (Tier-2)	
CELONTIN ORAL CAPSULE	\$0 (Tier-4)	
<i>clobazam oral suspension</i>	\$0 (Tier-3)	
<i>clobazam oral tablet</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	\$0 (Tier-1)	
<i>clonazepam oral tablet dispersible</i>	\$0 (Tier-2)	
DIASTAT ACUDIAL RECTAL GEL	\$0 (Tier-3)	
DIASTAT PEDIATRIC RECTAL GEL	\$0 (Tier-3)	
<i>diazepam intensol oral concentrate</i>	\$0 (Tier-2)	
<i>diazepam oral solution</i>	\$0 (Tier-2)	
<i>diazepam oral tablet</i>	\$0 (Tier-2)	
DILANTIN INFATABS ORAL TABLET CHEWABLE	\$0 (Tier-3)	
DILANTIN ORAL CAPSULE	\$0 (Tier-3)	
DILANTIN ORAL SUSPENSION	\$0 (Tier-3)	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenobarbital oral elixir</i>	\$0 (Tier-2)	PA
<i>phenobarbital oral tablet</i>	\$0 (Tier-2)	PA
<i>phenytoin oral suspension</i>	\$0 (Tier-2)	
<i>phenytoin oral tablet chewable</i>	\$0 (Tier-2)	
<i>phenytoin sodium extended oral capsule</i>	\$0 (Tier-2)	
<i>pregabalin oral capsule</i>	\$0 (Tier-3)	STPA
<i>pregabalin oral solution</i>	\$0 (Tier-3)	STPA
<i>primidone oral tablet</i>	\$0 (Tier-2)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	\$0 (Tier-4)	
<i>roweepra oral tablet</i>	\$0 (Tier-2)	
<i>roweepra xr oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
SABRIL ORAL TABLET	\$0 (Tier-5)	NEDS
SAVELLA ORAL TABLET	\$0 (Tier-3)	STPA; QL (180 EA per 90 days)
SAVELLA TITRATION PACK ORAL	\$0 (Tier-3)	STPA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$0 (Tier-4)	
SYMPAZAN ORAL FILM	\$0 (Tier-4)	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	\$0 (Tier-5)	NEDS
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral capsule sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral tablet</i>	\$0 (Tier-1)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	\$0 (Tier-4)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$0 (Tier-5)	NEDS
<i>valproate sodium oral solution</i>	\$0 (Tier-2)	
<i>valproic acid oral capsule</i>	\$0 (Tier-2)	
<i>valproic acid oral solution</i>	\$0 (Tier-2)	
<i>vigabatrin oral packet</i>	\$0 (Tier-5)	NEDS
<i>vigabatrin oral tablet</i>	\$0 (Tier-5)	NEDS
<i>vigadrone oral packet</i>	\$0 (Tier-5)	NEDS
VIMPAT ORAL SOLUTION	\$0 (Tier-4)	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	\$0 (Tier-4)	PA; QL (60 EA per 30 days)
<i>zonisamide oral capsule</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPASTICITY		
<i>baclofen oral tablet</i>	\$0 (Tier-1)	
<i>cyclobenzaprine hcl oral tablet</i>	\$0 (Tier-3)	PA
<i>dantrolene sodium oral capsule</i>	\$0 (Tier-2)	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>tizanidine hcl oral capsule 6 mg</i>	\$0 (Tier-3)	
<i>tizanidine hcl oral tablet</i>	\$0 (Tier-2)	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	\$0 (Tier-4)	B vs D
<i>azathioprine oral tablet</i>	\$0 (Tier-2)	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	\$0 (Tier-2)	
<i>methotrexate oral tablet</i>	\$0 (Tier-2)	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	
RIDAURA ORAL CAPSULE	\$0 (Tier-5)	NEDS
Trexall ORAL TABLET	\$0 (Tier-4)	B vs D
XATMEP ORAL SOLUTION	\$0 (Tier-5)	B vs D; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	\$0 (Tier-1)	
<i>colchicine oral capsule</i>	\$0 (Tier-2)	
<i>colchicine oral tablet</i>	\$0 (Tier-2)	
<i>colchicine-probenecid oral tablet</i>	\$0 (Tier-2)	
<i>febuxostat oral tablet</i>	\$0 (Tier-3)	STPA
<i>probenecid oral tablet</i>	\$0 (Tier-2)	
ULORIC ORAL TABLET	\$0 (Tier-3)	STPA
PAIN, NSAID ANALGESICS		
<i>celecoxib oral capsule</i>	\$0 (Tier-3)	
<i>diclofenac potassium oral tablet</i>	\$0 (Tier-3)	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>diclofenac sodium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>diclofenac-misoprostol oral tablet delayed release</i>	\$0 (Tier-2)	
<i>diflunisal oral tablet</i>	\$0 (Tier-3)	
<i>etodolac er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>etodolac oral capsule</i>	\$0 (Tier-2)	
<i>etodolac oral tablet</i>	\$0 (Tier-2)	
<i>fenoprofen calcium oral capsule</i>	\$0 (Tier-2)	
<i>fenoprofen calcium oral tablet</i>	\$0 (Tier-2)	
<i>flurbiprofen oral tablet</i>	\$0 (Tier-2)	
<i>ibuprofen oral suspension</i>	\$0 (Tier-2)	
<i>ibuprofen oral tablet</i>	\$0 (Tier-1)	
INDOCIN ORAL SUSPENSION	\$0 (Tier-4)	
<i>indomethacin er oral capsule extended release</i>	\$0 (Tier-3)	PA
<i>indomethacin oral capsule</i>	\$0 (Tier-1)	PA
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>ketoprofen oral capsule</i>	\$0 (Tier-2)	
<i>meclofenamate sodium oral capsule</i>	\$0 (Tier-2)	
<i>mefenamic acid oral capsule</i>	\$0 (Tier-2)	
<i>meloxicam oral tablet</i>	\$0 (Tier-1)	
<i>nabumetone oral tablet</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen dr oral tablet delayed release</i>	\$0 (Tier-2)	
<i>naproxen oral suspension</i>	\$0 (Tier-2)	
<i>naproxen oral tablet</i>	\$0 (Tier-1)	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-5)	NEDS
<i>naproxen sodium oral tablet</i>	\$0 (Tier-1)	
<i>oxaprozin oral tablet</i>	\$0 (Tier-2)	
<i>piroxicam oral capsule</i>	\$0 (Tier-3)	
<i>sulindac oral tablet</i>	\$0 (Tier-2)	
<i>tolmetin sodium oral capsule</i>	\$0 (Tier-2)	
<i>tolmetin sodium oral tablet</i>	\$0 (Tier-2)	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>acetaminophen-codeine #3 oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$0 (Tier-3)	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier-2)	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	\$0 (Tier-3)	QL (180 EA per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>endocet oral tablet</i>	\$0 (Tier-3)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	\$0 (Tier-2)	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (30 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydromorphone hcl oral liquid</i>	\$0 (Tier-2)	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	\$0 (Tier-4)	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
LAZANDA NASAL SOLUTION 400 MCG/ACT	\$0 (Tier-5)	PA; QL (15 EA per 30 days); NEDS
<i>levorphanol tartrate oral tablet</i>	\$0 (Tier-5)	QL (240 EA per 30 days); NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier-2)	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier-2)	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	\$0 (Tier-2)	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	\$0 (Tier-2)	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	\$0 (Tier-2)	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	\$0 (Tier-2)	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>disulfiram oral tablet</i>	\$0 (Tier-2)	
<i>naltrexone hcl oral tablet</i>	\$0 (Tier-2)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>alprazolam intensol oral concentrate</i>	\$0 (Tier-2)	
<i>alprazolam oral tablet</i>	\$0 (Tier-1)	
<i>alprazolam oral tablet dispersible</i>	\$0 (Tier-2)	
<i>bupirone hcl oral tablet</i>	\$0 (Tier-1)	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	\$0 (Tier-2)	
<i>clorazepate dipotassium oral tablet</i>	\$0 (Tier-2)	
<i>lorazepam oral concentrate</i>	\$0 (Tier-2)	
<i>lorazepam oral tablet</i>	\$0 (Tier-1)	
<i>oxazepam oral capsule</i>	\$0 (Tier-3)	
ATTENTION DEFICIT DISORDER		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	STPA
<i>amphetamine sulfate oral tablet</i>	\$0 (Tier-3)	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>amphetamine-dextroamphetamine oral tablet</i>	\$0 (Tier-2)	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DESOXYN ORAL TABLET	\$0 (Tier-4)	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>dexmethylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate oral tablet</i>	\$0 (Tier-2)	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	STPA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	PA; QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
METADATE ER ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>methamphetamine hcl oral tablet</i>	\$0 (Tier-2)	PA
METHYLIN ORAL SOLUTION	\$0 (Tier-3)	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral solution</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet chewable</i>	\$0 (Tier-2)	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	STPA
<i>relexxii oral tablet extended release</i>	\$0 (Tier-2)	
VYVANSE ORAL CAPSULE	\$0 (Tier-4)	STPA
VYVANSE ORAL TABLET CHEWABLE	\$0 (Tier-4)	STPA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>lithium carbonate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>lithium carbonate oral capsule</i>	\$0 (Tier-1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate oral tablet</i>	\$0 (Tier-1)	
<i>lithium oral solution</i>	\$0 (Tier-1)	
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$0 (Tier-2)	STPA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-3)	
<i>risperidone oral solution</i>	\$0 (Tier-2)	
<i>risperidone oral tablet</i>	\$0 (Tier-1)	
<i>risperidone oral tablet dispersible</i>	\$0 (Tier-2)	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>amoxapine oral tablet</i>	\$0 (Tier-2)	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	\$0 (Tier-4)	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	\$0 (Tier-5)	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>bupropion hcl oral tablet</i>	\$0 (Tier-2)	
<i>citalopram hydrobromide oral solution</i>	\$0 (Tier-1)	
<i>citalopram hydrobromide oral tablet</i>	\$0 (Tier-1)	
<i>clomipramine hcl oral capsule</i>	\$0 (Tier-2)	PA
<i>desipramine hcl oral tablet</i>	\$0 (Tier-2)	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>doxepin hcl oral capsule</i>	\$0 (Tier-3)	PA
<i>doxepin hcl oral concentrate</i>	\$0 (Tier-2)	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	\$0 (Tier-3)	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-5)	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	\$0 (Tier-2)	
<i>escitalopram oxalate oral tablet</i>	\$0 (Tier-1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier-4)	STPA
<i>fluoxetine hcl oral capsule</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral capsule delayed release</i>	\$0 (Tier-1)	
<i>fluoxetine hcl oral solution</i>	\$0 (Tier-2)	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier-3)	
<i>fluoxetine hcl oral tablet 60 mg</i>	\$0 (Tier-2)	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>fluvoxamine maleate oral tablet</i>	\$0 (Tier-2)	
<i>imipramine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>imipramine pamoate oral capsule</i>	\$0 (Tier-2)	PA
<i>maprotiline hcl oral tablet</i>	\$0 (Tier-2)	
MARPLAN ORAL TABLET	\$0 (Tier-4)	
<i>mirtazapine oral tablet</i>	\$0 (Tier-2)	
<i>mirtazapine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>nefazodone hcl oral tablet</i>	\$0 (Tier-2)	
<i>nortriptyline hcl oral capsule</i>	\$0 (Tier-1)	
<i>nortriptyline hcl oral solution</i>	\$0 (Tier-1)	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-1)	
<i>paroxetine hcl oral tablet</i>	\$0 (Tier-1)	
<i>paroxetine mesylate oral capsule</i>	\$0 (Tier-1)	
PAXIL ORAL SUSPENSION	\$0 (Tier-4)	
PEXEVA ORAL TABLET	\$0 (Tier-4)	STPA
<i>phenelzine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>protriptyline hcl oral tablet</i>	\$0 (Tier-2)	
<i>sertraline hcl oral concentrate</i>	\$0 (Tier-2)	
<i>sertraline hcl oral tablet</i>	\$0 (Tier-1)	
<i>tranylcypromine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>trazodone hcl oral tablet</i>	\$0 (Tier-1)	
<i>trimipramine maleate oral capsule</i>	\$0 (Tier-2)	PA
TRINTELLIX ORAL TABLET	\$0 (Tier-4)	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>venlafaxine hcl oral tablet</i>	\$0 (Tier-2)	
VIIBRYD ORAL TABLET	\$0 (Tier-4)	STPA
VIIBRYD STARTER PACK ORAL KIT	\$0 (Tier-4)	STPA
INSOMNIA		
<i>estazolam oral tablet</i>	\$0 (Tier-2)	
<i>eszopiclone oral tablet</i>	\$0 (Tier-3)	PA; QL (90 EA per 365 days)
<i>flurazepam hcl oral capsule</i>	\$0 (Tier-2)	
HETLIOZ ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>ramelteon oral tablet</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
ROZEREM ORAL TABLET	\$0 (Tier-4)	QL (30 EA per 30 days)
SILENOR ORAL TABLET	\$0 (Tier-4)	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$0 (Tier-2)	
<i>triazolam oral tablet</i>	\$0 (Tier-2)	
<i>zaleplon oral capsule</i>	\$0 (Tier-2)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er oral tablet extended release</i>	\$0 (Tier-2)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral tablet</i>	\$0 (Tier-2)	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$0 (Tier-3)	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>armodafinil oral tablet</i>	\$0 (Tier-3)	PA
<i>modafinil oral tablet</i>	\$0 (Tier-3)	PA
SUNOSI ORAL TABLET	\$0 (Tier-4)	PA
XYREM ORAL SOLUTION	\$0 (Tier-5)	LA; NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-5)	NEDS
ABILIFY MYCITE ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	\$0 (Tier-3)	STPA
<i>aripiprazole oral tablet</i>	\$0 (Tier-3)	STPA
<i>aripiprazole oral tablet dispersible</i>	\$0 (Tier-3)	STPA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
<i>chlorpromazine hcl oral tablet</i>	\$0 (Tier-2)	
<i>clozapine oral tablet</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine oral tablet dispersible</i>	\$0 (Tier-2)	
FANAPT ORAL TABLET	\$0 (Tier-4)	STPA
FANAPT TITRATION PACK ORAL TABLET	\$0 (Tier-4)	STPA
FAZACLO ORAL TABLET DISPERSIBLE	\$0 (Tier-3)	
<i>fluphenazine decanoate injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral concentrate</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral elixir</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral tablet</i>	\$0 (Tier-2)	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-4)	
<i>haloperidol decanoate intramuscular solution</i>	\$0 (Tier-2)	
<i>haloperidol lactate injection solution</i>	\$0 (Tier-2)	
<i>haloperidol lactate oral concentrate</i>	\$0 (Tier-1)	
<i>haloperidol oral tablet</i>	\$0 (Tier-1)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-5)	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	\$0 (Tier-3)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-5)	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier-3)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier-5)	STPA; QL (30 EA per 30 days); NEDS
LATUDA ORAL TABLET 80 MG	\$0 (Tier-5)	STPA; QL (60 EA per 30 days); NEDS
<i>loxapine succinate oral capsule</i>	\$0 (Tier-2)	
<i>molindone hcl oral tablet</i>	\$0 (Tier-3)	
NUPLAZID ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine intramuscular solution reconstituted</i>	\$0 (Tier-2)	
<i>olanzapine oral tablet</i>	\$0 (Tier-2)	STPA
<i>olanzapine oral tablet dispersible</i>	\$0 (Tier-2)	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>perphenazine oral tablet</i>	\$0 (Tier-2)	
<i>perphenazine-amitriptyline oral tablet</i>	\$0 (Tier-2)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
<i>pimozide oral tablet</i>	\$0 (Tier-2)	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	STPA
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier-2)	STPA
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier-2)	STPA; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 (Tier-4)	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier-5)	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	\$0 (Tier-5)	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	\$0 (Tier-4)	STPA
<i>thioridazine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>thiothixene oral capsule</i>	\$0 (Tier-1)	
<i>trifluoperazine hcl oral tablet</i>	\$0 (Tier-2)	
VERSACLOZ ORAL SUSPENSION	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0 (Tier-4)	
<i>ziprasidone hcl oral capsule</i>	\$0 (Tier-2)	STPA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
ADVAIR HFA INHALATION AEROSOL	\$0 (Tier-3)	QL (72 GM per 90 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$0 (Tier-3)	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier-1)	Generic Proair HFA; QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier-1)	Generic Proventil HFA; QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier-1)	Generic Ventolin HFA; QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$0 (Tier-2)	B vs D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	\$0 (Tier-2)	B vs D; QL (180 EA per 90 days)
<i>albuterol sulfate oral syrup</i>	\$0 (Tier-1)	
<i>albuterol sulfate oral tablet</i>	\$0 (Tier-3)	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	\$0 (Tier-4)	B vs D; QL (360 ML per 90 days)
<i>budesonide inhalation suspension</i>	\$0 (Tier-2)	B vs D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D; QL (720 ML per 90 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (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>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$0 (Tier-2)	QL (3 EA per 90 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	\$0 (Tier-2)	B vs D; QL (900 ML per 90 days)
<i>ipratropium-albuterol inhalation solution</i>	\$0 (Tier-2)	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	\$0 (Tier-2)	B vs D; QL (3240 ML per 90 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	\$0 (Tier-2)	B vs D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	\$0 (Tier-2)	B vs D; QL (270 EA per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	\$0 (Tier-2)	B vs D; QL (810 ML per 90 days)
<i>levalbuterol tartrate inhalation aerosol</i>	\$0 (Tier-3)	QL (90 GM per 90 days)
<i>metaproterenol sulfate oral syrup</i>	\$0 (Tier-2)	
<i>montelukast sodium oral packet</i>	\$0 (Tier-2)	
<i>montelukast sodium oral tablet</i>	\$0 (Tier-1)	
<i>montelukast sodium oral tablet chewable</i>	\$0 (Tier-2)	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	\$0 (Tier-3)	B vs D; QL (360 ML per 90 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (6 EA per 90 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-4)	QL (40.2 GM per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	\$0 (Tier-3)	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	\$0 (Tier-3)	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-4)	QL (180 GM per 90 days)
SYMBICORT INHALATION AEROSOL	\$0 (Tier-3)	QL (30.6 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>theophylline oral solution</i>	\$0 (Tier-2)	
<i>wixela inhub inhalation aerosol powder breath activated</i>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	\$0 (Tier-2)	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-5)	NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	\$0 (Tier-5)	PA; NEDS
<i>ambrisentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LETAIRIS ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	\$0 (Tier-4)	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
REVATIO ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	\$0 (Tier-3)	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	\$0 (Tier-2)	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
BEVESPI AEROSPHERE INHALATION AEROSOL	\$0 (Tier-3)	
DALIRESP ORAL TABLET	\$0 (Tier-4)	
GLASSIA INTRAVENOUS SOLUTION	\$0 (Tier-5)	NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; NEDS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-4)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	

SKIN

ACNE ROSACEA

<i>azelaic acid external gel</i>	\$0 (Tier-3)	
FINACEA EXTERNAL FOAM	\$0 (Tier-3)	
FINACEA EXTERNAL GEL	\$0 (Tier-3)	
<i>metronidazole external cream</i>	\$0 (Tier-2)	
<i>metronidazole external gel</i>	\$0 (Tier-2)	
<i>metronidazole external lotion</i>	\$0 (Tier-2)	
NORITATE EXTERNAL CREAM	\$0 (Tier-5)	NEDS
SOOLANTRA EXTERNAL CREAM	\$0 (Tier-4)	

ACNE VULGARIS

<i>adapalene external cream</i>	\$0 (Tier-2)	PA
<i>adapalene external gel</i>	\$0 (Tier-2)	PA
<i>adapalene external solution</i>	\$0 (Tier-3)	PA
<i>adapalene-benzoyl peroxide external gel</i>	\$0 (Tier-3)	PA
<i>amnesteem oral capsule</i>	\$0 (Tier-2)	
ATRALIN EXTERNAL GEL	\$0 (Tier-4)	PA
<i>avita external cream</i>	\$0 (Tier-2)	PA
<i>avita external gel</i>	\$0 (Tier-2)	PA
AZELEX EXTERNAL CREAM	\$0 (Tier-4)	
<i>benzoyl peroxide-erythromycin external gel</i>	\$0 (Tier-2)	
<i>claravis oral capsule</i>	\$0 (Tier-2)	
CLINDAGEL EXTERNAL GEL	\$0 (Tier-4)	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 %	\$0 (Tier-2)	
<i>clindamycin phosphate external foam</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external gel</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external lotion</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external solution</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external swab</i>	\$0 (Tier-2)	
<i>ery external pad</i>	\$0 (Tier-2)	
<i>erythromycin external gel</i>	\$0 (Tier-2)	
<i>erythromycin external solution</i>	\$0 (Tier-2)	
EVOCLIN EXTERNAL FOAM	\$0 (Tier-4)	
FABIOR EXTERNAL FOAM	\$0 (Tier-4)	PA
<i>isotretinoin oral capsule</i>	\$0 (Tier-2)	
RETIN-A EXTERNAL CREAM	\$0 (Tier-4)	PA
RETIN-A EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO PUMP EXTERNAL GEL	\$0 (Tier-4)	PA
<i>tretinoin external cream</i>	\$0 (Tier-2)	PA
<i>tretinoin external gel</i>	\$0 (Tier-2)	PA
<i>tretinoin microsphere external gel</i>	\$0 (Tier-2)	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN EXTERNAL CREAM	\$0 (Tier-4)	
CORTISPORIN EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>gentamicin sulfate external cream</i>	\$0 (Tier-3)	
<i>gentamicin sulfate external ointment</i>	\$0 (Tier-3)	
<i>mupirocin calcium external cream</i>	\$0 (Tier-2)	
<i>mupirocin external ointment</i>	\$0 (Tier-2)	
<i>silver sulfadiazine external cream</i>	\$0 (Tier-2)	
<i>ssd external cream</i>	\$0 (Tier-2)	
XEPI EXTERNAL CREAM	\$0 (Tier-4)	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	\$0 (Tier-4)	
<i>ala-cort external cream</i>	\$0 (Tier-1)	
<i>alclometasone dipropionate external cream</i>	\$0 (Tier-4)	
<i>alclometasone dipropionate external ointment</i>	\$0 (Tier-2)	
<i>amcinonide external cream</i>	\$0 (Tier-4)	
<i>amcinonide external lotion</i>	\$0 (Tier-2)	

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide external aerosol solution</i>	\$0 (Tier-4)	
<i>triamcinolone acetonide external cream</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external lotion</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external ointment</i>	\$0 (Tier-2)	
TRIANEX EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>triderm external cream</i>	\$0 (Tier-2)	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	\$0 (Tier-2)	
<i>ciclopirox external shampoo</i>	\$0 (Tier-2)	
<i>ciclopirox external solution</i>	\$0 (Tier-3)	
<i>ciclopirox olamine external cream</i>	\$0 (Tier-2)	
<i>ciclopirox olamine external suspension</i>	\$0 (Tier-2)	
<i>clotrimazole external cream</i>	\$0 (Tier-3)	
<i>clotrimazole external solution</i>	\$0 (Tier-2)	
<i>clotrimazole-betamethasone external cream</i>	\$0 (Tier-3)	
<i>clotrimazole-betamethasone external lotion</i>	\$0 (Tier-3)	
<i>econazole nitrate external cream</i>	\$0 (Tier-3)	
ERTACZO EXTERNAL CREAM	\$0 (Tier-4)	
EXELDERM EXTERNAL CREAM	\$0 (Tier-4)	
EXELDERM EXTERNAL SOLUTION	\$0 (Tier-4)	
<i>ketoconazole external cream</i>	\$0 (Tier-3)	
<i>ketoconazole external foam</i>	\$0 (Tier-3)	
<i>ketoconazole external shampoo</i>	\$0 (Tier-2)	
<i>luliconazole external cream</i>	\$0 (Tier-3)	
MENTAX EXTERNAL CREAM	\$0 (Tier-4)	
<i>naftifine hcl external cream 1 %</i>	\$0 (Tier-2)	
<i>naftifine hcl external cream 2 %</i>	\$0 (Tier-3)	
NAFTIN EXTERNAL GEL	\$0 (Tier-3)	
<i>nyamyc external powder</i>	\$0 (Tier-2)	
<i>nystatin external cream</i>	\$0 (Tier-2)	
<i>nystatin external ointment</i>	\$0 (Tier-2)	
<i>nystatin external powder</i>	\$0 (Tier-2)	
<i>nystatin mouth/throat suspension</i>	\$0 (Tier-2)	
<i>nystatin-triamcinolone external cream</i>	\$0 (Tier-3)	
<i>nystatin-triamcinolone external ointment</i>	\$0 (Tier-3)	
<i>nystop external powder</i>	\$0 (Tier-2)	
<i>oxiconazole nitrate external cream</i>	\$0 (Tier-3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OXISTAT EXTERNAL LOTION	\$0 (Tier-3)	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule</i>	\$0 (Tier-5)	NEDS
<i>calcipotriene external cream</i>	\$0 (Tier-3)	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	\$0 (Tier-3)	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	\$0 (Tier-3)	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	\$0 (Tier-5)	NEDS
<i>calcitriol external ointment</i>	\$0 (Tier-2)	
<i>methoxsalen rapid oral capsule</i>	\$0 (Tier-5)	NEDS
<i>tazarotene external cream</i>	\$0 (Tier-3)	PA
TAZORAC EXTERNAL CREAM	\$0 (Tier-4)	PA
TAZORAC EXTERNAL GEL	\$0 (Tier-4)	PA
SCABIES AND PEDICULOSIS		
EURAX EXTERNAL CREAM	\$0 (Tier-3)	
EURAX EXTERNAL LOTION	\$0 (Tier-3)	
<i>lindane external shampoo</i>	\$0 (Tier-2)	
<i>malathion external lotion</i>	\$0 (Tier-2)	
<i>permethrin external cream</i>	\$0 (Tier-3)	
SKLICE EXTERNAL LOTION	\$0 (Tier-4)	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	\$0 (Tier-3)	
<i>ammonium lactate external lotion</i>	\$0 (Tier-2)	
ANUSOL-HC RECTAL CREAM	\$0 (Tier-4)	
<i>diclofenac epolamine transdermal patch</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel</i>	\$0 (Tier-3)	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	\$0 (Tier-2)	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	\$0 (Tier-5)	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ELIDEL EXTERNAL CREAM	\$0 (Tier-4)	STPA
EUCRISA EXTERNAL OINTMENT	\$0 (Tier-4)	PA
<i>fluorouracil external cream</i>	\$0 (Tier-2)	
<i>fluorouracil external solution</i>	\$0 (Tier-2)	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$0 (Tier-2)	
<i>lidocaine external ointment</i>	\$0 (Tier-3)	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	\$0 (Tier-3)	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external gel</i>	\$0 (Tier-2)	QL (100 EA per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aubra oral tablet</i>	\$0 (Tier-2)	
<i>aviane oral tablet</i>	\$0 (Tier-2)	
<i>balziva oral tablet</i>	\$0 (Tier-2)	
<i>briellyn oral tablet</i>	\$0 (Tier-2)	
<i>camila oral tablet</i>	\$0 (Tier-2)	
<i>deblitane oral tablet</i>	\$0 (Tier-2)	
<i>delyla oral tablet</i>	\$0 (Tier-2)	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>emoquette oral tablet</i>	\$0 (Tier-2)	
<i>errin oral tablet</i>	\$0 (Tier-2)	
<i>estradiol-norethindrone acet oral tablet</i>	\$0 (Tier-2)	
<i>falmina oral tablet</i>	\$0 (Tier-2)	
GENERESS FE ORAL TABLET CHEWABLE	\$0 (Tier-4)	
<i>introvale oral tablet</i>	\$0 (Tier-2)	
<i>junel 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 24 oral tablet</i>	\$0 (Tier-2)	
<i>kariva oral tablet</i>	\$0 (Tier-2)	
<i>kelnor 1/35 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>lessina oral tablet</i>	\$0 (Tier-2)	
<i>levonest oral tablet</i>	\$0 (Tier-2)	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0 (Tier-2)	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0 (Tier-2)	
<i>levora 0.15/30 (28) oral tablet</i>	\$0 (Tier-2)	
LO LOESTRIN FE ORAL TABLET	\$0 (Tier-4)	
<i>marlissa oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1/20 oral tablet</i>	\$0 (Tier-2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>necon 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nikki oral tablet</i>	\$0 (Tier-2)	
<i>norethin ace-eth estrad-fe oral tablet</i>	\$0 (Tier-2)	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	\$0 (Tier-2)	
<i>norlyroc oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (21) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 7/7/7 oral tablet</i>	\$0 (Tier-2)	
<i>orsythia oral tablet</i>	\$0 (Tier-2)	
<i>portia-28 oral tablet</i>	\$0 (Tier-2)	
<i>sharobel oral tablet</i>	\$0 (Tier-2)	
<i>tarina fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>tri-previfem oral tablet</i>	\$0 (Tier-2)	
<i>tri-sprintec oral tablet</i>	\$0 (Tier-2)	
<i>trivora (28) oral tablet</i>	\$0 (Tier-2)	
<i>velivet oral tablet</i>	\$0 (Tier-2)	
<i>vyfemla oral tablet</i>	\$0 (Tier-2)	
<i>zovia 1/35e (28) oral tablet</i>	\$0 (Tier-2)	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	\$0 (Tier-2)	
<i>alendronate sodium oral tablet</i>	\$0 (Tier-1)	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
ANGELIQ ORAL TABLET	\$0 (Tier-4)	
<i>calcitonin (salmon) nasal solution</i>	\$0 (Tier-2)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
CRINONE VAGINAL GEL	\$0 (Tier-3)	PA
DELESTROGEN INTRAMUSCULAR OIL	\$0 (Tier-4)	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	\$0 (Tier-3)	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
DIVIGEL TRANSDERMAL GEL	\$0 (Tier-4)	
<i>dotti transdermal patch twice weekly</i>	\$0 (Tier-2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUAVEE ORAL TABLET	\$0 (Tier-4)	PA
ELESTRIN TRANSDERMAL GEL	\$0 (Tier-4)	
<i>estradiol oral tablet</i>	\$0 (Tier-1)	PA
<i>estradiol transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
<i>estradiol transdermal patch weekly</i>	\$0 (Tier-2)	PA
<i>estradiol vaginal cream</i>	\$0 (Tier-3)	
<i>estradiol vaginal tablet</i>	\$0 (Tier-3)	
<i>estradiol valerate intramuscular oil</i>	\$0 (Tier-2)	
ESTRING VAGINAL RING	\$0 (Tier-3)	
EVAMIST TRANSDERMAL SOLUTION	\$0 (Tier-4)	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	\$0 (Tier-4)	PA
FEMRING VAGINAL RING	\$0 (Tier-3)	
FORTEO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	\$0 (Tier-2)	PA
<i>ibandronate sodium oral tablet</i>	\$0 (Tier-2)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	\$0 (Tier-4)	
IMVEXXY STARTER PACK VAGINAL INSERT	\$0 (Tier-4)	
<i>jinteli oral tablet</i>	\$0 (Tier-2)	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate oral tablet</i>	\$0 (Tier-1)	
MENEST ORAL TABLET	\$0 (Tier-4)	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	\$0 (Tier-4)	PA
<i>norethindrone acetate oral tablet</i>	\$0 (Tier-1)	
<i>norethindrone-eth estradiol oral tablet</i>	\$0 (Tier-2)	PA
ORILISSA ORAL TABLET 150 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	\$0 (Tier-4)	PA
PREMARIN VAGINAL CREAM	\$0 (Tier-4)	
PREMPHASE ORAL TABLET	\$0 (Tier-4)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMPRO ORAL TABLET	\$0 (Tier-4)	PA
<i>progesterone micronized oral capsule</i>	\$0 (Tier-2)	
PROLIA SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA
<i>raloxifene hcl oral tablet</i>	\$0 (Tier-2)	
<i>risedronate sodium oral tablet</i>	\$0 (Tier-3)	
<i>risedronate sodium oral tablet delayed release</i>	\$0 (Tier-3)	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>yuvafem vaginal tablet</i>	\$0 (Tier-3)	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	\$0 (Tier-2)	
VAGINAL INFECTIONS		
AVC VAGINAL VAGINAL CREAM	\$0 (Tier-4)	
CLEOCIN VAGINAL SUPPOSITORY	\$0 (Tier-4)	
<i>clindamycin phosphate vaginal cream</i>	\$0 (Tier-2)	
GYNAZOLE-1 VAGINAL CREAM	\$0 (Tier-4)	
<i>metronidazole vaginal gel</i>	\$0 (Tier-3)	
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier-2)	
SOLOSEC ORAL PACKET	\$0 (Tier-4)	
<i>terconazole vaginal cream</i>	\$0 (Tier-2)	
<i>terconazole vaginal suppository</i>	\$0 (Tier-2)	
<i>vandazole vaginal gel</i>	\$0 (Tier-3)	
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	\$0 (Tier-4)	
OSPHENA ORAL TABLET	\$0 (Tier-4)	

Index

<i>abacavir sulfate</i>	20	ALOMIDE.....	44	APEXICON E.....	90
<i>abacavir sulfate-lamivudine</i>	20	ALORA.....	96	APLENZIN.....	80
<i>abacavir-lamivudine-zidovudine</i>	20	<i>alose tron hcl</i>	48	APOKYN.....	70
ABELCET.....	51	ALPHAGAN P 0.1%.....	46	<i>apraclonidine hcl</i>	46
ABILIFY MAINTENA.....	82	<i>alprazolam</i>	78	<i>aprepitant</i>	48
ABILIFY MYCITE.....	82	<i>alprazolam er</i>	78	<i>apri</i>	94
ABSTRAL.....	76	<i>alprazolam intensol</i>	78	APRISO.....	50
<i>acamprosate calcium</i>	78	ALREX.....	45	APTIOM.....	71
<i>acarbose</i>	42	ALUNBRIG.....	29	APTIVUS.....	21
<i>acebutolol hcl</i>	37	<i>alyq</i>	87	ARALAST NP.....	87
<i>acetaminophen-codeine</i>	76	<i>amantadine hcl</i>	21	<i>aranelle</i>	94
<i>acetaminophen-codeine #3</i>	76	AMBISOME.....	51	ARCALYST.....	61
<i>acetazolamide</i>	46	<i>ambrisentan</i>	87	ARIKAYCE.....	19
<i>acetazolamide er</i>	46	<i>amcinonide</i>	89, 90	<i>aripiprazole</i>	82
<i>acetic acid</i>	43	<i>amethia</i>	94	ARISTADA.....	82
<i>acetylcysteine</i>	87	<i>amikacin sulfate</i>	51	ARISTADA INITIO.....	82
<i>acitretin</i>	93	<i>amiloride hcl</i>	38	<i>armodafinil</i>	82
ACTHAR.....	55	<i>amiloride-hydrochlorothiazide</i> ..	38	<i>ashlyna</i>	94
ACTHIB.....	57	AMINOSYN II.....	54	<i>aspirin-dipyridamole er</i>	27
ACTIMMUNE.....	57	AMINOSYN-PF.....	54	<i>assure insulin safety syringe</i>	40
ACTIQ.....	76	<i>amiodarone hcl</i>	35	ASTAGRAF XL.....	59
<i>acyclovir</i>	21, 94	AMITIZA.....	50	<i>atazanavir sulfate</i>	21
<i>acyclovir sodium</i>	51	<i>amitriptyline hcl</i>	80	<i>atenolol</i>	37
ADACEL.....	57	<i>amlodipine besy-benazepril hcl</i> ..	36	<i>atenolol-chlorthalidone</i>	36
<i>adapalene</i>	88	<i>amlodipine besylate</i>	37	<i>atomoxetine hcl</i>	78
<i>adapalene-benzoyl peroxide</i>	88	<i>amlodipine besylate-valsartan</i> ...	36	<i>atorvastatin calcium</i>	38
ADDERALL XR.....	78	<i>amlodipine-atorvastatin</i>	36	<i>atovaquone</i>	20
<i>adefovir dipivoxil</i>	21	<i>amlodipine-olmesartan</i>	36	<i>atovaquone-proguanil hcl</i>	20
ADEMPAS.....	87	<i>amlodipine-valsartan-hctz</i>	36	ATRALIN.....	88
ADVAIR DISKUS.....	84	<i>ammonium lactate</i>	93	ATRIPLA.....	21
ADVAIR HFA.....	84	<i>amnesteem</i>	88	<i>atropine sulfate</i>	47
AFINITOR.....	29	<i>amoxapine</i>	80	ATROVENT HFA.....	85
AFINITOR DISPERZ.....	29	<i>amoxicill-clarithro-lansopraz</i>	49	AUBAGIO.....	64
AIMOVIG.....	69	<i>amoxicillin</i>	24	<i>aubra</i>	95
ALA SCALP.....	89	<i>amoxicillin-pot clavulanate</i>	24	AURYXIA.....	66
<i>ala-cort</i>	89	<i>amoxicillin-pot clavulanate er</i> ...	24	AUSTEDO.....	63
<i>albendazole</i>	19	<i>amphetamine sulfate</i>	78	AVC VAGINAL.....	98
ALBENZA.....	19	<i>amphetamine-dextroamphet er</i> ...	78	AVEED.....	56
<i>albuterol sulfate</i>	85	<i>amphetamine-</i>		<i>aviane</i>	95
<i>albuterol sulfate er</i>	85	<i>dextroamphetamine</i>	78	<i>avita</i>	88
<i>albuterol sulfate hfa</i>	85	<i>amphotericin b</i>	51	AVONEX PEN.....	64
<i>alclometasone dipropionate</i>	89	<i>ampicillin</i>	24	AVONEX PREFILLED.....	64
ALECENSA.....	29	<i>ampicillin sodium</i>	51	AVYCAZ.....	51
<i>alendronate sodium</i>	96	<i>ampicillin-sulbactam sodium</i>	51	AZASAN.....	74
<i>alfuzosin hcl er</i>	67	AMPYRA.....	64	AZASITE.....	44
ALINIA.....	19	ANADROL-50.....	56	<i>azathioprine</i>	74
<i>aliskiren fumarate</i>	38	<i>anagrelide hcl</i>	27	<i>azelaic acid</i>	88
ALKERAN.....	29	<i>anastrozole</i>	29	<i>azelastine hcl</i>	44
<i>allopurinol</i>	75	ANGELIQ.....	96	AZELEX.....	88
<i>almotriptan malate</i>	69	ANORO ELLIPTA.....	85	<i>azithromycin</i>	25, 51
ALOCRIL.....	44	ANUSOL-HC.....	93	AZOPT.....	46

<i>aztreonam</i>	51	BREO ELLIPTA.....	85	<i>cartia xt</i>	37
<i>bacitracin</i>	44	<i>briellyn</i>	95	<i>carvedilol</i>	36
<i>bacitracin-polymyxin b</i>	44	BRILINTA.....	27	<i>carvedilol phosphate er</i>	36
<i>bacitra-neomycin-polymyxin-hc</i>	44	<i>brimonidine tartrate</i>	47	<i>caspofungin acetate</i>	51
<i>baclofen</i>	74	BRIVIACT.....	71	CAYSTON.....	61
<i>bactocill in dextrose</i>	51	<i>bromfenac sodium (once-daily)</i> ..	45	<i>cefaclor</i>	24
<i>balsalazide disodium</i>	50	<i>bromocriptine mesylate</i>	70	<i>cefaclor er</i>	24
BALVERSA.....	29	BROVANA.....	85	<i>cefadroxil</i>	24
<i>balziva</i>	95	<i>budesonide</i>	50, 85	<i>cefazolin sodium</i>	51
BANZEL.....	71	<i>bumetanide</i>	38, 51	<i>cefdinir</i>	24
BAXDELA.....	26	<i>buprenorphine</i>	76	<i>cefepime hcl</i>	51
<i>bcg vaccine</i>	57	<i>buprenorphine hcl</i>	65	<i>cefixime</i>	24
BD DISP NEEDLE.....	40	<i>buprenorphine hcl-naloxone hcl</i>	65, 66	<i>cefotaxime sodium</i>	51
BD INSULIN SYRINGE.....	40	<i>bupropion hcl</i>	80	<i>cefotetan disodium</i>	51
BD INSULIN SYRINGE U-500	40	<i>bupropion hcl er (smoking det)</i> ...67		<i>cefoxitin sodium</i>	51, 52
BELBUCA.....	76	<i>bupropion hcl er (sr)</i>	80	<i>cefpodoxime proxetil</i>	24
<i>benazepril hcl</i>	34	<i>bupropion hcl er (xl)</i>	80	<i>cefprozil</i>	24
<i>benazepril-hydrochlorothiazide</i> ..36		<i>buspirone hcl</i>	78	<i>ceftazidime</i>	52
BENLYSTA.....	59	<i>butorphanol tartrate</i>	76	<i>ceftriaxone sodium</i>	52
BENZNIDAZOLE.....	20	BYDUREON.....	42	<i>cefuroxime axetil</i>	25
<i>benzoyl peroxide-erythromycin</i> ...88		BYDUREON BCISE.....	42	<i>cefuroxime sodium</i>	52
<i>benztropine mesylate</i>	70	BYETTA 10 MCG PEN.....	42	<i>celecoxib</i>	75
BERINERT.....	63	BYETTA 5 MCG PEN.....	42	CELLCEPT.....	60
BESIVANCE.....	44	<i>cabergoline</i>	70	CELONTIN.....	71
<i>betamethasone dipropionate</i>	90	CABLIVI.....	28	<i>cephalexin</i>	25
<i>betamethasone dipropionate</i> <i>aug</i>	90	CABOMETYX.....	29	CERDELGA.....	62
<i>betamethasone valerate</i>	90	<i>calcipotriene</i>	93	CESAMET.....	48
BETASERON.....	64	<i>calcipotriene-betameth diprop</i> ...93		<i>cevimeline hcl</i>	43
<i>betaxolol hcl</i>	37, 46	<i>calcitonin (salmon)</i>	96	CHANTIX.....	67
<i>bethanechol chloride</i>	68	<i>calcitriol</i>	63, 93	CHANTIX CONTINUING MONTH PAK.....	67
BETHKIS.....	61	<i>calcium acetate (phos binder)</i>66		CHANTIX STARTING MONTH PAK.....	67
BETIMOL.....	46	CALQUENCE.....	29	CHEMET.....	61
BETOPTIC-S.....	46	<i>camila</i>	95	<i>chlordiazepoxide-amitriptyline</i> ...78	
BEVESPI AEROSPHERE.....	87	<i>candesartan cilexetil</i>	35	<i>chlorhexidine gluconate</i>	43
<i>bexarotene</i>	29	<i>candesartan cilexetil-hctz</i>	36	<i>chloroquine phosphate</i>	20
BEXSERO.....	57	<i>capecitabine</i>	29	<i>chlorothiazide</i>	38
<i>bicalutamide</i>	29	CAPEX.....	90	<i>chlorpromazine hcl</i>	82
BICILLIN C-R.....	24	CAPRELSA.....	29	<i>chlorthalidone</i>	38
BICILLIN C-R 900/300.....	24	<i>captopril</i>	34	CHOLBAM.....	48
BICILLIN L-A.....	24	<i>captopril-hydrochlorothiazide</i> ...36		<i>cholestyramine</i>	39
BIDIL.....	40	CARAFATE SUSPENSION.....	49	<i>cholestyramine light</i>	38
BIKTARVY.....	21	CARBAGLU.....	48	CIALIS.....	67
<i>bimatoprost</i>	46	<i>carbamazepine</i>	71	<i>ciclopirox</i>	92
<i>bisoprolol fumarate</i>	37	<i>carbamazepine er</i>	71	<i>ciclopirox olamine</i>	92
<i>bisoprolol-hydrochlorothiazide</i> ..36		<i>carbidopa</i>	70	<i>cilostazol</i>	27
BLEPHAMIDE.....	44	<i>carbidopa-levodopa</i>	70	CIMDUO.....	21
BLEPHAMIDE S.O.P.....	45	<i>carbidopa-levodopa er</i>	70	<i>cimetidine</i>	50
BOOSTRIX.....	57	<i>carbidopa-levodopa-entacapone</i> 70		<i>cimetidine solution</i>	50
<i>bosentan</i>	87	CARDURA XL.....	34	<i>cinacalcet hcl</i>	63
BOSULIF.....	29	CAROSPIR.....	38	CINRYZE.....	63
BRAFTOVI.....	29	<i>carteolol hcl</i>	47		

CIPRO HC.....	43	<i>clozapine</i>	82, 83	<i>dantrolene sodium</i>	74
CIPRODEX.....	43	COARTEM.....	20	<i>dapsone tablets</i>	20
<i>ciprofloxacin</i>	26	<i>codeine sulfate</i>	76	DAPTACEL.....	57
<i>ciprofloxacin hcl</i>	26, 43, 45	<i>colchicine</i>	75	<i>daptomycin</i>	52
<i>ciprofloxacin in d5w</i>	52	<i>colchicine-probenecid</i>	75	DARAPRIM.....	20
<i>citalopram hydrobromide</i>	80	<i>colesevelam hcl</i>	39	<i>darifenacin hydrobromide er</i>	68
<i>claravis</i>	88	<i>colestipol hcl</i>	39	DAURISMO.....	29
<i>clarithromycin</i>	25	<i>colistimethate sodium (cba)</i>	52	<i>deblitane</i>	95
<i>clarithromycin er</i>	25	<i>colocort</i>	50	<i>deferasirox</i>	61
CLEOCIN.....	98	COLY-MYCIN S.....	45	DELESTROGEN.....	96
CLINDAGEL.....	88	COMBIGAN.....	47	DELSTRIGO.....	21
<i>clindamycin capsules</i>	25	COMBIPATCH.....	96	<i>delyla</i>	95
<i>clindamycin oral solution</i>	25	COMBIVENT RESPIMAT.....	85	DELZICOL.....	50
<i>clindamycin phos-benzoyl perox</i>	88, 89	COMETRIQ (100 MG DAILY DOSE).....	29	<i>demeclocycline hcl</i>	26
<i>clindamycin phosphate</i>	52, 89, 98	COMETRIQ (140 MG DAILY DOSE).....	29	DEMSEER.....	66
<i>clindamycin phosphate in d5w</i>	52	COMETRIQ (60 MG DAILY DOSE).....	29	DENAVIR.....	94
CLINIMIX E/DEXTROSE (2.75/5).....	54	<i>comfort assist insulin syringe</i>	40	DEPEN TITRATABS.....	68
CLINIMIX E/DEXTROSE (4.25/10).....	54	COMPLERA.....	21	DEPO-ESTRADIOL.....	96
CLINIMIX E/DEXTROSE (4.25/5).....	54	<i>compro</i>	48	DEPO-PROVERA.....	96
CLINIMIX E/DEXTROSE (5/15).....	54	CONDYLOX.....	94	DEPO-SUBQ PROVERA 104... ..	96
CLINIMIX E/DEXTROSE (5/20).....	54	<i>constulose</i>	48	DEPO-TESTOSTERONE.....	56
CLINIMIX/DEXTROSE (4.25/10).....	54	COPAXONE.....	64	DESCOVY.....	21
CLINIMIX/DEXTROSE (4.25/25).....	55	COPIKTRA.....	29	<i>desipramine hcl</i>	80
CLINIMIX/DEXTROSE (4.25/5).....	55	CORDRAN.....	90	<i>desloratadine</i>	44
CLINIMIX/DEXTROSE (5/15).....	55	CORLANOR.....	34	<i>desmopressin ace spray refrig</i>	68
CLINIMIX/DEXTROSE (5/20).....	55	<i>cortisone acetate</i>	55	<i>desmopressin acetate</i>	68
CLINIMIX/DEXTROSE (5/25).....	55	CORTISPORIN.....	89	<i>desogestrel-ethinyl estradiol</i>	95
CLINISOL SF.....	55	COTELIC.....	29	<i>desonide</i>	90
<i>clobazam</i>	71	COUMADIN.....	28	<i>desoximetasone</i>	90
<i>clobetasol prop emollient base</i>	90	CREON.....	48	DESOXYN.....	79
<i>clobetasol propionate</i>	90	CRESEMBA.....	19	<i>desvenlafaxine er</i>	80
<i>clobetasol propionate emulsion</i>	90	CRINONE.....	96	<i>desvenlafaxine succinate er</i>	80
<i>clocortolone pivalate</i>	90	CRIXIVAN.....	21	<i>dexamethasone</i>	55
<i>clodan</i>	90	<i>cromolyn sodium</i>	44, 48, 85	<i>dexamethasone intensol</i>	55
<i>clomipramine hcl</i>	80	CUPRIMINE.....	68	<i>dexamethasone sodium phosphate</i>	45
<i>clonazepam</i>	71	<i>cvs gauze sterile</i>	40	DEXEDRINE.....	79
<i>clonidine</i>	38	<i>cyclobenzaprine hcl</i>	74	<i>dexmethylphenidate hcl</i>	79
<i>clonidine hcl</i>	38	CYCLOPHOSPHAMIDE.....	29	<i>dexmethylphenidate hcl er</i>	79
<i>clonidine hcl er</i>	78	CYCLOSET.....	70	<i>dexpak 13 day</i>	55
<i>clopidogrel bisulfate</i>	27	<i>cyclosporine</i>	60	<i>dextroamphetamine sulfate</i>	79
<i>clorazepate dipotassium</i>	78	<i>cyclosporine modified</i>	60	<i>dextroamphetamine sulfate er</i>	79
<i>clotrimazole</i>	19, 92	<i>cyproheptadine hcl</i>	44	<i>dextrose</i>	53
<i>clotrimazole-betamethasone</i>	92	CYSTADANE.....	61	<i>dextrose-nacl</i>	54
		CYSTARAN.....	48	DIASTAT ACUDIAL.....	71
		<i>dalfampridine er</i>	64	DIASTAT PEDIATRIC.....	71
		DALIRESP.....	87	<i>diazepam</i>	71
		DALVANCE.....	52	<i>diazepam intensol</i>	71
		<i>danazol</i>	56	DIBENZYLINE.....	66
				<i>diclofenac epolamine</i>	93
				<i>diclofenac potassium</i>	75
				<i>diclofenac sodium</i>	45, 75, 93

<i>diclofenac sodium er</i>	75	<i>econazole nitrate</i>	92	ERY-TAB.....	25
<i>diclofenac-misoprostol</i>	75	EDURANT.....	21	ERYTHROCIN	
<i>dicloxacillin sodium</i>	25	<i>efavirenz</i>	21	LACTOBIONATE.....	52
<i>dicyclomine hcl</i>	49	EGRIFTA.....	62	<i>erythrocin stearate</i>	25
<i>didanosine</i>	21	ELESTRIN.....	97	<i>erythromycin</i>	45, 89
DIFICID.....	25	<i>eletriptan hydrobromide</i>	69	<i>erythromycin base</i>	25
<i>diflorasone diacetate</i>	90	ELIDEL.....	93	<i>erythromycin ethylsuccinate</i>	25
<i>diflunisal</i>	75	ELIGARD.....	56	ESBRIET.....	87
<i>digitek</i>	35	ELIQUIS.....	28	<i>escitalopram oxalate</i>	80
<i>digox</i>	35	ELIQUIS STARTER PACK.....	28	<i>esomeprazole magnesium</i>	50
<i>digoxin</i>	35	ELMIRON.....	68	<i>esomeprazole strontium</i>	50
<i>dihydroergotamine mesylate</i>	69	EMBEDA.....	76	<i>estazolam</i>	82
DILANTIN.....	71	EMCYT.....	29	<i>estradiol</i>	97
DILANTIN INFATABS.....	71	EMEND.....	48	<i>estradiol valerate</i>	97
<i>diltiazem hcl</i>	37	EMFLAZA.....	62	<i>estradiol-norethindrone acet</i>	95
<i>diltiazem hcl er</i>	37	EMGALITY.....	69	ESTRING.....	97
<i>diltiazem hcl er beads</i>	37	EMGALITY (300 MG DOSE).....	69	<i>eszopiclone</i>	82
<i>diltiazem hcl er coated beads</i>	37	<i>emoquette</i>	95	<i>ethacrynic acid</i>	38
<i>dilt-xr</i>	37	EMSAM.....	80	<i>ethambutol hcl</i>	25
<i>diphtheria-tetanus toxoids dt</i>	57	EMTRIVA.....	21	<i>ethosuximide</i>	72
<i>dipyridamole</i>	27	<i>enalapril maleate</i>	34	<i>etidronate disodium</i>	66
<i>disopyramide phosphate</i>	35	<i>enalapril-hydrochlorothiazide</i>	36	<i>etodolac</i>	75
<i>disulfiram</i>	78	ENBREL.....	74	<i>etodolac er</i>	75
<i>divalproex sodium</i>	72	ENBREL MINI.....	74	<i>etoposide</i>	30
<i>divalproex sodium er</i>	71	ENBREL SURECLICK.....	74	EUCRISA.....	93
DIVIGEL.....	96	<i>endocet</i>	76	EURAX.....	93
<i>dofetilide</i>	35	ENGERIX-B.....	57	EVAMIST.....	97
<i>donepezil hcl</i>	69	<i>enoxaparin sodium</i>	28	EVENITY.....	97
DOPTELET.....	27	<i>entacapone</i>	70	EVOCLIN.....	89
<i>dorzolamide hcl</i>	47	<i>entecavir</i>	21	EVOTAZ.....	21
<i>dorzolamide hcl-timolol mal</i>	47	ENTRESTO.....	36	EVZIO.....	66
<i>dorzolamide hcl-timolol mal pf</i>	47	<i>enulose</i>	49	<i>exel comfort point pen needle</i>	40
<i>dotti</i>	96	ENVARUSUS XR.....	60	EXELDERM.....	92
DOVATO.....	21	EPCLUSA.....	21	<i>exemestane</i>	30
<i>doxazosin mesylate</i>	34	EPIDIOLEX.....	72	EXJADE.....	61
<i>doxepin hcl</i>	80, 93	<i>epinastine hcl</i>	44	EXTAVIA.....	64
<i>doxercalciferol</i>	63	<i>epinephrine</i>	61	EYLEA.....	47
DOXY 100.....	52	<i>epitol</i>	72	<i>ezetimibe</i>	39
<i>doxycycline hyclate</i>	26	EPIVIR.....	21	<i>ezetimibe-simvastatin</i>	39
<i>doxycycline monohydrate</i>	26, 27	<i>eplerenone</i>	38	FABIOR.....	89
<i>dronabinol</i>	48	<i>eprosartan mesylate</i>	35	<i>falmina</i>	95
<i>drospirenone-ethinyl estradiol</i>	95	EQUETRO.....	79	<i>famciclovir</i>	21
DROXIA.....	29	ERAXIS.....	52	<i>famotidine tablet</i>	50
DUAVEE.....	97	<i>ergoloid mesylates</i>	69	FANAPT.....	83
<i>duloxetine hcl</i>	80	ERIVEDGE.....	29	FANAPT TITRATION PACK.....	83
DUOPA.....	70	ERLEADA.....	29	FARESTON.....	30
DUPIXENT.....	85, 93	<i>erlotinib hcl</i>	30	FARXIGA.....	42
DUREZOL.....	45	<i>errin</i>	95	FARYDAK.....	30
<i>dutasteride</i>	67	ERTACZO.....	92	FASENRA.....	85
<i>dutasteride-tamsulosin hcl</i>	67	<i>ertapenem sodium</i>	52	FAZACLO.....	83
DUTOPROL.....	36	<i>ery</i>	89	<i>febuxostat</i>	75
<i>e.e.s. 400</i>	25	<i>eryped 400</i>	25	<i>felbamate</i>	72

<i>felodipine er</i>	37	FOCALIN XR.....	79	<i>glyburide</i>	42
FEMHRT LOW DOSE.....	97	<i>fondaparinux sodium</i>	28	<i>glyburide micronized</i>	42
FEMRING.....	97	FORTEO.....	97	<i>glyburide-metformin</i>	42
<i>fenofibrate</i>	39	<i>fosamprenavir calcium</i>	21	<i>glycopyrrolate</i>	49
<i>fenofibrate micronized</i>	39	<i>fosinopril sodium</i>	34	<i>gnp ultra com insulin syringe</i>	40
<i>fenofibric acid</i>	39	<i>fosinopril sodium-hctz</i>	36	GNP ULTRA COM INSULIN	
<i>fenopropfen calcium</i>	75	FRAGMIN.....	28	SYRINGE.....	40
<i>fentanyl</i>	76	FREAMINE HBC.....	55	<i>granisetron hcl</i>	48
<i>fentanyl citrate</i>	76	<i>frovatriptan succinate</i>	69	<i>griseofulvin microsize</i>	19
FENTORA.....	76	FULPHILA.....	27	<i>griseofulvin ultramicrosize</i>	19
FERRIPROX.....	62	<i>furosemide</i>	38, 52	<i>guanfacine hcl er</i>	79
FETZIMA.....	81	FUZEON.....	21	<i>guanidine hcl</i>	65
FETZIMA TITRATION.....	81	<i>fyavolv</i>	97	GYNAZOLE-1.....	98
FINACEA.....	88	FYCOMPA.....	72	HAEGARDA.....	63
<i>finasteride</i>	67	<i>gabapentin</i>	72	<i>halcinonide</i>	91
FIRAZYR.....	63	GALAFOLD.....	62	<i>halobetasol propionate</i>	91
FIRDAPSE.....	64	<i>galantamine hydrobromide</i>	69	HALOG.....	91
FIRMAGON.....	56	<i>galantamine hydrobromide er</i>	69	<i>haloperidol</i>	83
FIRVANQ.....	19	GAMMAGARD.....	58	<i>haloperidol decanoate</i>	83
<i>flac</i>	43	GAMMAGARD S/D LESS		<i>haloperidol lactate</i>	83
FLAREX.....	45	IGA.....	58	HARVONI.....	21
<i>flavoxate hcl</i>	68	GAMMAKED.....	58	HAVRIX.....	58
FLEBOGAMMA DIF.....	58	GAMMAPLEX.....	58	<i>heparin sodium (porcine)</i>	52
<i>flecainide acetate</i>	35	GAMUNEX-C.....	58	HEPATAMINE.....	55
FLOLIPID.....	39	GARDASIL 9.....	58	HETLIOZ.....	82
<i>fluconazole</i>	19	<i>gatifloxacin</i>	45	HIBERIX.....	58
<i>fluconazole in sodium chloride</i> ...	52	GATTEX.....	49	HORIZANT.....	72
<i>flucytosine</i>	19	<i>gauze pads</i>	40	HUMALOG.....	41
<i>fludrocortisone acetate</i>	55	<i>gemfibrozil</i>	39	HUMALOG JUNIOR	
<i>flunisolide</i>	44	GENERESS FE.....	95	KWIKPEN.....	41
<i>fluocinolone acetonide</i>	43, 90, 91	<i>generlac</i>	49	HUMALOG KWIKPEN.....	41
<i>fluocinolone acetonide scalp</i>	91	<i>engraf</i>	60	HUMALOG MIX 50/50.....	41
<i>fluocinonide</i>	91	GENOTROPIN.....	62	HUMALOG MIX 50/50	
<i>fluocinonide emulsified base</i>	91	GENOTROPIN MINIQUICK....	62	KWIKPEN.....	41
<i>fluorometholone</i>	45	<i>gentak</i>	45	HUMALOG MIX 75/25.....	41
<i>fluorouracil</i>	93	<i>gentamicin in saline</i>	52	HUMALOG MIX 75/25	
<i>fluoxetine hcl</i>	81	<i>gentamicin sulfate</i>	45, 52, 89	KWIKPEN.....	41
<i>fluphenazine decanoate</i>	83	GENVOYA.....	21	HUMATROPE.....	62
<i>fluphenazine hcl</i>	83	GEODON		HUMIRA.....	74
<i>flurandrenolide</i>	91	INTRAMUSCULAR		HUMIRA PEDIATRIC	
<i>flurazepam hcl</i>	82	INJECTION.....	83	CROHNS START.....	74
<i>flurbiprofen</i>	75	GILENYA.....	64	HUMIRA PEN.....	74
<i>flurbiprofen sodium</i>	45	GILOTRIF.....	30	HUMIRA PEN-CD/UC/HS	
<i>flutamide</i>	30	GLASSIA.....	87	STARTER.....	74
<i>fluticasone propionate</i>	44, 91	GLEOSTINE.....	30	HUMIRA PEN-PS/UV/ADOL	
<i>fluticasone-salmeterol</i>	85	<i>glimepiride</i>	42	HS START.....	74
<i>fluvastatin sodium</i>	39	<i>glipizide</i>	42	HUMULIN 70/30.....	41
<i>fluvastatin sodium er</i>	39	<i>glipizide er</i>	42	HUMULIN 70/30 KWIKPEN...	41
<i>fluvoxamine maleate</i>	81	<i>glipizide-metformin hcl</i>	42	HUMULIN N.....	41
<i>fluvoxamine maleate er</i>	81	<i>global alcohol prep ease</i>	40	HUMULIN N KWIKPEN.....	41
FML.....	45	GLUCAGEN HYPOKIT.....	41	HUMULIN R.....	41
FML FORTE.....	45	GLUCAGON EMERGENCY ...	41		

HUMULIN R U-500 (CONCENTRATED).....	41	INTRALIPID.....	55	KALYDECO.....	61
HUMULIN R U-500		INTRAROSA.....	98	KAPVAY.....	79
KWIKPEN.....	41	INTRON A.....	21, 22	<i>kariva</i>	95
HYCAMTIN.....	30	<i>introvale</i>	95	<i>kcl in dextrose-nacl</i>	54
<i>hydralazine hcl</i>	40	INVANZ.....	52	<i>kcl-lactated ringers-d5w</i>	54
<i>hydrochlorothiazide</i>	38	INVEGA SUSTENNA.....	83	<i>kelnor 1/35</i>	95
<i>hydrocodone-acetaminophen</i>	76	INVEGA TRINZA.....	83	KENALOG.....	91
<i>hydrocodone-ibuprofen</i>	76	INVELTYS.....	46	<i>ketoconazole</i>	19, 92
<i>hydrocortisone</i>	50, 55, 91	INVIRASE.....	22	<i>ketoprofen</i>	75
<i>hydrocortisone ace-pramoxine</i> ...	93	IONOSOL-MB IN D5W.....	54	<i>ketoprofen er</i>	75
<i>hydrocortisone butyrate</i>	91	IOPIDINE.....	47	<i>ketorolac tromethamine</i>	46
<i>hydrocortisone valerate</i>	91	IPOL.....	58	KEVEYIS.....	67
<i>hydrocortisone-acetic acid</i>	43	<i>ipratropium bromide</i>	44, 85	KINERET.....	61
<i>hydromorphone hcl</i>	77	<i>ipratropium-albuterol</i>	85	KINRIX.....	58
<i>hydromorphone hcl er</i>	76	<i>irbesartan</i>	35	<i>kionex</i>	66
<i>hydroxychloroquine sulfate</i>	20	<i>irbesartan-hydrochlorothiazide</i> ..	36	KISQALI (200 MG DOSE).....	30
<i>hydroxyurea</i>	30	IRESSA.....	30	KISQALI (400 MG DOSE).....	30
<i>hydroxyzine hcl</i>	44	ISENTRESS.....	22	KISQALI (600 MG DOSE).....	30
<i>hydroxyzine pamoate</i>	44	ISENTRESS HD.....	22	KISQALI 200 DOSE.....	30
HYSINGLA ER.....	77	ISOLYTE-P IN D5W.....	54	KISQALI 400 DOSE.....	30
<i>ibandronate sodium</i>	97	ISOLYTE-S.....	54	KISQALI 600 DOSE.....	30
IBRANCE.....	30	<i>isoniazid</i>	26	KISQALI FEMARA (400 MG DOSE).....	30
<i>ibuprofen</i>	75	<i>isosorbide dinitrate</i>	34	KISQALI FEMARA (600 MG DOSE).....	30
<i>icatibant acetate</i>	63	<i>isosorbide dinitrate er</i>	34	KISQALI FEMARA(200 MG DOSE).....	30
ICLUSIG.....	30	<i>isosorbide mononitrate</i>	34	<i>klor-con</i>	40
IDHIFA.....	30	<i>isosorbide mononitrate er</i>	34	<i>klor-con 10</i>	39
ILEVRO.....	46	<i>isotretinoin</i>	89	<i>klor-con m10</i>	39
<i>imatinib mesylate</i>	30	<i>isradipine</i>	37	KLOR-CON M15.....	40
IMBRUVICA.....	30	ISTALOL.....	47	<i>klor-con m20</i>	40
<i>imipenem-cilastatin</i>	52	<i>itraconazole</i>	19	<i>klor-con sprinkle</i>	40
<i>imipramine hcl</i>	81	<i>ivermectin</i>	19	KORLYM.....	61
<i>imipramine pamoate</i>	81	IXIARO.....	58	KRINTAFEL.....	20
<i>imiquimod</i>	94	JADENU.....	62	KRISTALOSE.....	49
<i>imiquimod pump</i>	94	JADENU SPRINKLE.....	62	K-TAB.....	40
IMOVAX RABIES.....	58	JAKAFI.....	30	KUVAN.....	66
IMVEXXY MAINTENANCE PACK.....	97	<i>jantoven</i>	28	<i>labetalol hcl</i>	37
IMVEXXY STARTER PACK... 97		JANUMET.....	42	<i>lactulose</i>	49
INBRIJA.....	70	JANUMET XR.....	43	<i>lamivudine</i>	22
INCRELEX.....	62	JANUVIA.....	43	<i>lamivudine-zidovudine</i>	22
INCRUSE ELLIPTA.....	85	JARDIANCE.....	43	<i>lamotrigine</i>	72
<i>indapamide</i>	38	JENTADUETO.....	43	<i>lamotrigine er</i>	72
INDOCIN ORAL SUSPENSION.....	75	<i>jinteli</i>	97	<i>lamotrigine starter kit-blue</i>	72
<i>indomethacin</i>	75	JULUCA.....	22	<i>lamotrigine starter kit-green</i>	72
<i>indomethacin er</i>	75	<i>junel 1.5/30</i>	95	<i>lamotrigine starter kit-orange</i>	72
INFANRIX.....	58	<i>junel 1/20</i>	95	<i>lancets</i>	40
INGREZZA.....	67	<i>junel fe 1.5/30</i>	95	LANOXIN.....	35
INLYTA.....	30	<i>junel fe 1/20</i>	95	<i>lansoprazole</i>	50
INREBIC.....	30	<i>junel fe 24</i>	95	LANTUS.....	42
INTELENCE.....	21	JUXTAPID.....	39	LANTUS SOLOSTAR.....	42
		JYNARQUE.....	68		
		KALETRA.....	22		

<i>larin 1.5/30</i>	95	<i>lidocaine hcl urethral/mucosal</i> ...	94	MAVYRET.....	22
<i>larin 1/20</i>	95	<i>lidocaine viscous</i>	94	MAXIDEX.....	46
<i>larin fe 1.5/30</i>	95	<i>lidocaine viscous hcl</i>	94	MAYZENT.....	64, 65
<i>larin fe 1/20</i>	95	<i>lidocaine-prilocaine</i>	94	<i>meclizine hcl</i>	48
LASTACAFT.....	44	<i>lindane</i>	93	<i>meclofenamate sodium</i>	75
<i>latanoprost</i>	47	<i>linezolid</i>	19, 52	MEDROL.....	55
LATUDA.....	83	LINZESS.....	50	<i>medroxyprogesterone acetate</i>	97
LAZANDA.....	77	<i>liothyronine sodium</i>	57	<i>mefenamic acid</i>	75
<i>leflunomide</i>	74	<i>lisinopril</i>	34	<i>mefloquine hcl</i>	20
LENVIMA (10 MG DAILY DOSE).....	31	<i>lisinopril-hydrochlorothiazide</i> ...	36	<i>megestrol acetate</i>	31, 49
LENVIMA (12 MG DAILY DOSE).....	31	<i>lithium</i>	80	MEKINIST.....	31
LENVIMA (14 MG DAILY DOSE).....	31	<i>lithium carbonate</i>	79, 80	MEKTOVI.....	31
LENVIMA (18 MG DAILY DOSE).....	31	<i>lithium carbonate er</i>	79	<i>meloxicam</i>	75
LENVIMA (20 MG DAILY DOSE).....	31	LO LOESTRIN FE.....	95	<i>melphalan</i>	31
LENVIMA (24 MG DAILY DOSE).....	31	LOKELMA.....	67	<i>memantine hcl</i>	69
LENVIMA (4 MG DAILY DOSE).....	31	LONSURF.....	31	<i>memantine hcl er</i>	69
LENVIMA (8 MG DAILY DOSE).....	31	<i>loperamide hcl</i>	49	MENACTRA.....	58
<i>lessina</i>	95	<i>lopinavir-ritonavir</i>	22	MENEST.....	97
LETAIRIS.....	87	<i>lorazepam</i>	78	MENOSTAR.....	97
<i>letrozole</i>	31	LORBRENA.....	31	MENTAX.....	92
<i>leucovorin calcium</i>	33	<i>losartan potassium</i>	35	MENVEO.....	58
LEUKERAN.....	31	<i>losartan potassium-hctz</i>	36	<i>mercaptopurine</i>	31
LEUKINE.....	27	LOTEMAX.....	46	<i>meropenem</i>	53
<i>leuprolide acetate</i>	56	<i>loteprednol etabonate</i>	46	<i>mesalamine</i>	50, 51
<i>levabuterol hcl</i>	85, 86	<i>lovastatin</i>	39	MESNEX.....	33
<i>levabuterol tartrate</i>	86	<i>loxapine succinate</i>	83	MESTINON SYRUP.....	65
<i>levetiracetam</i>	72	LUCENTIS.....	47	METADATE ER.....	79
<i>levetiracetam er</i>	72	<i>luliconazole</i>	92	<i>metaproterenol sulfate</i>	86
<i>levobunolol hcl</i>	47	LUMIGAN.....	47	<i>metformin hcl</i>	43
<i>levocarnitine</i>	49	LUPRON DEPOT (1-MONTH).56		<i>metformin hcl er</i>	43
<i>levocetirizine dihydrochloride</i>	44	LUPRON DEPOT (3-MONTH).56		<i>methadone hcl</i>	77
<i>levofloxacin</i>	26, 45, 52	LUPRON DEPOT (4-MONTH).56		<i>methamphetamine hcl</i>	79
<i>levofloxacin in d5w</i>	52	LUPRON DEPOT (6-MONTH).57		<i>methazolamide</i>	47
<i>levonest</i>	95	LYNPARZA.....	31	<i>methenamine hippurate</i>	19
<i>levonorgest-eth estrad 91-day</i>	95	LYRICA.....	72	<i>methimazole</i>	57
<i>levonorgestrel-ethinyl estradiol</i> ..	95	LYRICA CR.....	72	METHITEST.....	56
<i>levora 0.15/30 (28)</i>	95	LYSODREN.....	31	<i>methotrexate</i>	74
<i>levorphanol tartrate</i>	77	<i>mafenide acetate</i>	94	<i>methotrexate sodium</i>	53
<i>levo-t</i>	57	<i>magnesium sulfate</i>	54	<i>methotrexate sodium (pf)</i>	53
<i>levothyroxine sodium</i>	57	<i>malathion</i>	93	<i>methoxsalen rapid</i>	93
<i>levoxyl</i>	57	<i>maprotiline hcl</i>	81	<i>methscopolamine bromide</i>	50
LEXIVA.....	22	<i>marlissa</i>	95	METHYLIN.....	79
<i>lidocaine</i>	93	MARPLAN.....	81	<i>methylphenidate hcl</i>	79
<i>lidocaine hcl</i>	93, 94	MATULANE.....	31	<i>methylphenidate hcl er</i>	79
		<i>matzim la</i>	37	<i>methylphenidate hcl er (cd)</i>	79
		MAVENCLAD (10 TABS).....	64	<i>methylphenidate hcl er (la)</i>	79
		MAVENCLAD (4 TABS).....	64	<i>methylprednisolone</i>	55
		MAVENCLAD (5 TABS).....	64	<i>methyltestosterone</i>	56
		MAVENCLAD (6 TABS).....	64	<i>metoclopramide hcl</i>	48
		MAVENCLAD (7 TABS).....	64	<i>metolazone</i>	38
		MAVENCLAD (8 TABS).....	64	<i>metoprolol succinate er</i>	37
		MAVENCLAD (9 TABS).....	64	<i>metoprolol tartrate</i>	37

<i>metoprolol-hydrochlorothiazide</i>	36	<i>naloxone hcl</i>	66	<i>norethin-eth estradiol-fe</i>	96
<i>metronidazole</i>	19, 20, 88, 98	<i>naltrexone hcl</i>	78	NORITATE	88
<i>metronidazole in nacl</i>	53	<i>naproxen</i>	76	<i>norlyroc</i>	96
<i>mexiletine hcl</i>	35	<i>naproxen dr</i>	76	NORMOSOL-M IN D5W	54
<i>miconazole 3</i>	98	<i>naproxen sodium</i>	76	NORMOSOL-R IN D5W	54
<i>microgestin 1.5/30</i>	95	<i>naproxen sodium er</i>	76	NORMOSOL-R PH 7.4	54
<i>microgestin 1/20</i>	95	<i>naratriptan hcl</i>	69	NORPACE CR	35
<i>microgestin fe 1.5/30</i>	95	NARCAN	66	NORTHERA	38
<i>microgestin fe 1/20</i>	95	NATACYN	47	<i>nortrel 0.5/35 (28)</i>	96
<i>midodrine hcl</i>	38	<i>nateglinide</i>	43	<i>nortrel 1/35 (21)</i>	96
MIGERGOT	69	NATPARA	63	<i>nortrel 1/35 (28)</i>	96
<i>miglitol</i>	43	NEBUPENT	20	<i>nortrel 7/7/7</i>	96
<i>miglustat</i>	62	<i>necon 0.5/35 (28)</i>	96	<i>nortriptyline hcl</i>	81
MILLIPRED	55	<i>nefazodone hcl</i>	81	NORVIR	22
<i>minocycline hcl</i>	27	<i>neomycin sulfate</i>	20	NOXAFIL	19
<i>minocycline hcl er</i>	27	<i>neomycin-bacitracin zn-</i>		NUBEQA	31
<i>minoxidil</i>	40	<i>polymyx</i>	45	NUCALA	87, 88
<i>mirtazapine</i>	81	<i>neomycin-polymyxin-dexameth</i>	46	NUEDEXTA	71
<i>misoprostol</i>	50	<i>neomycin-polymyxin-gramicidin</i>	46	NUPLAZID	83
M-M-R II	58	<i>neomycin-polymyxin-hc</i>	45, 46	NUTRILIPID	55
<i>modafinil</i>	82	NEPHRAMINE	55	NUTROPIN AQ NUSPIN 10	62
<i>moexipril hcl</i>	34	NERLYNX	31	NUTROPIN AQ NUSPIN 20	62
<i>molindone hcl</i>	83	NEULASTA	27	NUTROPIN AQ NUSPIN 5	62
<i>mometasone furoate</i>	44, 91	NEUPRO	70	NUZYRA	27
<i>mondoxyne nl</i>	27	<i>nevirapine</i>	22	<i>nyamyc</i>	92
<i>montelukast sodium</i>	86	<i>nevirapine er</i>	22	NYMALIZE	37
MONUROL	20	NEXAVAR	31	<i>nystatin</i>	19, 92
<i>morphine sulfate</i>	77	<i>niacin er</i>	39	<i>nystatin-triamcinolone</i>	92
<i>morphine sulfate (concentrate)</i>	77	<i>niacor</i>	39	<i>nystop</i>	92
<i>morphine sulfate er</i>	77	<i>nicardipine hcl</i>	37	OICALIVA	49
<i>morphine sulfate er beads</i>	77	NICOTROL	67	OCTAGAM	58
MOVANTIK	49	NICOTROL NS	67	<i>octreotide acetate</i>	60
MOVIPREP	49	<i>nifedipine</i>	37	ODEFSEY	22
MOXEZA	45	<i>nifedipine er</i>	37	ODOMZO	31
<i>moxifloxacin hcl</i>	26, 45	<i>nifedipine er osmotic release</i>	37	OFEV	87
<i>moxifloxacin hcl in nacl</i>	53	<i>nikki</i>	96	<i>ofloxacin</i>	26, 43, 45
MULPLETA	27	<i>nilutamide</i>	31	<i>olanzapine</i>	84
MULTAQ	35	<i>nimodipine</i>	37	<i>olanzapine-fluoxetine hcl</i>	80
<i>mupirocin</i>	89	NINLARO	31	<i>olmesartan medoxomil</i>	35
<i>mupirocin calcium</i>	89	<i>nisoldipine er</i>	37	<i>olmesartan medoxomil-hctz</i>	36
MYCAMINE	53	NITRO-BID	34	<i>olmesartan-amlodipine-hctz</i>	36
<i>mycophenolate mofetil</i>	60	<i>nitrofurantoin macrocrystal</i>	20	<i>olopatadine hcl</i>	44
<i>mycophenolate sodium</i>	60	<i>nitrofurantoin monohyd macro</i>	20	<i>omega-3-acid ethyl esters</i>	39
MYLERAN	31	<i>nitroglycerin</i>	34	<i>omeprazole</i>	50
MYRBETRIQ	68	NITROSTAT	34	<i>omeprazole-sodium bicarbonate</i>	50
MYTESI	49	NITYR	63	OMNITROPE	62
<i>nabumetone</i>	75	<i>nizatidine</i>	50	<i>ondansetron</i>	48
<i>nadolol</i>	37	<i>nolix</i>	91	<i>ondansetron hcl</i>	48
<i>nadolol-bendroflumethiazide</i>	36	NORDITROPIN FLEXPRO	62	ONETOUCH TEST STRIPS	40
<i>nafacillin sodium</i>	53	<i>norethin ace-eth estrad-fe</i>	96	ONFI	72
<i>naftifine hcl</i>	92	<i>norethindrone acetate</i>	97	OPSUMIT	87
NAFTIN GEL	92	<i>norethindrone-eth estradiol</i>	97	ORALAIR	88

ORAPRED ODT.....	56	<i>penicillamine</i>	68	<i>potassium chloride in nacl</i>	54
ORENITRAM.....	87	<i>penicillin g pot in dextrose</i>	53	<i>potassium citrate er</i>	68
ORFADIN.....	63	<i>penicillin g potassium</i>	53	PRADAXA.....	28
ORLISSA.....	97	<i>penicillin g sodium</i>	53	PRALUENT.....	39
ORKAMBI.....	61	<i>penicillin v potassium</i>	25	<i>pramipexole dihydrochloride</i>	70
<i>orsythia</i>	96	PENTAM.....	20	<i>pramipexole dihydrochloride er</i>	70
<i>oseltamivir phosphate</i>	22	<i>pentoxifylline er</i>	28	<i>prasugrel hcl</i>	27
OSMOPREP.....	49	PERFOROMIST.....	86	<i>pravastatin sodium</i>	39
OSPHENA.....	98	<i>perindopril erbumine</i>	34	<i>praziquantel</i>	20
<i>oxacillin sodium</i>	53	<i>permethrin</i>	93	<i>prazosin hcl</i>	34
<i>oxacillin sodium in dextrose</i>	53	<i>perphenazine</i>	84	PRED MILD.....	46
<i>oxandrolone</i>	56	<i>perphenazine-amitriptyline</i>	84	PRED-G.....	46
<i>oxaprozin</i>	76	PERSERIS.....	84	PRED-G S.O.P.....	46
<i>oxazepam</i>	78	PEXEVA.....	81	<i>prednicarbate</i>	91
<i>oxcarbazepine</i>	72	<i>phenelzine sulfate</i>	81	<i>prednisolone</i>	56
OXERVATE.....	47	<i>phenobarbital</i>	73	<i>prednisolone acetate</i>	46
<i>oxiconazole nitrate</i>	92	<i>phenoxybenzamine hcl</i>	66	<i>prednisolone sodium phosphate</i>	46, 56
OXISTAT.....	93	<i>phenytoin</i>	73	<i>prednisone</i>	56
OXTELLAR XR.....	72	<i>phenytoin sodium extended</i>	73	PREDNISONE INTENSOL.....	56
<i>oxybutynin chloride</i>	68	PHOSPHOLINE IODIDE.....	47	<i>preferred plus insulin syringe</i>	40
<i>oxybutynin chloride er</i>	68	PIFELTRO.....	22	<i>pregabalin</i>	73
<i>oxycodone hcl</i>	77	<i>pilocarpine hcl</i>	44, 47	PREMARIN.....	97
<i>oxycodone hcl er</i>	77	<i>pimecrolimus</i>	94	PREMASOL.....	55
<i>oxycodone-acetaminophen</i>	77	<i>pimozide</i>	84	PREMPHASE.....	97
<i>oxycodone-aspirin</i>	77	<i>pindolol</i>	37	PREMPRO.....	98
<i>oxycodone-ibuprofen</i>	77	<i>pioglitazone hcl</i>	43	<i>prenatal</i>	98
OXYCONTIN.....	77	<i>pioglitazone hcl-glimepiride</i>	43	<i>prevalite</i>	39
<i>oxymorphone hcl</i>	77	<i>pioglitazone hcl-metformin hcl</i> ...	43	PREVNAR 13.....	58
<i>oxymorphone hcl er</i>	77	<i>piperacillin sod-tazobactam so</i> ...	53	PREVYMIS.....	22
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	42	PIQRAY (200 MG DAILY DOSE).....	31	PREZCOBIX.....	22
OZEMPIC (1 MG/DOSE).....	42	PIQRAY (250 MG DAILY DOSE).....	32	PREZISTA.....	22
<i>paliperidone er</i>	84	PIQRAY (300 MG DAILY DOSE).....	32	PRIFTIN.....	26
PALYNZIQ.....	66	<i>piroxicam</i>	76	<i>primaquine phosphate</i>	20
PANDEL.....	91	PLASMA-LYTE 148.....	54	<i>primidone</i>	73
PANRETIN.....	94	PLASMA-LYTE A.....	54	PRIVIGEN.....	59
<i>pantoprazole sodium</i>	50	PLEGRIDY.....	65	PROAIR RESPICLICK.....	86
PANZYGA.....	58	PLEGRIDY STARTER PACK..	65	<i>probenecid</i>	75
<i>paricalcitol</i>	63	PLENAMINE.....	55	PROCALAMINE.....	55
<i>paromomycin sulfate</i>	20	PNEUMOVAX 23.....	58	<i>prochlorperazine</i>	48
<i>paroxetine hcl</i>	81	<i>podofilox</i>	94	<i>prochlorperazine maleate</i>	48
<i>paroxetine hcl er</i>	81	<i>polymyxin b sulfate</i>	53	PROCRIT.....	27
<i>paroxetine mesylate</i>	81	<i>polymyxin b-trimethoprim</i>	45	<i>procto-med hc</i>	94
PASER.....	26	POMALYST.....	32	<i>procto-pak</i>	94
PAXIL ORAL SUSPENSION..	81	<i>portia-28</i>	96	<i>proctosol hc</i>	94
PEDIARIX.....	58	<i>posaconazole</i>	19	<i>proctozone-hc</i>	94
PEDVAX HIB.....	58	<i>potassium chloride</i>	40, 54	<i>progesterone micronized</i>	98
<i>peg 3350-kcl-na bicarb-nacl</i>	49	<i>potassium chloride crys er</i>	40	PROGLYCEM.....	41
<i>peg-3350/electrolytes</i>	49	<i>potassium chloride er</i>	40	PROGRAF INJECTION.....	60
PEGANONE.....	72	<i>potassium chloride in dextrose</i> ...	54	PROLASTIN-C.....	88
PEGASYS.....	22			PROLENSA.....	46
PEGASYS PROCLICK.....	22			PROLIA.....	98

PROMACTA.....	27, 28	RELENZA DISKHALER.....	23	SANCUSO.....	48
<i>promethazine hcl</i>	48	<i>relexxii</i>	79	SANTYL.....	94
<i>propafenone hcl</i>	35	RELI-ON INSULIN SYRINGE.....	40	SAPHRIS.....	84
<i>propafenone hcl er</i>	35	RELISTOR.....	49	SAVELLA.....	73
<i>propanteline bromide</i>	49	<i>repaglinide</i>	43	SAVELLA TITRATION PACK.....	73
<i>proparacaine hcl</i>	47	<i>repaglinide-metformin hcl</i>	43	<i>scopolamine</i>	48
<i>propranolol hcl</i>	37	RESCRIPTOR.....	23	<i>selegiline hcl</i>	71
<i>propranolol hcl er</i>	37	RESTASIS.....	47	<i>selenium sulfide</i>	94
<i>propranolol-hctz</i>	36	RETIN-A.....	89	SELZENTRY.....	23
<i>propylthiouracil</i>	57	RETIN-A MICRO.....	89	SENSIPAR.....	63
PROQUAD.....	59	RETIN-A MICRO PUMP.....	89	SEREVENT DISKUS.....	86
PROSOL.....	55	REVIATIO ORAL SOLUTION.....	87	SEROSTIM.....	63
<i>protriptyline hcl</i>	81	REVLIMID.....	32	<i>sertraline hcl</i>	81
PROVENTIL HFA.....	86	REXULTI.....	84	<i>sevelamer carbonate oral</i>	
PRUDOXIN.....	94	REYATAZ.....	23	<i>packets</i>	66
PULMOZYME.....	61	RHOPRESSA.....	47	<i>sevelamer hcl</i>	66
PURIXAN.....	32	<i>ribavirin</i>	23	<i>sharobel</i>	96
PYLERA.....	50	RIDAURA.....	74	SHINGRIX.....	59
<i>pyrazinamide</i>	26	<i>rifabutin</i>	26	SIGNIFOR.....	61
<i>pyridostigmine bromide</i>	65	RIFAMATE.....	26	<i>sildenafil citrate</i>	87
<i>pyridostigmine bromide er</i>	65	<i>rifampin</i>	26, 53	SILENOR.....	82
QUADRACEL.....	59	RIFATER.....	26	<i>silodosin</i>	67
QUDEXY XR.....	73	<i>riluzole</i>	60	<i>silver sulfadiazine</i>	89
<i>quetiapine fumarate</i>	84	<i>rimantadine hcl</i>	23	SIMBRINZA.....	47
<i>quetiapine fumarate er</i>	84	RIOMET.....	43	<i>simvastatin</i>	39
QUILLIVANT XR.....	79	<i>risedronate sodium</i>	98	<i>sirolimus</i>	60
<i>quinapril hcl</i>	34	RISPERDAL CONSTA.....	80	SIRTURO.....	26
<i>quinapril-hydrochlorothiazide</i>	36	<i>risperidone</i>	80	SIVEXTRO.....	20, 53
<i>quinidine gluconate er</i>	35	<i>ritonavir</i>	23	SKLICE.....	93
<i>quinidine sulfate</i>	35	<i>rivastigmine</i>	69	<i>sodium chloride</i>	54, 94
<i>quinine sulfate</i>	20	<i>rivastigmine tartrate</i>	69	<i>sodium lactate</i>	54
QVAR REDHALER.....	86	<i>rizatriptan benzoate</i>	69	<i>sodium phenylbutyrate</i>	67
RABAVERT.....	59	ROCKLATAN.....	47	<i>sodium polystyrene sulfonate</i>	67
<i>rabeprazole sodium</i>	50	<i>ropinirole hcl</i>	70	<i>solifenacin succinate</i>	68
<i>raloxifene hcl</i>	98	<i>ropinirole hcl er</i>	70	SOLOSEC.....	98
<i>ramelteon</i>	82	<i>rosuvastatin calcium</i>	39	SOLTAMOX.....	32
<i>ramipril</i>	34	ROTARIX.....	59	SOMATULINE DEPOT.....	60
RANEXA.....	34	ROTATEQ.....	59	SOMAVERT.....	60
<i>ranitidine hcl</i>	50	ROWASA.....	51	SOOLANTRA.....	88
<i>ranolazine er</i>	34	<i>roweepira</i>	73	<i>sorine</i>	35
RAPAMUNE ORAL		<i>roweepira xr</i>	73	<i>sotalol hcl</i>	35
SOLUTION.....	60	ROZEREM.....	82	<i>sotalol hcl (af)</i>	35
<i>rasagiline mesylate</i>	70	ROZLYTREK.....	32	<i>sotalol hydrochloride</i>	36
RASUVO.....	74	RUBRACA.....	32	SOTYLIZE.....	36
RAVICTI.....	67	RUCONEST.....	63	SPIRIVA HANDHALER.....	86
REBIF.....	65	RUZURGI.....	64	SPIRIVA RESPIMAT.....	86
REBIF REBIDOSE.....	65	RYDAPT.....	32	<i>spironolactone</i>	38
REBIF REBIDOSE		RYTARY.....	70	<i>spironolactone-hctz</i>	38
TITRATION PACK.....	65	SABRIL.....	73	SPRITAM.....	73
REBIF TITRATION PACK.....	65	SAIZEN.....	62	SPRYCEL.....	32
RECOMBIVAX HB.....	59	SAIZENPREP.....	63	<i>sps</i>	67
REGRANEX.....	94	SAMSCA.....	68	<i>ssd</i>	89

<i>stavudine</i>	23	TARGRETIN.....	32, 94	TIROSINT-SOL.....	57
STIMATE.....	28	<i>tarina fe 1/20</i>	96	TIVICAY.....	23
STIVARGA.....	32	TASIGNA.....	32	<i>tizanidine hcl</i>	74
<i>streptomycin sulfate</i>	53	TAVALISSE.....	28	TOBI PODHALER.....	61
STRIBILD.....	23	<i>tazarotene</i>	93	TOBRADEX.....	45
STRIVERDI RESPIMAT.....	86	TAZORAC.....	93	TOBRADEX ST.....	45
STROMEKTOL.....	20	<i>taztia xt</i>	38	<i>tobramycin</i>	45, 61
SUBOXONE FILM.....	66	<i>tdvax</i>	59	<i>tobramycin sulfate</i>	53
SUBSYS.....	77	TECFIDERA.....	65	<i>tobramycin-dexamethasone</i>	45
SUCRAID.....	67	TECHLITE INSULIN		<i>tolbutamide</i>	43
<i>sucrafate</i>	50	SYRINGE.....	40	<i>tolcapone</i>	71
<i>sulfacetamide sodium</i>	45	TECHLITE PEN NEEDLES.....	40	<i>tolmetin sodium</i>	76
<i>sulfacetamide sodium (acne)</i>	94	TEFLARO.....	53	<i>tolterodine tartrate</i>	68
<i>sulfacetamide-prednisolone</i>	45	TEGSEDI.....	60	<i>tolterodine tartrate er</i>	68
<i>sulfadiazine</i>	26	TEKTURNA.....	38	<i>topiramate</i>	73
<i>sulfamethoxazole-trimethoprim</i> ..	26	TEKTURNA HCT.....	36	<i>topiramate er</i>	73
SULFAMYLON.....	94	<i>telmisartan</i>	35	<i>toremifene citrate</i>	32
<i>sulfasalazine</i>	51	<i>telmisartan-amlodipine</i>	36	<i>torseamide</i>	38
<i>sulindac</i>	76	<i>telmisartan-hctz</i>	36	TOUJEO MAX SOLOSTAR.....	42
<i>sumatriptan</i>	69	<i>temazepam</i>	82	TOUJEO SOLOSTAR.....	42
<i>sumatriptan succinate</i>	69, 70	<i>temozolomide</i>	32	TOVIAZ.....	68
<i>sumatriptan succinate refill</i> ..	69, 70	TENIVAC.....	59	<i>tpn electrolytes</i>	55
<i>sumatriptan-naproxen sodium</i>	70	<i>tenofovir disoproxil fumarate</i>	23	TRACLEER.....	87
SUNOSI.....	82	<i>terazosin hcl</i>	34	TRADJENTA.....	43
SUPRAX.....	25	<i>terbinafine hcl</i>	19	<i>tramadol hcl</i>	78
SUPREP BOWEL PREP KIT...	49	<i>terbutaline sulfate</i>	86	<i>tramadol hcl er</i>	78
SUTENT.....	32	<i>terconazole</i>	98	<i>tramadol hcl er (biphasic)</i>	78
SYLATRON.....	28	<i>testosterone</i>	56	<i>tramadol-acetaminophen</i>	78
SYMBICORT.....	86	<i>testosterone cypionate</i>	56	<i>trandolapril</i>	34
SYMDEKO.....	61	<i>testosterone enanthate</i>	56	<i>trandolapril-verapamil hcl er</i>	36
SYMFI.....	23	<i>tetanus-diphtheria toxoids td</i>	59	<i>tranexamic acid</i>	28
SYMFI LO.....	23	<i>tetrabenazine</i>	63	<i>tranylcypramine sulfate</i>	81
SYMLINPEN 120.....	42	<i>tetracycline hcl</i>	27	TRAVASOL.....	55
SYMLINPEN 60.....	42	THALOMID.....	32	TRAVATAN Z.....	47
SYMPAZAN.....	73	<i>theophylline</i>	86	<i>trazodone hcl</i>	81
SYMTUZA.....	23	<i>theophylline er</i>	86	TRECTOR.....	26
SYNAREL.....	57	THIOLA EC.....	61	TRELSTAR MIXJECT.....	57
SYNJARDY.....	43	<i>thioridazine hcl</i>	84	<i>tretinoin</i>	32, 89
SYNJARDY XR.....	43	<i>thiothixene</i>	84	<i>tretinoin microsphere</i>	89
SYNRIBO.....	28	THYROLAR-1.....	57	TREXALL.....	74
SYNTHROID.....	57	THYROLAR-1/2.....	57	<i>triamcinolone acetonide</i>	44, 92
TABLOID.....	32	THYROLAR-1/4.....	57	<i>triamterene-hctz</i>	38
<i>tacrolimus</i>	60, 94	THYROLAR-2.....	57	TRIANEX.....	92
<i>tadalafil</i>	67	THYROLAR-3.....	57	<i>triazolam</i>	82
<i>tadalafil (pah)</i>	87	<i>tiagabine hcl</i>	73	<i>triderm</i>	92
TAFINLAR.....	32	TIBSOVO.....	32	<i>trientine hcl</i>	68
TAGRISSO.....	32	<i>tigecycline</i>	53	<i>trifluoperazine hcl</i>	84
TAKHZYRO.....	63	TIGLUTIK.....	61	<i>trifluridine</i>	46
TALZENNA.....	32	<i>timolol maleate</i>	37, 47	<i>trihexyphenidyl hcl</i>	71
<i>tamoxifen citrate</i>	32	TIMOPTIC OCUDOSE.....	47	<i>trilyte</i>	49
<i>tamsulosin hcl</i>	67	<i>tinidazole</i>	20	<i>trimethoprim</i>	20
TARCEVA.....	32	TIROSINT.....	57	<i>trimipramine maleate</i>	81

TRINTELLIX.....	81	<i>venlafaxine hcl</i>	82	XPOVIO (80 MG ONCE
<i>tri-previfem</i>	96	<i>venlafaxine hcl er</i>	81	WEEKLY).....
<i>tri-sprintec</i>	96	VENTAVIS.....	87	XPOVIO (80 MG TWICE
TRIUMEQ.....	23	<i>verapamil hcl</i>	38	WEEKLY).....
<i>trivora (28)</i>	96	<i>verapamil hcl er</i>	38	XTANDI.....
TROKENDI XR.....	73	VERSACLOZ.....	84	XURIDEN.....
TROPHAMINE.....	55	VERZENIO.....	33	XYOSTED.....
<i>tropium chloride</i>	68	VESICARE.....	68	XYREM.....
<i>tropium chloride er</i>	68	VIBRAMYCIN.....	27	YF-VAX.....
TRUEPLUS INSULIN		VICTOZA.....	42	YONSA.....
SYRINGE.....	41	VIDEX.....	23	<i>yuvafem</i>
TRUEPLUS PEN NEEDLES.....	41	VIDEX EC.....	23	<i>zafirlukast</i>
TRULICITY.....	42	<i>vigabatrin</i>	73	<i>zaleplon</i>
TRUMENBA.....	59	<i>vigadrone</i>	73	ZARXIO.....
TRUVADA.....	23	VIIBRYD.....	82	ZEJULA.....
TURALIO.....	32	VIIBRYD STARTER PACK.....	82	ZELBORAF.....
TWINRIX.....	59	VIMPAT.....	73	ZEMAIRA.....
TYBOST.....	23	VIRACEPT.....	23	ZENPEP.....
TYGACIL.....	53	VIRAMUNE SUSPENSION.....	23	ZEPATIER.....
TYKERB.....	32	VIREAD.....	23	ZERBAXA.....
TYMLOS.....	98	VITRAKVI.....	33	ZIAGEN.....
TYPHIM VI.....	59	VIVITROL.....	78	<i>zidovudine</i>
UCERIS.....	49, 51	VIZIMPRO.....	33	ZILEUTON ER.....
UDENYCA.....	28	<i>voriconazole</i>	19, 53	<i>ziprasidone hcl</i>
ULORIC.....	75	VOSEVI.....	23	ZIRGAN.....
<i>unithroid</i>	57	VOTRIENT.....	33	ZOLINZA.....
UPTRAVI.....	87	VRAYLAR.....	84	<i>zolmitriptan</i>
UROCIT-K 10.....	68	<i>vyfemla</i>	96	<i>zolpidem tartrate</i>
UROCIT-K 15.....	68	VYNDALIN.....	60	<i>zolpidem tartrate er</i>
UROCIT-K 5.....	68	VYVANSE.....	79	ZOMACTON.....
<i>ursodiol</i>	49	<i>warfarin sodium</i>	28	<i>zonisamide</i>
VABOMERE.....	53	WELCHOL.....	39	ZONTIVITY.....
<i>valacyclovir hcl</i>	23	<i>wixela inhub</i>	86	ZORBTIVE.....
VALCHLOR.....	94	XALKORI.....	33	ZORTRESS.....
<i>valganciclovir hcl</i>	23	XARELTO.....	28	ZOSTAVAX.....
<i>valproate sodium</i>	73	XARELTO STARTER PACK.....	28	<i>zovia 1/35e (28)</i>
<i>valproic acid</i>	73	XATMEP.....	74	ZOVIRAX.....
<i>valsartan</i>	35	XELJANZ.....	75	ZYDELIG.....
<i>valsartan-hydrochlorothiazide</i>	36	XELJANZ XR.....	75	ZYKADIA.....
<i>vancomycin hcl</i>	20, 53	XEPI.....	89	ZYLET.....
<i>vandazole</i>	98	XERMELO.....	49	ZYPREXA.....
VAQTA.....	59	XGEVA.....	98	ZYPREXA RELPREVV.....
VARIVAX.....	59	XIFAXAN.....	20	ZYTIGA.....
VARIZIG.....	59	XIGDUO XR.....	43	
VARUBI.....	48	XOFLUZA.....	24	
VASCEPA.....	39	XOLAIR.....	88	
<i>velivet</i>	96	XOSPATA.....	33	
VELTASSA.....	67	XPOVIO (100 MG ONCE		
VEMLIDY.....	23	WEEKLY).....	33	
VENCLEXTA.....	32, 33	XPOVIO (60 MG ONCE		
VENCLEXTA STARTING		WEEKLY).....	33	
PACK.....	33			

This formulary was updated on 12/01/2019. For more recent information or other questions, please contact us at 1-855-670-5934 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.

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