

Tufts Health Unify

Lista de Medicamentos Cubiertos 2020 (Formulario)

Vigencia: 12/01/2020



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

Siete días a la semana, de 8 a.m. a 8 p.m.
TuftsHealthUnify.org

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Tufts Health Plan

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705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 866-930-9252]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

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

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

TuftsHealthUnify.org | 855.393.3154

For no-cost translation in English, call **855.393.3154**.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم **855.393.3154**

Chinese 若需免費的中文版本，請撥打 **855.393.3154**。

French Pour demander une traduction gratuite en français, composez le **855.393.3154**.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **855.393.3154**.

Greek Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **855.393.3154**.

Haitian Creole Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **855.393.3154**.

Igbo Maka ntughari asusu n'Igbo na akwughị ugwo, kpọọ **855.393.3154**.

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Japanese 日本語の無料翻訳については **855.393.3154** に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្រិតដោយឥតគិតថ្លៃ ជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ **855.393.3154**

Korean 한국어로 무료 통역을 원하시면, **855.393.3154** 로 전화하십시오.

Kru Inyu yangua ndonōl ni Kru sébèl **855.393.3154**.

Laotian ສໍາລັບການແປພາສາແບບພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໃບຫາບີ **855.393.3154**.

Navajo Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **855.393.3154**.

Persian برای ترجمه رایگان به فارسی به شماره تلفن **855.393.3154** زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **855.393.3154**.

Portuguese Para tradução grátis para português, ligue para o número **855.393.3154**.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру **855.393.3154**.

Spanish Para servicio de traducción gratuito en español, llame al **855.393.3154**.

Tagalog Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **855.393.3154**.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **855.393.3154**.

Yorùbá Fún isé ògbùfò l'ófè ní Yorùbá, pe **855.393.3154**.

Tufts Health Unify | Lista de Medicamentos Cubiertos para 2020 (Formulario)

Introducción

Este documento se llama la *Lista de Medicamentos Cubiertos* (también llamado la Lista de Medicamentos). Le informa sobre cuáles de sus medicamentos de receta y medicamentos sin receta están cubiertos por *Tufts Health Unify*. La Lista de Medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por *Tufts Health Unify*. Términos clave y sus definiciones se encuentran en el último capítulo del *Manual del Miembro*.

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Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al 1.855.393.3154 (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

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A. Renuncias de garantías

Ésta es una lista de medicamentos que los miembros pueden obtener en *Tufts Health Unify*.

- ❖ *Tufts Health Unify* es un plan de seguro médico que tiene contrato con Medicare y MassHealth para proporcionar beneficios de ambos programas a los miembros.
- ❖ La *Lista de Medicamentos Cubiertos* y/o las redes de farmacias y proveedores de *Tufts Health Unify* pueden cambiar a lo largo del año. Le enviaremos un aviso antes de hacer un cambio que le afecte.
- ❖ Los beneficios pueden cambiar el 1 de enero de cada año.
- ❖ Usted siempre puede verificar la *Lista de Medicamentos Cubiertos* actualizada de *Tufts Health Unify* por internet en TuftsHealthUnify.org o llamando al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m.
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, llame a Servicios para Miembros de *Tufts Health Unify* o lea el *Manual del Miembro* de *Tufts Health Unify*.
- ❖ ATENCIÓN: Si habla *español*, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ Usted puede obtener gratis este documento en otros formatos, como letras grandes, formatos que funcionen con la tecnología de los lectores de pantalla, braille o audio. Llame al **1.855.393.3154** (TTY: 711), siete días a la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ Llame a Servicios para Miembros para solicitar materiales en idiomas que no sea el inglés o en un formato alternativo.

B. Preguntas frecuentes

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de Medicamentos Cubiertos*. Puede leer todas las preguntas frecuentes para conocer más o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos de receta se encuentran en la *Lista de Medicamentos Cubiertos*? (Llamamos "Lista de medicamentos" a la *Lista de Medicamentos Cubiertos*, para abreviar.)



Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

Los medicamentos de la *Lista de Medicamentos Cubiertos* que comienza en la página 3 son los medicamentos cubiertos por *Tufts Health Unify*. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un contrato con ella para que trabaje con nosotros y le proporcione servicios a usted. A estas farmacias las llamamos “farmacias de la red”.

- *Tufts Health Unify* cubrirá todos los medicamentos de la lista si:
 - Su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, **y**
 - *Tufts Health Unify* está de acuerdo con que el medicamento es medicamento necesario para usted, **y**
 - Usted surte la receta en una farmacia de la red de *Tufts Health Unify*.

En algunos casos, usted tiene que hacer algo antes de que pueda obtener un medicamento (lea la pregunta B4 más abajo.).

También puede ver una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en TuftsHealthUnify.org o llame a Servicios al miembro al al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí. *Tufts Health Unify* podría agregar o retirar medicamentos de la Lista de medicamentos durante el año. Al hacer cambios, *Tufts Health Unify* debe seguir las reglas de Medicare y de MassHealth.

También podemos cambiar nuestras reglas sobre medicamentos. Por ejemplo, podemos:

- Decidir exigir o no la aprobación previa para un medicamento. (La aprobación previa es el permiso de *Tufts Health Unify* antes de que usted pueda obtener un medicamento.)
- Agregar o cambiar la cantidad de un medicamento que usted puede obtener (llamada límites de cantidad).
- Agregar o cambiar restricciones de tratamiento escalonado a un medicamento. (Tratamiento escalonado significa que deberá probar un medicamento antes de que cubramos otro medicamento.)

Para obtener más información de estas reglas sobre medicamentos, lea la pregunta B4.

Si usted está tomando algún medicamento que estuvo cubierto al **principio** del año, por general no le quitamos o cambiamos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- Un medicamento nuevo y más económico que es igual de eficiente que un medicamento que se encuentra actualmente en la Lista de medicamentos llega al mercado, ○
- Nos damos cuenta de que un medicamento no es seguro, ○
- Un medicamento es eliminado del mercado.

Las preguntas B3 y B6 de más abajo tienen más información sobre lo que sucede cuando cambia la Lista de medicamentos.

- Usted siempre puede revisar la Lista de medicamentos actualizada de *Tufts Health Unify* en internet en TuftsHealthUnify.org.
- También puede llamar a Servicios para Miembros para revisar *la Lista de Medicamentos* actual al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m.

B3. ¿Qué sucederá cuando hay un cambio en la *Lista de Medicamentos*?

Algunos cambios a la Lista de Medicamentos ocurren **inmediatamente**. Por ejemplo:

- **Un medicamento genérico nuevo llega a estar disponible.** A veces, un nuevo medicamento genérico que es igual de eficiente que un medicamento de marca que se encuentra actualmente en la *Lista de Medicamentos* llega al mercado. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero su costo para el medicamento nuevo será el mismo.

Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas o límites de cobertura.

- Es posible que no le notifiquemos cuando se haga este cambio, pero le mandaremos información sobre el cambio específico que hemos hecho una vez realizado.
- Usted o su proveedor pueden solicitar una excepción de estos cambios. Le mandaremos una notificación con los pasos que puede tomar para solicitar una excepción. Por favor lea la pregunta B10 para más información sobre excepciones.
- **Un medicamento es eliminado del mercado.** Si la Administración de alimentos y medicamentos (FDA) dice que algún medicamento no es seguro o si el fabricante del medicamento lo retira del mercado, lo retiraremos de la *Lista de Medicamentos*. Si está tomando el medicamento, se lo haremos saber. Llame a su



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médico u otro profesional que escribe recetas para considerar medicamentos alternativos y pedir una nueva receta.

Podemos hacer otros cambios que pueden afectar las medicinas que usted toma. Podemos notificarle por adelantado sobre esos otros cambios a la Lista de Medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee una nueva regla o hay nuevas directrices clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**
 - Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente ○
 - Cambiamos las reglas de cobertura o los límites de un medicamento de marca.

Cuando ocurren estos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de Medicamentos ○
- Le informaremos y le proporcionaremos un suministro para 30 días del medicamento luego de que usted solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico con otra persona que recete medicamentos. Él o ella pueden ayudarle a decidir:

- Si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o
- Si pedir una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite o hay que hacer algo en particular para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites a la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro proveedor tendrán que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted, su médico u otro profesional de la salud deben obtener una aprobación de *Tufts Health Unify* antes de que usted surta su receta. *Tufts Health Unify* podría no cubrir el medicamento si usted no obtiene aprobación.
- **Límites de cantidad:** A veces *Tufts Health Unify* puede limitar la cantidad de un medicamento que usted puede obtener.
- **Tratamiento escalonado:** A veces *Tufts Health Unify* requiere que usted pase por tratamiento escalonado. Esto significa que usted tendrá que probar los medicamentos para su enfermedad en un cierto orden. Usted podría tener que probar un medicamento antes que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Usted puede verificar si su medicamento tiene algún requisito adicional, leyendo los cuadros que comienzan en la página 3. Usted también puede obtener más información yendo a nuestro sitio web en TuftsHealthUnify.org. Hemos puesto en internet unos documentos que explican nuestras restricciones para autorizaciones previas y tratamientos escalonados. También puede pedirnos que le enviemos una copia.

Usted puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda que usted pueda tomar en su lugar o si tiene que pedir una excepción. Por favor lea las preguntas B10-B12 para más información sobre las excepciones.



Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al 1.855.393.3154 (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

B5. ¿Cómo sabrá si el medicamento que usted quiere tiene limitaciones o si tiene que hacer algo para obtenerlo?

La *Lista de Medicamentos Cubiertos* de la página 3 tiene una columna llamada “Requisitos/límites.”

B6. ¿Qué sucederá si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, requisitos de autorización (aprobación) previa, límites de cantidad y/o restricciones de tratamiento escalonado)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de aprobación previa, límites de cantidad y restricciones de tratamiento escalonado a un medicamento. Para más información sobre esta notificación por adelantado y situaciones cuando no le notificaremos por adelantado cuando nuestras reglas sobre los medicamentos en la Lista de medicamentos cambian, por favor lea la pregunta B3.

B7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Existen dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético (si usted sabe cómo se escribe el nombre del medicamento), o
- Puede buscar por enfermedad.

Para buscar **por orden alfabético**, vaya a la sección del Índice de medicamentos cubiertos. Puede encontrarlo en la página 83.

Para buscar **por enfermedad**, busque el nombre de la categoría en la Lista de medicamentos que comienza en la página 3. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si tiene un padecimiento del corazón, usted debe buscar en la categoría, “Agentes cardiovasculares: Medicamentos para tratar condiciones relacionadas con el corazón como hipertensión arterial y alto colesterol.” Ahí encontrará medicamentos para tratar los padecimientos del corazón.

B8. ¿Qué pasa si el medicamento que usted quiere tomar no está en la Lista de medicamentos?

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m y pregunte por él. Si se entera que *Tufts Health Unify* no cubrirá el medicamento, usted puede hacer algo de lo siguiente:

- Pida a Servicios al miembro una lista de medicamentos similar al que quiera tomar. Luego, muestre la lista a su médico u otro proveedor médico. Éste podrá
-

recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. **O**

- Usted también puede pedir al plan de seguro médico que haga una excepción para cubrir su medicamento. Por favor lea las preguntas B10-B12 para más información sobre las excepciones.

B9. ¿Qué pasa si usted es un miembro nuevo de *Tufts Health Unify* y no puede encontrar su medicamento en la Lista o tiene problemas para obtener su medicamento?

Podemos ayudarlo. Podemos cubrir un suministro de 30-días de su medicamento durante los primeros 90 días que usted comienza como miembro de *Tufts Health Unify*. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción.

Si su receta es escrita por menos de los días indicados, le permitiremos múltiples suministros hasta un máximo de 30 días de su medicamento.

Cubriremos un suministro de 30 días de su medicamento si:

- Usted está tomando algún medicamento que no esté en nuestra Lista de medicamentos, **O**
- Las reglas del plan de seguro médico no le permiten obtener la cantidad recetada por su proveedor médico, **O**
- El medicamento requiere aprobación previa de *Tufts Health Unify*, **O**
- Usted toma algún medicamento que forme parte de una restricción de tratamiento escalonado.

Si está tomando un medicamento que *Tufts Health Unify* no considere como medicamento de Parte D, usted tendrá derecho a obtener un suministro único del medicamento para 72 horas. Puede encontrar más información sobre cómo obtener un suministro temporal de un medicamento en el Capítulo 5 de su *Manual del miembro*.

Si está en una institución especializada de enfermería u otra institución de atención a largo plazo, y necesita un medicamento que no está en la Lista de Medicamentos o si no puede obtener el medicamento que necesita, podemos ayudarlo. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidados a largo plazo, y necesita su suministro de inmediato:

- Le cubriremos un suministro de 31-días del medicamento que necesite (a menos que tenga una receta medicamento que necesite (a menos que tenga una receta para menos días), aunque sea o no sea un nuevo miembro de *Tufts Health Unify*.



Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al 1.855.393.3154 (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

- Esto es adicional al suministro temporero durante los primeros 90 días de ser miembro de *Tufts Health Unify*.
 - Como miembro actual de *Tufts Health Unify*, si resulta admitido o es dado de alta de una institución de atención a largo plazo y experimenta un cambio inesperado de medicamento, puede solicitar que aprobemos una receta transitoria por única vez del medicamento que no está cubierto para permitir que tenga tiempo para consultar a su médico sobre un plan de transición. Su médico también puede solicitar una excepción a la cobertura del medicamento no cubierto basado en la revisión de la necesidad médica luego del proceso estándar de excepción indicado anteriormente. La “primera receta” transitoria será una cantidad para hasta 31 días, pero podría extenderse para permitirle a usted y a su médico el tiempo para atender las complejidades de múltiples medicamentos o cuando lo justifiquen circunstancias especiales. Usted puede solicitar una receta transitoria llamando al departamento de servicios para miembros de *Tufts Health Unify* al 1.855.393.3154 (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m.
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B10. ¿Puede pedir una excepción para cubrir su medicamento?

Sí. Usted puede pedir que *Tufts Health Unify* haga una excepción para cubrir un medicamento que no esté en la Lista de medicamentos.

También puede pedirnos cambiar las reglas sobre su medicamento.

- Por ejemplo, *Tufts Health Unify* podría limitar la cantidad que cubrirá de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos que cambiemos el límite y cubramos más.
 - Otros ejemplos: Usted puede pedirnos que retiremos las restricciones de tratamiento escalonado o de aprobación previa.
-

B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a Servicios para Miembros trabajará con usted y su proveedor para ayudarle a pedir una excepción. Usted también puede leer el Capítulo 9, del *Manual del miembro*, para más información sobre excepciones.

B12. ¿Cuánto tiempo tomará obtener una excepción?

Antes que nada, debemos recibir una declaración de su proveedor apoyando su pedido de excepción. Después de recibir la declaración, tomaremos una decisión sobre su pedido de excepción a más tardar en 72 horas.

Si usted o su proveedor médico piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, usted puede pedir una excepción acelerada. Ésta es una decisión más rápida. Si su proveedor médico apoya su pedido, le daremos una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su proveedor médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y normalmente no tienen marcas reconocidas. Los medicamentos genéricos son aprobados por la Administración de alimentos y medicamentos (FDA).

Tufts Health Unify cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC quiere decir medicamentos que se venden sin receta. *Tufts Health Unify* cubre algunos medicamentos de venta libre.

Usted puede leer la Lista de medicamentos de *Tufts Health Unify* para ver qué medicamentos de venta libre están cubiertos.

B15. ¿*Tufts Health Unify* cubre productos que no son medicamentos de venta libre?

Tufts Health Unify cubre algunos productos de venta libre que no son medicamentos cuando hay receta de su proveedor médico.

Ejemplos de productos de venta libre sin receta, que no son medicamentos, incluyen gasa y vendajes.

Usted puede leer la Lista de medicamentos de *Tufts Health Unify* para ver qué productos, que no son medicamentos de venta libre, están cubiertos.

B16. ¿*Tufts Health Unify* cubre suministros a largo plazo de medicamentos de receta?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener suministros de medicamentos de receta de hasta 90 días, enviados directamente a su hogar. Un suministro para 90 días tiene el mismo copago que el suministro para un mes.
 - **Programas de farmacias minoristas de 90 días.** Algunas farmacias minoristas también pueden ofrecer suministros de hasta 90 días de medicamentos de receta cubiertos. Un suministro para 90 días tiene el mismo copago que el suministro para un mes.
-

B17. ¿Puede usted hacer que envíen los medicamentos de receta a su casa desde su farmacia local?

Es posible que su farmacia local pueda enviar su medicamento de receta a su casa. Usted puede llamar a su farmacia para verificar si le ofrecen entrega a domicilio.



Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al 1.855.393.3154 (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

B18. ¿Cuál es su copago?

Los miembros de *Tufts Health Unify* no tienen copagos por medicamentos de receta y sin receta (OTC), siempre y cuando el miembro siga las reglas del plan.

B19. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos.

- Los medicamentos de Nivel 1 son medicamentos vacunos.
- Los medicamentos de nivel 2 son medicamentos genéricos.
- Los medicamentos de nivel 3 son medicamentos de marca.
- Los medicamentos de nivel 4 son medicamentos de venta libre cubierto por MassHealth.

Por favor, tome nota: Ningunos de los niveles tienen copagos.

C. Lista de Medicamentos Cubiertos

La siguiente Lista de Medicamentos Cubiertos le da la información sobre los medicamentos cubiertos por *Tufts Health Unify*. Si usted tiene dificultades para encontrar su medicamento en la lista, pase al Índice de medicamentos cubiertos que comienza en la página 83. El índice alfabético enumera todos los medicamentos cubiertos por *Tufts Health Unify*.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, COUMADIN) y los medicamentos genéricos están en letras cursivas en minúsculas (por ejemplo, *lisonopril*).

La información de la columna “Medidas necesarias, restricciones o límites de uso” indica si *Tufts Health Unify* tiene reglas para cubrir su medicamento.

Nota: El (*) junto a un medicamento significa que el medicamento no es un “medicamento de Parte D”. El monto que paga cuando rellena una receta para este medicamento no cuenta para el costo total de sus medicamentos (es decir, el monto que paga no le ayuda a calificar para una cobertura catastrófica).

- Además, si está recibiendo Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más información sobre Ayuda Adicional, por favor lea la información en el recuadro abajo.
-

Ayuda Adicional es un programa de Medicare que ayuda a personas con ingresos y recursos limitados a reducir sus gastos asociados con los medicamentos de receta de Medicare Parte D, como las primas, deducibles, y copagos. A Ayuda Adicional también se le llama “subsidio por bajos ingresos”, o “LIS.”

- Estos medicamentos tienen diferentes reglas para apelaciones. Una apelación es una manera formal de pedir que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere no está cubierto o que ya no está cubierto por Medicare o MassHealth.
- Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar.
- Si usted tiene alguna pregunta, llame a Servicios al miembro al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. Usted también puede leer el Capítulo 9 del *Manual del miembro* para aprender como apelar una decisión.

D. Lista de medicamentos por enfermedad

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de enfermedad para la que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en la categoría “Agentes cardiovasculares: Medicamentos para tratar condiciones relacionadas con el corazón como hipertensión arterial y alto colesterol.” Ahí encontrará los medicamentos que traten enfermedades del corazón.

Estos son los significados de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

QL = Límite de cantidad: Esto limita el suministro del medicamento que usted puede obtener.

PA (por sus siglas en inglés) = Autorización (aprobación) previa: Usted deberá tener la aprobación del plan antes de poder obtener este medicamento.

ST (por sus siglas en inglés) = Tratamiento progresivo: Usted deberá probar otro medicamento antes de poder obtener éste.

NEDS (por sus siglas en inglés) = Medicamento suministrado sin extensión: Para poder reducir los costos de los medicamentos, ciertos medicamentos de alto costo se limitarán a una cantidad de 30 días por receta.

SP (por sus siglas en inglés) = Disponible a través de un proveedor designado especial de farmacia. Usted tiene la opción de obtener este medicamento a través de un proveedor de



Si tiene alguna pregunta, por favor llame a *Tufts Health Unify* al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. 8 p.m. La llamada es gratuita. **Para obtener más información**, visite TuftsHealthUnify.org.

farmacia de especialidades. Estas farmacias se especializan en suministrar una cantidad selecta de medicamentos directamente a nuestros miembros. Proveen entrega gratuita a su domicilio, apoyo educacional 24/7 por teléfono, apoyo de enfermeras y farmacéuticos y colaborarán estrechamente con su médico. Los medicamentos incluyen, pero no se limitan, a medicamentos usados en el tratamiento de la esclerosis múltiple, hepatitis C, artritis reumatoide y cánceres tratados con medicamentos administrados por vía oral.

CVS specialty: 1.800.237.2767 (TTY: 711)

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Drug	Status	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE: DRUGS USED TO TREAT INFECTIONS		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat lozenge</i>	\$0 (Tier-2)	
<i>clotrimazole mouth/throat troche</i>	\$0 (Tier-2)	
CRESEMBA ORAL CAPSULE	\$0 (Tier-3)	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-2)	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-2)	PA
<i>ketoconazole oral tablet</i>	\$0 (Tier-2)	
NOXAFIL ORAL SUSPENSION	\$0 (Tier-3)	NEDS
NOXAFIL ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	NEDS
<i>nystatin oral tablet</i>	\$0 (Tier-2)	
<i>posaconazole oral tablet delayed release</i>	\$0 (Tier-2)	NEDS
<i>terbinafine hcl oral tablet</i>	\$0 (Tier-2)	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	\$0 (Tier-2)	NEDS
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier-2)	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier-2)	QL (56 EA per 14 days); NEDS
ANTHELMINTIC AGENTS		
PIN-X (PYRANTEL PAMOATE)	\$0 (Tier-4)	*
REESE'S PINWORM (PYRANTEL PAMOATE)	\$0 (Tier-4)	*
ANTI-INFECTIVES, MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	\$0 (Tier-2)	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
ALINIA ORAL TABLET	\$0 (Tier-3)	
ARIKAYCE INHALATION SUSPENSION	\$0 (Tier-3)	B vs D; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
<i>ivermectin oral tablet</i>	\$0 (Tier-2)	
<i>linezolid oral suspension reconstituted</i>	\$0 (Tier-2)	NEDS
<i>linezolid oral tablet</i>	\$0 (Tier-2)	NEDS
<i>methenamine hippurate oral tablet</i>	\$0 (Tier-2)	
<i>metronidazole oral capsule</i>	\$0 (Tier-2)	
<i>metronidazole oral tablet</i>	\$0 (Tier-2)	
MONUROL ORAL PACKET	\$0 (Tier-3)	
<i>neomycin sulfate oral tablet</i>	\$0 (Tier-2)	
<i>nitrofurantoin macrocrystal oral capsule</i>	\$0 (Tier-2)	
<i>nitrofurantoin monohyd macro oral capsule</i>	\$0 (Tier-2)	
<i>praziquantel oral tablet</i>	\$0 (Tier-2)	
SIVEXTRO ORAL TABLET	\$0 (Tier-3)	NEDS
STROMEKTOL ORAL TABLET	\$0 (Tier-3)	
<i>trimethoprim oral tablet</i>	\$0 (Tier-2)	
<i>vancomycin hcl oral capsule</i>	\$0 (Tier-2)	
<i>vancomycin hcl oral solution reconstituted</i>	\$0 (Tier-2)	
XENLETA ORAL TABLET	\$0 (Tier-3)	NEDS
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier-3)	NEDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier-3)	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	\$0 (Tier-2)	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	\$0 (Tier-2)	
BENZNIDAZOLE ORAL TABLET	\$0 (Tier-3)	
<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)	
<i>mefloquine hcl oral tablet</i>	\$0 (Tier-2)	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-3)	B vs D
<i>paromomycin sulfate oral capsule</i>	\$0 (Tier-2)	
PENTAM INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>pentamidine isethionate inhalation solution reconstituted</i>	\$0 (Tier-2)	B vs D

Drug	Status	Requirements/Limits
<i>pentamidine isethionate injection solution reconstituted</i>	\$0 (Tier-2)	
<i>primaquine phosphate oral tablet</i>	\$0 (Tier-2)	
<i>pyrimethamine 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-2)	
<i>abacavir sulfate oral tablet</i>	\$0 (Tier-2)	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$0 (Tier-2)	NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$0 (Tier-2)	NEDS
<i>acyclovir oral capsule</i>	\$0 (Tier-2)	
<i>acyclovir oral suspension</i>	\$0 (Tier-2)	
<i>acyclovir oral tablet</i>	\$0 (Tier-2)	
<i>adefovir dipivoxil oral tablet</i>	\$0 (Tier-2)	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-3)	NEDS
APTIVUS ORAL SOLUTION	\$0 (Tier-3)	NEDS
<i>atazanavir sulfate oral capsule</i>	\$0 (Tier-2)	NEDS
ATRIPLA ORAL TABLET	\$0 (Tier-3)	NEDS
BIKTARVY ORAL TABLET	\$0 (Tier-3)	NEDS
CIMDUO ORAL TABLET	\$0 (Tier-3)	NEDS
COMPLERA ORAL TABLET	\$0 (Tier-3)	NEDS
CRIXIVAN ORAL CAPSULE	\$0 (Tier-3)	
DELSTRIGO ORAL TABLET	\$0 (Tier-3)	
DESCOVY ORAL TABLET	\$0 (Tier-3)	NEDS
<i>didanosine oral capsule delayed release</i>	\$0 (Tier-2)	
DOVATO ORAL TABLET	\$0 (Tier-3)	NEDS
EDURANT ORAL TABLET	\$0 (Tier-3)	NEDS
<i>efavirenz oral capsule</i>	\$0 (Tier-2)	
<i>efavirenz oral tablet</i>	\$0 (Tier-2)	NEDS
<i>emtricitabine oral capsule</i>	\$0 (Tier-2)	
EMTRIVA ORAL CAPSULE	\$0 (Tier-3)	
EMTRIVA ORAL SOLUTION	\$0 (Tier-3)	
<i>entecavir oral tablet</i>	\$0 (Tier-2)	NEDS
EPCLUSA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
EPIVIR ORAL SOLUTION	\$0 (Tier-3)	
EVOTAZ ORAL TABLET	\$0 (Tier-3)	NEDS
<i>famciclovir oral tablet</i>	\$0 (Tier-2)	
<i>fosamprenavir calcium oral tablet</i>	\$0 (Tier-2)	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	\$0 (Tier-3)	NEDS
HARVONI ORAL PACKET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (Tier-3)	
INTELENCE ORAL TABLET 200 MG	\$0 (Tier-3)	NEDS
INTRON A INJECTION SOLUTION	\$0 (Tier-3)	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty
INVIRASE ORAL TABLET	\$0 (Tier-3)	NEDS
ISENTRESS HD ORAL TABLET	\$0 (Tier-3)	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	\$0 (Tier-3)	
ISENTRESS ORAL TABLET	\$0 (Tier-3)	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier-3)	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-3)	NEDS
KALETRA ORAL SOLUTION	\$0 (Tier-3)	NEDS
KALETRA ORAL TABLET 100-25 MG	\$0 (Tier-3)	
KALETRA ORAL TABLET 200-50 MG	\$0 (Tier-3)	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-2)	
MAVYRET ORAL TABLET	\$0 (Tier-3)	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-3)	NEDS
<i>oseltamivir phosphate oral capsule</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier-2)	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	\$0 (Tier-3)	NEDS
PREVYMIS ORAL TABLET	\$0 (Tier-3)	PA; NEDS
PREZCOBIX ORAL TABLET	\$0 (Tier-3)	NEDS
PREZISTA ORAL SUSPENSION	\$0 (Tier-3)	NEDS
PREZISTA ORAL TABLET	\$0 (Tier-3)	NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	\$0 (Tier-3)	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-2)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	NEDS
SELZENTRY ORAL SOLUTION	\$0 (Tier-3)	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	\$0 (Tier-3)	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier-3)	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	\$0 (Tier-3)	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	\$0 (Tier-2)	
STRIBILD ORAL TABLET	\$0 (Tier-3)	NEDS
SYMFI LO ORAL TABLET	\$0 (Tier-3)	NEDS
SYMFI ORAL TABLET	\$0 (Tier-3)	NEDS
SYMTUZA ORAL TABLET	\$0 (Tier-3)	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	\$0 (Tier-2)	
TIVICAY ORAL TABLET 10 MG	\$0 (Tier-3)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier-3)	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	\$0 (Tier-3)	
TRIUMEQ ORAL TABLET	\$0 (Tier-3)	NEDS
TRUVADA ORAL TABLET	\$0 (Tier-3)	NEDS
TYBOST ORAL TABLET	\$0 (Tier-3)	
<i>valacyclovir hcl oral tablet</i>	\$0 (Tier-2)	
<i>valganciclovir hcl oral solution reconstituted</i>	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
<i>valganciclovir hcl oral tablet</i>	\$0 (Tier-2)	NEDS
VEMLIDY ORAL TABLET	\$0 (Tier-3)	NEDS
VIDEX ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier-3)	NEDS
VIREAD ORAL POWDER	\$0 (Tier-3)	NEDS
VIREAD ORAL TABLET	\$0 (Tier-3)	NEDS
VOSEVI ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	QL (2 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	QL (2 EA per 7 days)
ZEPATIER ORAL TABLET	\$0 (Tier-3)	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-2)	
<i>amoxicillin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>amoxicillin oral tablet</i>	\$0 (Tier-2)	
<i>amoxicillin oral tablet chewable</i>	\$0 (Tier-2)	
<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-2)	
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-2)	
<i>cefadroxil oral suspension reconstituted</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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-2)	
<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)	
<i>cefuroxime axetil oral tablet</i>	\$0 (Tier-2)	
<i>cephalexin oral capsule</i>	\$0 (Tier-2)	
<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-2)	
<i>penicillin v potassium oral solution reconstituted</i>	\$0 (Tier-2)	
<i>penicillin v potassium oral tablet</i>	\$0 (Tier-2)	
SUPRAX ORAL CAPSULE	\$0 (Tier-3)	
SUPRAX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
SUPRAX ORAL TABLET CHEWABLE	\$0 (Tier-3)	
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-2)	
<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-2)	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$0 (Tier-2)	
DIFICID ORAL TABLET	\$0 (Tier-3)	PA; NEDS
<i>ery-tab oral tablet delayed release</i>	\$0 (Tier-2)	
<i>erythrocin stearate oral tablet</i>	\$0 (Tier-2)	
<i>erythromycin base oral capsule delayed release particles</i>	\$0 (Tier-2)	
<i>erythromycin base oral tablet</i>	\$0 (Tier-2)	
<i>erythromycin base oral tablet delayed release</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0 (Tier-2)	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	\$0 (Tier-2)	
<i>isoniazid oral syrup</i>	\$0 (Tier-2)	
<i>isoniazid oral tablet</i>	\$0 (Tier-2)	
PASER ORAL PACKET	\$0 (Tier-3)	
<i>pretomanid oral tablet</i>	\$0 (Tier-2)	
PRIFTIN ORAL TABLET	\$0 (Tier-3)	
<i>pyrazinamide oral tablet</i>	\$0 (Tier-2)	
<i>rifabutin oral capsule</i>	\$0 (Tier-2)	
<i>rifampin oral capsule</i>	\$0 (Tier-2)	
SIRTURO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
TRECTOR ORAL TABLET	\$0 (Tier-3)	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	NEDS
BAXDELA ORAL TABLET	\$0 (Tier-3)	NEDS
<i>ciprofloxacin hcl oral tablet</i>	\$0 (Tier-2)	
<i>levofloxacin oral solution</i>	\$0 (Tier-2)	
<i>levofloxacin oral tablet</i>	\$0 (Tier-2)	
<i>moxifloxacin hcl oral tablet</i>	\$0 (Tier-2)	
<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-2)	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral capsule</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral tablet</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral tablet delayed release</i>	\$0 (Tier-2)	
<i>doxycycline monohydrate oral capsule</i>	\$0 (Tier-2)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>doxycycline monohydrate oral tablet</i>	\$0 (Tier-2)	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>minocycline hcl oral capsule</i>	\$0 (Tier-2)	
<i>minocycline hcl oral tablet</i>	\$0 (Tier-2)	
<i>mondoxyne nl oral capsule</i>	\$0 (Tier-2)	
NUZYRA ORAL TABLET	\$0 (Tier-3)	NEDS
<i>tetracycline hcl oral capsule</i>	\$0 (Tier-2)	
VIBRAMYCIN ORAL SYRUP	\$0 (Tier-3)	
BLOOD MODIFYING AGENTS: DRUGS THAT HELP PREVENT CLOTS AND INCREASE CELL COUNTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	\$0 (Tier-2)	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
BRILINTA ORAL TABLET	\$0 (Tier-3)	
<i>cilostazol oral tablet</i>	\$0 (Tier-2)	
<i>clopidogrel bisulfate oral tablet</i>	\$0 (Tier-2)	
<i>dipyridamole oral tablet</i>	\$0 (Tier-2)	
<i>prasugrel hcl oral tablet</i>	\$0 (Tier-2)	
ZONTIVITY ORAL TABLET	\$0 (Tier-3)	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (360 EA per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
PROMACTA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier-3)	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	\$0 (Tier-3)	SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	\$0 (Tier-3)	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
ELIQUIS ORAL TABLET	\$0 (Tier-3)	
<i>enoxaparin sodium subcutaneous solution</i>	\$0 (Tier-2)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier-2)	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-3)	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0 (Tier-3)	
<i>jantoven oral tablet</i>	\$0 (Tier-2)	
PRADAXA ORAL CAPSULE	\$0 (Tier-3)	
<i>warfarin sodium oral tablet</i>	\$0 (Tier-2)	
XARELTO ORAL TABLET	\$0 (Tier-3)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	\$0 (Tier-3)	NEDS
OXBRYTA ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	\$0 (Tier-2)	
STIMATE NASAL SOLUTION	\$0 (Tier-3)	SP-CVS specialty
TAVALISSE ORAL TABLET	\$0 (Tier-3)	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	\$0 (Tier-2)	
CANCER DRUGS		
INJECTABLE AGENTS		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	NEDS

Drug	Status	Requirements/Limits
ORAL AGENTS		
<i>abiraterone acetate oral tablet</i>	\$0 (Tier-2)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	\$0 (Tier-3)	Part B
ALUNBRIG ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	\$0 (Tier-2)	
AYVAKIT ORAL TABLET	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
<i>bexarotene oral capsule</i>	\$0 (Tier-2)	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	\$0 (Tier-2)	
BOSULIF ORAL TABLET 100 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
BRUKINSA ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
CABOMETYX ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>capecitabine oral tablet</i>	\$0 (Tier-2)	Part B; NEDS
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$0 (Tier-3)	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$0 (Tier-3)	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$0 (Tier-3)	PA; NEDS
COPIKTRA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
COTELLIC ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0 (Tier-3)	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	\$0 (Tier-3)	
EMCYT ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty

Drug	Status	Requirements/Limits
ERIVEDGE ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier-2)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier-2)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	\$0 (Tier-2)	Part B
<i>everolimus oral tablet</i>	\$0 (Tier-2)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	\$0 (Tier-2)	
FARYDAK ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	\$0 (Tier-2)	
GAVRETO ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
GILOTRIF ORAL TABLET	\$0 (Tier-3)	PA; NEDS
GLEOSTINE ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	\$0 (Tier-3)	Part B
<i>hydroxyurea oral capsule</i>	\$0 (Tier-2)	
IBRANCE ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	\$0 (Tier-3)	PA; NEDS
IDHIFA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
IMBRUVICA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
INLYTA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
IRESSA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
JAKAFI ORAL TABLET 5 MG	\$0 (Tier-3)	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI 200 DOSE ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI 400 DOSE ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
KISQALI 600 DOSE ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
<i>letrozole oral tablet</i>	\$0 (Tier-2)	
LEUKERAN ORAL TABLET	\$0 (Tier-3)	
LONSURF ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	\$0 (Tier-3)	
MATULANE ORAL CAPSULE	\$0 (Tier-3)	NEDS
<i>megestrol acetate oral tablet</i>	\$0 (Tier-2)	
MEKINIST ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	\$0 (Tier-3)	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-3)	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
NINLARO ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
PEMAZYRE ORAL TABLET	\$0 (Tier-3)	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
POMALYST ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	\$0 (Tier-3)	NEDS
QINLOCK ORAL TABLET	\$0 (Tier-3)	PA; NEDS
RETEVMO ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
REVLIMID ORAL CAPSULE	\$0 (Tier-3)	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
RUBRACA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	\$0 (Tier-3)	
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty
TABRECTA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
TAFINLAR ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
TALZENNA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>tamoxifen citrate oral tablet</i>	\$0 (Tier-2)	
TARCEVA ORAL TABLET 100 MG	\$0 (Tier-3)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
TARCEVA ORAL TABLET 150 MG, 25 MG	\$0 (Tier-3)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
TARGRETIN ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	\$0 (Tier-3)	PA; NEDS

Drug	Status	Requirements/Limits
<i>temozolomide oral capsule</i>	\$0 (Tier-2)	Part B
THALOMID ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
<i>toremifene citrate oral tablet</i>	\$0 (Tier-2)	
<i>tretinoin oral capsule</i>	\$0 (Tier-2)	SP-CVS specialty; NEDS
TUKYSA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
TURALIO ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
TYKERB ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	\$0 (Tier-3)	PA
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier-3)	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
VERZENIO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
VITRAKVI ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
VOTRIENT ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XTANDI ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
ZELBORAF ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
ZYDELIG ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 500MG	\$0 (Tier-3)	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-3)	NEDS
XURIDEN ORAL PACKET	\$0 (Tier-3)	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS: DRUGS TO TREAT HEART CONDITIONS LIKE HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	\$0 (Tier-2)	
<i>captopril oral tablet</i>	\$0 (Tier-2)	
<i>enalapril maleate oral tablet</i>	\$0 (Tier-2)	
<i>fosinopril sodium oral tablet</i>	\$0 (Tier-2)	
<i>lisinopril oral tablet</i>	\$0 (Tier-2)	
<i>moexipril hcl oral tablet</i>	\$0 (Tier-2)	
<i>perindopril erbumine oral tablet</i>	\$0 (Tier-2)	
<i>quinapril hcl oral tablet</i>	\$0 (Tier-2)	
<i>ramipril oral capsule</i>	\$0 (Tier-2)	
<i>trandolapril oral tablet</i>	\$0 (Tier-2)	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>doxazosin mesylate oral tablet</i>	\$0 (Tier-2)	
<i>prazosin hcl oral capsule</i>	\$0 (Tier-2)	
<i>terazosin hcl oral capsule</i>	\$0 (Tier-2)	
ANGINA		
CORLANOR ORAL SOLUTION	\$0 (Tier-3)	PA
CORLANOR ORAL TABLET	\$0 (Tier-3)	PA
<i>isosorbide dinitrate oral tablet</i>	\$0 (Tier-2)	
<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-3)	

Drug	Status	Requirements/Limits
<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-2)	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-3)	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	\$0 (Tier-2)	
<i>irbesartan oral tablet</i>	\$0 (Tier-2)	
<i>losartan potassium oral tablet</i>	\$0 (Tier-2)	
<i>olmesartan medoxomil oral tablet</i>	\$0 (Tier-2)	
<i>telmisartan oral tablet</i>	\$0 (Tier-2)	
<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</i>	\$0 (Tier-2)	
<i>digox oral tablet</i>	\$0 (Tier-2)	
<i>digoxin oral solution</i>	\$0 (Tier-2)	
<i>digoxin oral tablet</i>	\$0 (Tier-2)	
<i>disopyramide phosphate oral capsule</i>	\$0 (Tier-2)	
<i>dofetilide oral capsule</i>	\$0 (Tier-2)	
<i>flecainide acetate oral tablet</i>	\$0 (Tier-2)	
LANOXIN ORAL TABLET	\$0 (Tier-3)	
<i>mexiletine hcl oral capsule</i>	\$0 (Tier-2)	
MULTAQ ORAL TABLET	\$0 (Tier-3)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<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-2)	
<i>sotalol hcl oral tablet</i>	\$0 (Tier-2)	
SOTYLIZE ORAL SOLUTION	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$0 (Tier-2)	
<i>amlodipine besylate-valsartan oral tablet</i>	\$0 (Tier-2)	
<i>amlodipine-atorvastatin oral tablet</i>	\$0 (Tier-2)	
<i>amlodipine-olmesartan oral tablet</i>	\$0 (Tier-2)	
<i>amlodipine-valsartan-hctz oral tablet</i>	\$0 (Tier-2)	
<i>atenolol-chlorthalidone oral tablet</i>	\$0 (Tier-2)	
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>candesartan cilexetil-hctz oral tablet</i>	\$0 (Tier-2)	
<i>captopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
ENTRESTO ORAL TABLET	\$0 (Tier-3)	
<i>fosinopril sodium-hctz oral tablet</i>	\$0 (Tier-2)	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>losartan potassium-hctz oral tablet</i>	\$0 (Tier-2)	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>olmesartan medoxomil-hctz oral tablet</i>	\$0 (Tier-2)	
<i>olmesartan-amlodipine-hctz oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>telmisartan-hctz oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<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-2)	

Drug	Status	Requirements/Limits
<i>betaxolol hcl oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol fumarate oral tablet</i>	\$0 (Tier-2)	
BYSTOLIC ORAL TABLET	\$0 (Tier-3)	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>metoprolol tartrate oral tablet</i>	\$0 (Tier-2)	
<i>nadolol oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>timolol maleate oral tablet</i>	\$0 (Tier-2)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<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)	
<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-3)	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>tiadyt er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>verapamil hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>verapamil hcl oral tablet</i>	\$0 (Tier-2)	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</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-3)	PA; NEDS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	\$0 (Tier-2)	
DIURETICS		
<i>amiloride hcl oral tablet</i>	\$0 (Tier-2)	
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>bumetanide oral tablet</i>	\$0 (Tier-2)	
CAROSPIR ORAL SUSPENSION	\$0 (Tier-3)	
<i>chlorthalidone oral tablet</i>	\$0 (Tier-2)	
<i>eplerenone oral tablet</i>	\$0 (Tier-2)	
<i>ethacrynic acid oral tablet</i>	\$0 (Tier-2)	NEDS
<i>furosemide oral solution</i>	\$0 (Tier-2)	
<i>furosemide oral tablet</i>	\$0 (Tier-2)	
<i>hydrochlorothiazide oral capsule</i>	\$0 (Tier-2)	
<i>hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>indapamide oral tablet</i>	\$0 (Tier-2)	
<i>metolazone oral tablet</i>	\$0 (Tier-2)	
<i>spironolactone oral tablet</i>	\$0 (Tier-2)	
<i>spironolactone-hctz oral tablet</i>	\$0 (Tier-2)	
<i>torseamide oral tablet</i>	\$0 (Tier-2)	
<i>triamterene-hctz oral capsule</i>	\$0 (Tier-2)	
<i>triamterene-hctz oral tablet</i>	\$0 (Tier-2)	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	\$0 (Tier-2)	
<i>cholestyramine light oral powder</i>	\$0 (Tier-2)	
<i>cholestyramine oral packet</i>	\$0 (Tier-2)	
<i>colesevelam hcl oral packet</i>	\$0 (Tier-2)	
<i>colesevelam hcl oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>ezetimibe-simvastatin oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>fenofibrate micronized oral capsule</i>	\$0 (Tier-2)	
<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-2)	
FLOLIPID ORAL SUSPENSION	\$0 (Tier-3)	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>fluvastatin sodium oral capsule</i>	\$0 (Tier-2)	
<i>gemfibrozil oral tablet</i>	\$0 (Tier-2)	
JUXTAPID ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>lovastatin oral tablet</i>	\$0 (Tier-2)	
NEXLETOL ORAL TABLET	\$0 (Tier-3)	PA
NEXLIZET ORAL TABLET	\$0 (Tier-3)	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$0 (Tier-2)	
<i>niacor oral tablet</i>	\$0 (Tier-2)	
<i>omega-3-acid ethyl esters oral capsule</i>	\$0 (Tier-2)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA
<i>pravastatin sodium oral tablet</i>	\$0 (Tier-2)	
PREVALITE ORAL PACKET	\$0 (Tier-3)	
<i>rosuvastatin calcium oral tablet</i>	\$0 (Tier-2)	
<i>simvastatin oral tablet</i>	\$0 (Tier-2)	
VASCEPA ORAL CAPSULE	\$0 (Tier-3)	
POTASSIUM REPLACEMENT		
<i>klor-con 10 oral tablet extended release</i>	\$0 (Tier-2)	
<i>klor-con m10 oral tablet extended release</i>	\$0 (Tier-2)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	
<i>klor-con m20 oral tablet extended release</i>	\$0 (Tier-2)	
<i>klor-con oral packet</i>	\$0 (Tier-2)	
<i>klor-con oral tablet extended release</i>	\$0 (Tier-2)	
K-TAB ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	
<i>potassium chloride crys er oral tablet extended release</i>	\$0 (Tier-2)	
<i>potassium chloride er oral capsule extended release</i>	\$0 (Tier-2)	
<i>potassium chloride er oral tablet extended release</i>	\$0 (Tier-2)	
<i>potassium chloride oral packet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>potassium chloride oral solution</i>	\$0 (Tier-2)	
VASODILATORS		
BIDIL ORAL TABLET	\$0 (Tier-3)	
<i>hydralazine hcl oral tablet</i>	\$0 (Tier-2)	
<i>minoxidil oral tablet</i>	\$0 (Tier-2)	
DIABETES MELLITUS: DIABETIC TESTING SUPPLIES AND DRUGS THAT LOWER BLOOD SUGAR		
DIABETIC SUPPLIES		
<i>alcohol pads</i>	\$0 (Tier-4)	*
<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)	
DEXCOM RECEIVER DEVICE	\$0 (Tier-4)	Part B; PA
DEXCOM SENSOR	\$0 (Tier-4)	Part B; PA
DEXCOM TRANSMITTER	\$0 (Tier-4)	Part B; PA
DIASTIX IN VITRO STRIP	\$0 (Tier-4)	*
<i>exel comfort point pen needle</i>	\$0 (Tier-2)	
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0 (Tier-4)	*
FREESTYLE LIBRE READER DEVICE	\$0 (Tier-4)	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	\$0 (Tier-4)	Part B; PA
FREESTYLE LITE DEVICE	\$0 (Tier-4)	*
FREESTYLE LITE TEST IN VITRO STRIP	\$0 (Tier-4)	*
<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)	
MEDTRONIC GUARDIAN SENSOR	\$0 (Tier-4)	Part B; PA
MEDTRONIC GUARDIAN TRANSMITTER	\$0 (Tier-4)	Part B; PA
KETO-DIASTIX IN VITRO STRIP	\$0 (Tier-4)	*
KETOSTIX IN VITRO STRIP	\$0 (Tier-4)	*
<i>lancets</i>	\$0 (Tier-2)	Part B
MULTISTIX 10 SG IN VITRO STRIP	\$0 (Tier-4)	*
<i>preferred plus insulin syringe</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
RELI-ON INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE PEN NEEDLES	\$0 (Tier-3)	
TRUEPLUS INSULIN SYRINGE	\$0 (Tier-3)	
TRUEPLUS PEN NEEDLES	\$0 (Tier-3)	
GLUCOSE ELEVATING		
<i>diazoxide oral suspension</i>	\$0 (Tier-2)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	
GLUCAGON EMERGENCY INJECTION KIT	\$0 (Tier-3)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	
PROGLYCEM ORAL SUSPENSION	\$0 (Tier-3)	
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)	

Drug	Status	Requirements/Limits
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)	
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-3)	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
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-2)	
CYCLOSET ORAL TABLET	\$0 (Tier-3)	
FARXIGA ORAL TABLET	\$0 (Tier-3)	
<i>glimepiride oral tablet</i>	\$0 (Tier-2)	PA

Drug	Status	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>glipizide oral tablet</i>	\$0 (Tier-2)	
<i>glipizide-metformin hcl oral tablet</i>	\$0 (Tier-2)	
<i>glyburide micronized oral tablet</i>	\$0 (Tier-2)	PA
<i>glyburide oral tablet</i>	\$0 (Tier-2)	PA
<i>glyburide-metformin oral tablet</i>	\$0 (Tier-2)	PA
JANUMET ORAL TABLET	\$0 (Tier-3)	
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-2)	
<i>metformin hcl oral solution</i>	\$0 (Tier-2)	
<i>metformin hcl oral tablet</i>	\$0 (Tier-2)	
<i>miglitol oral tablet</i>	\$0 (Tier-2)	
<i>nateglinide oral tablet</i>	\$0 (Tier-2)	
<i>pioglitazone hcl oral tablet</i>	\$0 (Tier-2)	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$0 (Tier-2)	PA
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$0 (Tier-2)	
<i>repaglinide oral tablet</i>	\$0 (Tier-2)	
RIOMET ORAL SOLUTION	\$0 (Tier-3)	
SYNJARDY ORAL TABLET	\$0 (Tier-3)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
TRADJENTA ORAL TABLET	\$0 (Tier-3)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	

EAR, NOSE AND THROAT

ANTI-HISTAMINE/DECONGESTANTS

<i>cetirizine syrup, tablet</i>	\$0 (Tier-4)	*
<i>cetirizine/pseudoephedrine</i>	\$0 (Tier-4)	*; Pseudoephedrine less than 240 mg/day
<i>chlorpheniramine</i>	\$0 (Tier-4)	*
<i>diphenhydramine</i>	\$0 (Tier-4)	*
<i>doxylamine</i>	\$0 (Tier-4)	*

Drug	Status	Requirements/Limits
<i>loratadine tablet, solution</i>	\$0 (Tier-4)	*
<i>loratadine/pseudoephedrine</i>	\$0 (Tier-4)	*; Pseudoephedrine less than 240 mg/day
<i>pseudoephedrine</i>	\$0 (Tier-4)	*; Pseudoephedrine less than 240 mg/day
EAR		
<i>acetic acid otic solution</i>	\$0 (Tier-2)	
<i>carbamide peroxide</i>	\$0 (Tier-4)	*
CIPRO HC OTIC SUSPENSION	\$0 (Tier-3)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier-3)	
<i>ciprofloxacin hcl otic solution</i>	\$0 (Tier-2)	
<i>ciprofloxacin-dexamethasone otic suspension</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-2)	
MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	\$0 (Tier-2)	
<i>cherry syrup</i>	\$0 (Tier-4)	*
<i>chlorhexidine gluconate mouth/throat solution</i>	\$0 (Tier-2)	
ORA-PLUS SUSPENDING VEHICLE	\$0 (Tier-4)	*
ORA-SWEET ORAL SYRUP	\$0 (Tier-4)	*
ORA-SWEET SF ORAL SYRUP	\$0 (Tier-4)	*
<i>pilocarpine hcl oral tablet</i>	\$0 (Tier-2)	
<i>saliva substitute</i>	\$0 (Tier-4)	*
<i>simple syrup</i>	\$0 (Tier-4)	*
<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>budesonide nasal spray</i>	\$0 (Tier-4)	*; QL (One (1) inhaler/month)
<i>cyproheptadine hcl oral syrup</i>	\$0 (Tier-2)	
<i>cyproheptadine hcl oral tablet</i>	\$0 (Tier-2)	
<i>desloratadine oral tablet</i>	\$0 (Tier-2)	
<i>desloratadine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>flunisolide nasal solution</i>	\$0 (Tier-2)	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	\$0 (Tier-2)	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

Drug	Status	Requirements/Limits
<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-2)	QL (102 GM per 90 days)
NASACORT ALLERGY 24HR (TRIAMCINOLONE)	\$0 (Tier-4)	*; QL (One (1) inhaler/month)
<i>olopatadine hcl nasal solution</i>	\$0 (Tier-2)	QL (91.5 GM per 90 days)

EYE: DRUGS THAT TREAT EYE CONDITIONS LIKE GLAUCOMA, INFECTIONS, AND IRRITATION

ALLERGY

ALOCRILOPHTHALMIC SOLUTION	\$0 (Tier-3)	
ALOMIDOPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>azelastine hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium ophthalmic solution</i>	\$0 (Tier-2)	
EMADINOPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>epinastine hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>ketotifen</i>	\$0 (Tier-4)	*
LASTACAFTOPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>naphazoline</i>	\$0 (Tier-4)	*
NAPHCON-A (NAPHAZOLINE/ PHENIRAMINE)	\$0 (Tier-4)	*
<i>olopatadine hcl ophthalmic solution</i>	\$0 (Tier-2)	
OPCON-A (NAPHAZOLINE/ PHENIRAMINE)	\$0 (Tier-4)	*

ANTI-INFECTIVES

AZASITEOPHTHALMIC SOLUTION	\$0 (Tier-3)	
<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-3)	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-3)	
<i>ciprofloxacin hcl ophthalmic solution</i>	\$0 (Tier-2)	
<i>erythromycin ophthalmic ointment</i>	\$0 (Tier-2)	
<i>gatifloxacin ophthalmic solution</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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-3)	
<i>moxifloxacin hcl ophthalmic solution</i>	\$0 (Tier-2)	
<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)	
BROMSITE OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<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-3)	
<i>fluorometholone ophthalmic suspension</i>	\$0 (Tier-2)	
<i>flurbiprofen sodium ophthalmic solution</i>	\$0 (Tier-2)	
FML FORTE OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
FML OPHTHALMIC OINTMENT	\$0 (Tier-3)	
ILEVRO OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
INVELTYS OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<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)	

Drug	Status	Requirements/Limits
<i>loteprednol etabonate ophthalmic suspension</i>	\$0 (Tier-2)	
MAXIDEX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<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-2)	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	
PROLENSA OPHTHALMIC SOLUTION	\$0 (Tier-3)	
ZYLET OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	\$0 (Tier-2)	
ZIRGAN OPHTHALMIC GEL	\$0 (Tier-3)	
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)	
<i>brimonidine tartrate ophthalmic solution</i>	\$0 (Tier-2)	
<i>carteolol hcl ophthalmic solution</i>	\$0 (Tier-2)	
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-2)	
IOPIDINE OPHTHALMIC SOLUTION	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
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-3)	
ROCKLATAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
SIMBRINZA OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>timolol maleate ophthalmic gel forming solution</i>	\$0 (Tier-2)	
<i>timolol maleate ophthalmic solution</i>	\$0 (Tier-2)	
TRAVATAN Z OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>travoprost (bak free) ophthalmic solution</i>	\$0 (Tier-2)	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>artificial tears (glycerin/ propylene glycol)</i>	\$0 (Tier-4)	*
<i>atropine sulfate ophthalmic solution</i>	\$0 (Tier-2)	
CYSTARAN OPHTHALMIC SOLUTION	\$0 (Tier-3)	
EYLEA INTRAVITREAL SOLUTION	\$0 (Tier-3)	NEDS
LUCENTIS INTRAVITREAL SOLUTION	\$0 (Tier-3)	NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	NEDS
NATACYN OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
OXERVATE OPHTHALMIC SOLUTION	\$0 (Tier-3)	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RESTASIS OPHTHALMIC EMULSION	\$0 (Tier-3)	
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, AND BOWEL DISEASES		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier-2)	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier-2)	B vs D
<i>compro rectal suppository</i>	\$0 (Tier-2)	
<i>dronabinol oral capsule</i>	\$0 (Tier-2)	B vs D

Drug	Status	Requirements/Limits
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-2)	
<i>metoclopramide hcl oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<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-3)	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	\$0 (Tier-3)	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	B vs D
VARUBI ORAL TABLET	\$0 (Tier-3)	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	\$0 (Tier-3)	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-3)	
CYSTAGON ORAL CAPSULE	\$0 (Tier-3)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-3)	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl oral tablet</i>	\$0 (Tier-2)	NEDS
CHOLBAM ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>constulose oral solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium oral concentrate</i>	\$0 (Tier-2)	NEDS
<i>dicyclomine hcl oral capsule</i>	\$0 (Tier-2)	
<i>dicyclomine hcl oral solution</i>	\$0 (Tier-2)	
<i>dicyclomine hcl oral tablet</i>	\$0 (Tier-2)	
<i>enulose oral solution</i>	\$0 (Tier-2)	
GATTEX SUBCUTANEOUS KIT	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>generlac oral solution</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>glycopyrrolate oral tablet</i>	\$0 (Tier-2)	
KRISTALOSE ORAL PACKET	\$0 (Tier-3)	
<i>lactulose oral packet</i>	\$0 (Tier-2)	
<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-2)	
<i>megestrol acetate oral suspension</i>	\$0 (Tier-2)	
MOVANTIK ORAL TABLET	\$0 (Tier-3)	
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	
MYTESI ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	PA
OCALIVA ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	\$0 (Tier-3)	
<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-3)	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0 (Tier-3)	
<i>trilyte oral solution reconstituted</i>	\$0 (Tier-2)	
UCERIS RECTAL FOAM	\$0 (Tier-3)	
<i>ursodiol oral capsule</i>	\$0 (Tier-2)	
<i>ursodiol oral tablet</i>	\$0 (Tier-2)	
XERMELO ORAL TABLET	\$0 (Tier-3)	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	\$0 (Tier-2)	
CARAFATE ORAL SUSPENSION	\$0 (Tier-3)	
<i>cimetidine hcl oral solution</i>	\$0 (Tier-2)	
<i>cimetidine oral tablet</i>	\$0 (Tier-2)	
DEXILANT ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0 (Tier-2)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>famotidine oral tablet</i>	\$0 (Tier-2)	
<i>lansoprazole oral capsule delayed release</i>	\$0 (Tier-2)	
<i>lansoprazole oral tablet delayed release dispersible</i>	\$0 (Tier-2)	
<i>lansoprazole oral tablet dispersible</i>	\$0 (Tier-2)	
<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-2)	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$0 (Tier-2)	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	\$0 (Tier-2)	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-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-2)	
DELZICOL ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	
<i>hydrocortisone rectal enema</i>	\$0 (Tier-2)	
LINZESS ORAL CAPSULE	\$0 (Tier-3)	
<i>mesalamine oral tablet delayed release</i>	\$0 (Tier-2)	
<i>mesalamine rectal enema</i>	\$0 (Tier-2)	
<i>mesalamine rectal suppository</i>	\$0 (Tier-2)	
ROWASA RECTAL KIT	\$0 (Tier-3)	
<i>sulfasalazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfasalazine oral tablet delayed release</i>	\$0 (Tier-2)	
GASTROINTESTINAL DRUGS: DRUGS TO TREAT STOMACH CONDITIONS LIKE ACID, NAUSEA, AND BOWEL DISEASES		
EMESIS		
<i>scopolamine transdermal patch 72 hour</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
ALIGN (BIFIDOBACTERIUM INFANTIS)	\$0 (Tier-4)	*; < 19 years
<i>bisacodyl</i>	\$0 (Tier-4)	*
CULTURELLE (LACTOBACILLUS RHAMNOSUS GG)	\$0 (Tier-4)	*
<i>docusate sodium (all forms and strengths)</i>	\$0 (Tier-4)	*
FLORASTOR (SACCHAROMYCES BOULARDII)	\$0 (Tier-4)	*; < 19 years
<i>gavilyte-g oral solution reconstituted</i>	\$0 (Tier-2)	
<i>glycerin</i>	\$0 (Tier-4)	*
<i>loperamide</i>	\$0 (Tier-4)	*
<i>dextrin</i>	\$0 (Tier-4)	*
<i>meclizine</i>	\$0 (Tier-4)	*
<i>methylcellulose</i>	\$0 (Tier-4)	*
<i>mineral oil</i>	\$0 (Tier-4)	*
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	\$0 (Tier-2)	
<i>polyethylene glycol 3350</i>	\$0 (Tier-4)	*
<i>psyllium</i>	\$0 (Tier-4)	*
<i>sennosides</i>	\$0 (Tier-4)	*
<i>simethicone</i>	\$0 (Tier-4)	*
<i>sodium bicarbonate</i>	\$0 (Tier-4)	*
<i>sodium phosphate</i>	\$0 (Tier-4)	*
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>aluminum carbonate</i>	\$0 (Tier-4)	*
<i>aluminum hydroxide</i>	\$0 (Tier-4)	*
<i>bismuth subsalicylate</i>	\$0 (Tier-4)	*
<i>cimetidine</i>	\$0 (Tier-4)	*
<i>esomeprazole magnesium oral packet</i>	\$0 (Tier-2)	
<i>famotidine oral tablet</i>	\$0 (Tier-4)	*
<i>magaldrate</i>	\$0 (Tier-4)	*
<i>omeprazole oral capsule delayed release</i>	\$0 (Tier-2)	
<i>pantoprazole sodium oral packet</i>	\$0 (Tier-2)	
<i>ranitidine tablet</i>	\$0 (Tier-4)	*
<i>sucralfate oral suspension</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>budesonide er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>mesalamine er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>mesalamine oral capsule delayed release</i>	\$0 (Tier-2)	
HOME INFUSION THERAPY: DRUGS USUALLY GIVEN BY IV IN THE HOME SETTING		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	\$0 (Tier-3)	PA; NEDS
<i>acyclovir sodium intravenous solution</i>	\$0 (Tier-2)	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	\$0 (Tier-3)	PA; NEDS
<i>amikacin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<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>casprofungin acetate intravenous solution reconstituted</i>	\$0 (Tier-2)	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>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
<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

Drug	Status	Requirements/Limits
<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-3)	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
<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>micafungin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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>oxacillin sodium intravenous 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-3)	HI; Part B; NEDS
ELECTROLYTES		
<i>dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
<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)	
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)	
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
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
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

Drug	Status	Requirements/Limits
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>tpn electrolytes intravenous concentrate</i>	\$0 (Tier-2)	B vs D
<i>tpn 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: DRUGS THAT TREAT CONDITIONS LIKE LOW TESTOSTERONE AND THYROID PROBLEMS		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	\$0 (Tier-2)	
<i>dexamethasone oral elixir</i>	\$0 (Tier-2)	
<i>dexamethasone oral tablet</i>	\$0 (Tier-2)	
<i>dexamethasone 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-3)	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-3)	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	\$0 (Tier-3)	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
PREDNISON INTENSOL ORAL CONCENTRATE	\$0 (Tier-3)	Transplant
<i>prednisone oral solution</i>	\$0 (Tier-2)	Transplant
<i>prednisone oral tablet</i>	\$0 (Tier-2)	Transplant
<i>prednisone oral tablet therapy pack</i>	\$0 (Tier-2)	Transplant
ANDROGENS		
ANADROL-50 ORAL TABLET	\$0 (Tier-3)	
AVEED INTRAMUSCULAR SOLUTION	\$0 (Tier-3)	
<i>danazol oral capsule</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	\$0 (Tier-3)	
METHITEST ORAL TABLET	\$0 (Tier-3)	
<i>methyltestosterone oral capsule</i>	\$0 (Tier-2)	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-2)	
<i>testosterone transdermal solution</i>	\$0 (Tier-2)	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD SUBCUTANEOUS KIT	\$0 (Tier-3)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	\$0 (Tier-3)	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-3)	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-3)	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-3)	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-3)	NEDS
SYNAREL NASAL SOLUTION	\$0 (Tier-3)	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levo-t oral tablet</i>	\$0 (Tier-2)	
<i>levothyroxine sodium oral tablet</i>	\$0 (Tier-2)	
<i>levoxyl oral tablet</i>	\$0 (Tier-2)	
<i>liothyronine sodium oral tablet</i>	\$0 (Tier-2)	
<i>methimazole oral tablet</i>	\$0 (Tier-2)	
<i>propylthiouracil oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
SYNTHROID ORAL TABLET	\$0 (Tier-3)	
THYROLAR-1 ORAL TABLET	\$0 (Tier-3)	
THYROLAR-1/2 ORAL TABLET	\$0 (Tier-3)	
THYROLAR-1/4 ORAL TABLET	\$0 (Tier-3)	
THYROLAR-2 ORAL TABLET	\$0 (Tier-3)	
THYROLAR-3 ORAL TABLET	\$0 (Tier-3)	
TIROSINT ORAL CAPSULE	\$0 (Tier-3)	
TIROSINT-SOL ORAL SOLUTION	\$0 (Tier-3)	
<i>unithroid oral tablet</i>	\$0 (Tier-2)	

IMMUNOLOGIC AGENTS: DRUGS THAT BOOST THE IMMUNE SYSTEM OR PREVENT REJECTION AFTER ORGAN TRANSPLANT

IMMUNE STIMULANTS

ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-1)	
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
BCG VACCINE INJECTION INJECTABLE	\$0 (Tier-1)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-1)	
BIVIGAM INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
DAPTACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	\$0 (Tier-1)	
ENGERIX-B INJECTION SUSPENSION	\$0 (Tier-1)	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; NEDS
GAMMAGARD INJECTION SOLUTION	\$0 (Tier-3)	HI; Part B; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B; NEDS
GAMMAKED INJECTION SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-1)	
HAVRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
HIBERIX INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-1)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	\$0 (Tier-1)	
INFANRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
IPOL INJECTION INJECTABLE	\$0 (Tier-1)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
KINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (Tier-1)	
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0 (Tier-1)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-1)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-1)	
M-M-R II SUBCUTANEOUS INJECTABLE	\$0 (Tier-1)	
OCTAGAM INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0 (Tier-1)	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	Part B
PRIVIGEN INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
RECOMBIVAX HB INJECTION SUSPENSION	\$0 (Tier-1)	B vs D

Drug	Status	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
ROTATEQ ORAL SOLUTION	\$0 (Tier-1)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	\$0 (Tier-1)	
TDVAX INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
TENIVAC INTRAMUSCULAR INJECTABLE	\$0 (Tier-1)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-1)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-1)	
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0 (Tier-1)	
VAQTA INTRAMUSCULAR SUSPENSION	\$0 (Tier-1)	
VARIVAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-1)	
VARIZIG INTRAMUSCULAR SOLUTION	\$0 (Tier-1)	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-1)	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	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
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	\$0 (Tier-2)	B vs D; QL (60 EA per 30 days); NEDS
<i>gengraf oral capsule</i>	\$0 (Tier-2)	B vs D
<i>gengraf 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-2)	B vs D; NEDS

Drug	Status	Requirements/Limits
<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-3)	B vs D; NEDS
<i>sirolimus oral solution</i>	\$0 (Tier-2)	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-3)	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS: DRUGS USED TO TREAT A VARIETY OF UNIQUE CONDITIONS		
ACROMEGALY		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>octreotide acetate injection solution</i>	\$0 (Tier-2)	SP-CVS specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAMAX ORAL CAPSULE	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole oral tablet</i>	\$0 (Tier-2)	
TIGLUTIK ORAL SUSPENSION	\$0 (Tier-3)	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)

Drug	Status	Requirements/Limits
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (20.1 ML per 28 days); NEDS
CUSHING'S SYNDROME		
ISTURISA ORAL TABLET 1 MG	\$0 (Tier-3)	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	\$0 (Tier-3)	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	\$0 (Tier-3)	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	\$0 (Tier-3)	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	\$0 (Tier-3)	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	\$0 (Tier-3)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	\$0 (Tier-3)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	\$0 (Tier-3)	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	\$0 (Tier-3)	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	\$0 (Tier-3)	NEDS
<i>tobramycin inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; QL (84 EA per 28 days); NEDS
CYSTINURIA		
CYSTADANE ORAL POWDER	\$0 (Tier-3)	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
<i>deferasirox granules oral packet</i>	\$0 (Tier-2)	NEDS
<i>deferasirox oral tablet</i>	\$0 (Tier-2)	NEDS
<i>deferasirox oral tablet soluble</i>	\$0 (Tier-2)	NEDS
<i>deferiprone oral tablet</i>	\$0 (Tier-2)	NEDS
EXJADE ORAL TABLET SOLUBLE	\$0 (Tier-3)	NEDS
FERRIPROX ORAL SOLUTION	\$0 (Tier-3)	NEDS
FERRIPROX ORAL TABLET	\$0 (Tier-3)	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	\$0 (Tier-3)	PA; NEDS
EMFLAZA ORAL TABLET	\$0 (Tier-3)	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>miglustat oral capsule</i>	\$0 (Tier-2)	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	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-3)	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 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-3)	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	\$0 (Tier-3)	SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
FIRAZYR SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	\$0 (Tier-2)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
<i>nitisinone oral capsule</i>	\$0 (Tier-2)	PA; NEDS
NITYR ORAL TABLET	\$0 (Tier-3)	PA; NEDS
ORFADIN ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
ORFADIN ORAL SUSPENSION	\$0 (Tier-3)	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
<i>tetrabenazine oral tablet</i>	\$0 (Tier-2)	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-2)	NEDS
<i>doxercalciferol oral capsule</i>	\$0 (Tier-2)	
<i>paricalcitol oral capsule</i>	\$0 (Tier-2)	
SENSIPAR ORAL TABLET	\$0 (Tier-3)	NEDS
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	\$0 (Tier-3)	PA; NEDS
RUZURGI ORAL TABLET	\$0 (Tier-3)	PA; NEDS
LONG-CHAIN FATTY ACID OXIDATION DISORDERS		
DOJOLVI ORAL LIQUID	\$0 (Tier-3)	NEDS
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$0 (Tier-3)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$0 (Tier-3)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	SP-CVS specialty; QL (120 EA per 30 days); NEDS
BETASERON SUBCUTANEOUS KIT	\$0 (Tier-3)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier-3)	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier-3)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	\$0 (Tier-3)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS

Drug	Status	Requirements/Limits
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MAYZENT ORAL TABLET 0.25 MG	\$0 (Tier-3)	QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	\$0 (Tier-3)	QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	\$0 (Tier-3)	SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-3)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
<i>guanidine hcl oral tablet</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide oral solution</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	\$0 (Tier-3)	SP-CVS specialty; QL (224 EA per 14 days); 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-3)	QL (4 EA per 30 days)
PHENYLKETONURIA		
KUVAN ORAL PACKET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	\$0 (Tier-3)	NEDS
DIBENZYLINE ORAL CAPSULE	\$0 (Tier-3)	
<i>phenoxybenzamine hcl oral capsule</i>	\$0 (Tier-2)	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	\$0 (Tier-3)	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-2)	
<i>sevelamer carbonate oral tablet</i>	\$0 (Tier-2)	
<i>sevelamer hcl oral tablet</i>	\$0 (Tier-2)	
POTASSIUM BINDER		
<i>kionex oral suspension</i>	\$0 (Tier-2)	
LOKELMA ORAL PACKET	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier-2)	
<i>sodium polystyrene sulfonate oral suspension</i>	\$0 (Tier-2)	
<i>sps oral suspension</i>	\$0 (Tier-2)	
VELTASSA ORAL PACKET	\$0 (Tier-3)	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	\$0 (Tier-3)	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)
<i>nicotine gum, lozenge, patch</i>	\$0 (Tier-4)	*
NICOTROL INHALATION INHALER	\$0 (Tier-3)	
NICOTROL NS NASAL SOLUTION	\$0 (Tier-3)	
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	\$0 (Tier-3)	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>dutasteride oral capsule</i>	\$0 (Tier-2)	
<i>dutasteride-tamsulosin hcl oral capsule</i>	\$0 (Tier-2)	
<i>finasteride oral tablet</i>	\$0 (Tier-2)	
<i>silodosin oral capsule</i>	\$0 (Tier-2)	
<i>tadalafil oral tablet</i>	\$0 (Tier-2)	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	\$0 (Tier-2)	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	\$0 (Tier-3)	PA; NEDS
<i>sodium phenylbutyrate oral powder</i>	\$0 (Tier-2)	NEDS
<i>sodium phenylbutyrate oral tablet</i>	\$0 (Tier-2)	NEDS
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<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-3)	
<i>flavoxate hcl oral tablet</i>	\$0 (Tier-2)	
JYNARQUE ORAL TABLET	\$0 (Tier-3)	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	\$0 (Tier-3)	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>oxybutynin chloride oral syrup</i>	\$0 (Tier-2)	
<i>oxybutynin chloride oral tablet</i>	\$0 (Tier-2)	
OXYTROL FOR WOMEN (OXYBUTYNIN)	\$0 (Tier-4)	*
<i>potassium citrate er oral tablet extended release</i>	\$0 (Tier-2)	
SAMSCA ORAL TABLET	\$0 (Tier-3)	NEDS
<i>solifenacin succinate oral tablet</i>	\$0 (Tier-2)	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>tolterodine tartrate oral tablet</i>	\$0 (Tier-2)	
<i>tolvaptan oral tablet</i>	\$0 (Tier-2)	NEDS
<i>trospium chloride er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>trospium chloride oral tablet</i>	\$0 (Tier-2)	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	
WILSON'S DISEASE		
<i>clovique oral capsule</i>	\$0 (Tier-2)	NEDS
CUPRIMINE ORAL CAPSULE	\$0 (Tier-3)	NEDS
DEPEN TITRATABS ORAL TABLET	\$0 (Tier-3)	
<i>penicillamine oral capsule</i>	\$0 (Tier-2)	NEDS
<i>penicillamine oral tablet</i>	\$0 (Tier-2)	
<i>trientine hcl oral capsule</i>	\$0 (Tier-2)	NEDS

Drug	Status	Requirements/Limits
NEUROLOGICAL DRUGS: DRUGS TO TREAT BRAIN PROBLEMS LIKE ALZHEIMERS DISEASE, SEIZURES, AND HEADACHES		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>memantine hcl oral solution</i>	\$0 (Tier-2)	
<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-2)	NEDS
<i>eletriptan hydrobromide oral tablet</i>	\$0 (Tier-2)	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$0 (Tier-2)	
MIGERGOT RECTAL SUPPOSITORY	\$0 (Tier-3)	NEDS
<i>naratriptan hcl oral tablet</i>	\$0 (Tier-2)	
NAYZILAM NASAL SOLUTION	\$0 (Tier-3)	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$0 (Tier-2)	
<i>rizatriptan benzoate oral tablet dispersible</i>	\$0 (Tier-2)	
<i>sumatriptan nasal solution</i>	\$0 (Tier-2)	
<i>sumatriptan succinate oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	\$0 (Tier-2)	
<i>sumatriptan succinate subcutaneous solution</i>	\$0 (Tier-2)	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	\$0 (Tier-2)	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	\$0 (Tier-2)	
<i>sumatriptan-naproxen sodium oral tablet</i>	\$0 (Tier-2)	
<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-3)	NEDS
<i>benztropine mesylate oral tablet</i>	\$0 (Tier-2)	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)	
DUOPA ENTERAL SUSPENSION	\$0 (Tier-3)	
<i>entacapone oral tablet</i>	\$0 (Tier-2)	
INBRIJA INHALATION CAPSULE	\$0 (Tier-3)	PA; NEDS
KYNMOBI SUBLINGUAL FILM	\$0 (Tier-3)	NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-3)	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>pramipexole dihydrochloride oral tablet</i>	\$0 (Tier-2)	
<i>rasagiline mesylate oral tablet</i>	\$0 (Tier-2)	
<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-3)	
<i>selegiline hcl oral capsule</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>selegiline hcl oral tablet</i>	\$0 (Tier-2)	
<i>tolcapone oral tablet</i>	\$0 (Tier-2)	NEDS
<i>trihexyphenidyl hcl oral elixir</i>	\$0 (Tier-2)	PA
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier-2)	PA
<i>trihexyphenidyl hcl oral tablet</i>	\$0 (Tier-2)	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	\$0 (Tier-3)	PA
SEIZURES		
APTIOM ORAL TABLET	\$0 (Tier-3)	PA
BANZEL ORAL SUSPENSION	\$0 (Tier-3)	
BANZEL ORAL TABLET	\$0 (Tier-3)	
BRIVIACT ORAL SOLUTION	\$0 (Tier-3)	PA; NEDS
BRIVIACT ORAL TABLET	\$0 (Tier-3)	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-2)	
<i>carbamazepine oral tablet chewable</i>	\$0 (Tier-2)	
CELONTIN ORAL CAPSULE	\$0 (Tier-3)	
<i>clobazam oral suspension</i>	\$0 (Tier-2)	
<i>clobazam oral tablet</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	\$0 (Tier-2)	
<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 oral concentrate</i>	\$0 (Tier-2)	
<i>diazepam oral solution</i>	\$0 (Tier-2)	
<i>diazepam oral tablet</i>	\$0 (Tier-2)	
<i>diazepam rectal gel</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)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>divalproex sodium oral tablet delayed release</i>	\$0 (Tier-2)	
EPIDIOLEX ORAL SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty
<i>epitol oral tablet</i>	\$0 (Tier-2)	
<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)	
FINTEPLA ORAL SOLUTION	\$0 (Tier-3)	PA; NEDS
FYCOMPA ORAL SUSPENSION	\$0 (Tier-3)	PA
FYCOMPA ORAL TABLET	\$0 (Tier-3)	PA
<i>gabapentin oral capsule</i>	\$0 (Tier-2)	
<i>gabapentin oral solution</i>	\$0 (Tier-2)	
<i>gabapentin oral tablet</i>	\$0 (Tier-2)	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>lamotrigine oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine oral tablet</i>	\$0 (Tier-2)	
<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-3)	
LYRICA ORAL CAPSULE	\$0 (Tier-3)	
LYRICA ORAL SOLUTION	\$0 (Tier-3)	
<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-3)	
PEGANONE ORAL TABLET	\$0 (Tier-3)	
<i>phenobarbital oral elixir</i>	\$0 (Tier-2)	PA
<i>phenobarbital oral tablet</i>	\$0 (Tier-2)	PA

Drug	Status	Requirements/Limits
<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-2)	
<i>pregabalin oral solution</i>	\$0 (Tier-2)	
<i>primidone oral tablet</i>	\$0 (Tier-2)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	\$0 (Tier-3)	
<i>roweepra oral tablet</i>	\$0 (Tier-2)	
<i>roweepra xr oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
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-3)	
SYMPAZAN ORAL FILM	\$0 (Tier-3)	
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	\$0 (Tier-2)	NEDS
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-2)	
<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-2)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	\$0 (Tier-3)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$0 (Tier-3)	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)	
VALTOCO 10 MG DOSE NASAL LIQUID	\$0 (Tier-3)	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-3)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-3)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	\$0 (Tier-3)	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	\$0 (Tier-2)	NEDS
<i>vigabatrin oral tablet</i>	\$0 (Tier-2)	NEDS
<i>vigadrone oral packet</i>	\$0 (Tier-2)	NEDS
VIMPAT ORAL SOLUTION	\$0 (Tier-3)	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	\$0 (Tier-3)	PA; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
XCOPRI ORAL TABLET	\$0 (Tier-3)	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; NEDS
<i>zonisamide oral capsule</i>	\$0 (Tier-2)	
SPASTICITY		
<i>baclofen oral tablet</i>	\$0 (Tier-2)	
<i>cyclobenzaprine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>dantrolene sodium oral capsule</i>	\$0 (Tier-2)	
<i>tizanidine hcl oral capsule</i>	\$0 (Tier-2)	
<i>tizanidine hcl oral tablet</i>	\$0 (Tier-2)	
PAIN AND INFLAMMATORY DISEASE: DRUGS TO RELIEVE PAIN, GOUT SYMPTOMS AND SWELLING WITH ARTHRITIS		
ARTHRITIS		
AZASAN ORAL TABLET	\$0 (Tier-3)	B vs D
<i>azathioprine oral tablet</i>	\$0 (Tier-2)	B vs D
<i>capsaicin</i>	\$0 (Tier-4)	*
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-3)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-3)	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-3)	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	\$0 (Tier-3)	NEDS
STELARA SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
TREXALL ORAL TABLET	\$0 (Tier-3)	B vs D
XATMEP ORAL SOLUTION	\$0 (Tier-3)	B vs D; NEDS
XELJANZ ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	\$0 (Tier-2)	
<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-2)	STPA
GLOPERBA ORAL SOLUTION	\$0 (Tier-3)	
<i>probenecid oral tablet</i>	\$0 (Tier-2)	
PAIN, NSAID ANALGESICS		
<i>acetaminophen (all forms and strengths)</i>	\$0 (Tier-4)	*; Acetaminophen less than 4 grams/day
<i>aspirin</i>	\$0 (Tier-4)	*
<i>aspirin with buffers</i>	\$0 (Tier-4)	*
<i>celecoxib oral capsule</i>	\$0 (Tier-2)	
<i>diclofenac potassium oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>etodolac er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>etodolac oral capsule</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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</i>	\$0 (Tier-4)	*
<i>ibuprofen oral suspension</i>	\$0 (Tier-2)	
<i>ibuprofen oral tablet</i>	\$0 (Tier-2)	
INDOCIN ORAL SUSPENSION	\$0 (Tier-3)	
<i>indomethacin er oral capsule extended release</i>	\$0 (Tier-2)	
<i>indomethacin oral capsule</i>	\$0 (Tier-2)	
<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-2)	
<i>nabumetone oral tablet</i>	\$0 (Tier-2)	
<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-2)	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	NEDS
<i>naproxen capsule, tablet</i>	\$0 (Tier-4)	*
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier-2)	
<i>oxaprozin oral tablet</i>	\$0 (Tier-2)	
<i>piroxicam oral capsule</i>	\$0 (Tier-2)	
<i>profeno oral tablet</i>	\$0 (Tier-2)	
<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		
<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-3)	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$0 (Tier-2)	QL (4 EA per 28 days)

Drug	Status	Requirements/Limits
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier-2)	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	\$0 (Tier-2)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	\$0 (Tier-2)	QL (10 EA per 30 days)
<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-2)	QL (30 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<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-3)	QL (60 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	\$0 (Tier-2)	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-2)	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	\$0 (Tier-2)	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)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse- deterrent</i>	\$0 (Tier-2)	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)

Drug	Status	Requirements/Limits
<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)
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-3)	PA; QL (120 EA per 30 days); NEDS
<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 100 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
PSYCHIATRIC: DRUGS THAT TREAT MENTAL HEALTH CONDITIONS LIKE ADD/ADHD, DEPRESSION, AND INSOMNIA		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>disulfiram oral tablet</i>	\$0 (Tier-2)	
<i>naltrexone hcl oral tablet</i>	\$0 (Tier-2)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	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-2)	
<i>alprazolam oral tablet dispersible</i>	\$0 (Tier-2)	
<i>bupirone hcl oral tablet</i>	\$0 (Tier-2)	
<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)	

Drug	Status	Requirements/Limits
<i>lorazepam oral tablet</i>	\$0 (Tier-2)	
<i>oxazepam oral capsule</i>	\$0 (Tier-2)	
ATTENTION DEFICIT DISORDER		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	STPA
<i>amphetamine er oral suspension extended release</i>	\$0 (Tier-2)	
<i>amphetamine sulfate oral tablet</i>	\$0 (Tier-2)	
<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-2)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
DESOXYN ORAL TABLET	\$0 (Tier-3)	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<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 solution</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)	QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	
<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)	

Drug	Status	Requirements/Limits
<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-3)	STPA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	\$0 (Tier-3)	STPA
<i>relexxii oral tablet extended release</i>	\$0 (Tier-2)	
VYVANSE ORAL CAPSULE	\$0 (Tier-3)	STPA
VYVANSE ORAL TABLET CHEWABLE	\$0 (Tier-3)	STPA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	
<i>lithium carbonate er oral tablet extended release</i>	\$0 (Tier-2)	
<i>lithium carbonate oral capsule</i>	\$0 (Tier-2)	
<i>lithium carbonate oral tablet</i>	\$0 (Tier-2)	
<i>lithium oral solution</i>	\$0 (Tier-2)	
<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-2)	
<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-3)	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	\$0 (Tier-3)	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-2)	
<i>citalopram hydrobromide oral tablet</i>	\$0 (Tier-2)	
<i>clomipramine hcl oral capsule</i>	\$0 (Tier-2)	PA
<i>desipramine hcl oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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-2)	
<i>doxepin hcl oral concentrate</i>	\$0 (Tier-2)	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	\$0 (Tier-3)	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	\$0 (Tier-3)	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-3)	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	\$0 (Tier-2)	
<i>escitalopram oxalate oral tablet</i>	\$0 (Tier-2)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier-3)	STPA
<i>fluoxetine hcl oral capsule</i>	\$0 (Tier-2)	
<i>fluoxetine hcl oral capsule delayed release</i>	\$0 (Tier-2)	
<i>fluoxetine hcl oral solution</i>	\$0 (Tier-2)	
<i>fluoxetine hcl oral tablet</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-3)	
<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-2)	
<i>nortriptyline hcl oral solution</i>	\$0 (Tier-2)	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>paroxetine hcl oral tablet</i>	\$0 (Tier-2)	
<i>paroxetine mesylate oral capsule</i>	\$0 (Tier-2)	
PAXIL ORAL SUSPENSION	\$0 (Tier-3)	
PEXEVA ORAL TABLET	\$0 (Tier-3)	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-2)	
<i>tranylcypromine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>trazodone hcl oral tablet</i>	\$0 (Tier-2)	
<i>trimipramine maleate oral capsule</i>	\$0 (Tier-2)	PA
TRINTELLIX ORAL TABLET	\$0 (Tier-3)	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)	
<i>venlafaxine hcl oral tablet</i>	\$0 (Tier-2)	
VIIBRYD ORAL TABLET	\$0 (Tier-3)	STPA
VIIBRYD STARTER PACK ORAL KIT	\$0 (Tier-3)	STPA
INSOMNIA		
<i>doxepin hcl oral tablet</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	\$0 (Tier-2)	
<i>eszopiclone oral tablet</i>	\$0 (Tier-2)	
<i>flurazepam hcl oral capsule</i>	\$0 (Tier-2)	
HETLIOZ ORAL CAPSULE	\$0 (Tier-3)	PA; NEDS
<i>ramelteon oral tablet</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
ROZEREM ORAL TABLET	\$0 (Tier-3)	QL (30 EA per 30 days)
SILENOR ORAL TABLET	\$0 (Tier-3)	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)	
<i>zolpidem tartrate er oral tablet extended release</i>	\$0 (Tier-2)	
<i>zolpidem tartrate oral tablet</i>	\$0 (Tier-2)	
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$0 (Tier-2)	
NARCOLEPSY		
<i>armodafinil oral tablet</i>	\$0 (Tier-2)	PA
<i>modafinil oral tablet</i>	\$0 (Tier-2)	PA
SUNOSI ORAL TABLET	\$0 (Tier-3)	PA

Drug	Status	Requirements/Limits
WAKIX ORAL TABLET	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	\$0 (Tier-3)	LA; NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-3)	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-3)	NEDS
ABILIFY MYCITE ORAL TABLET	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	\$0 (Tier-2)	STPA
<i>aripiprazole oral tablet</i>	\$0 (Tier-2)	STPA
<i>aripiprazole oral tablet dispersible</i>	\$0 (Tier-2)	STPA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-3)	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-3)	NEDS
CAPLYTA ORAL CAPSULE	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral tablet</i>	\$0 (Tier-2)	
<i>clozapine oral tablet</i>	\$0 (Tier-2)	
<i>clozapine oral tablet dispersible</i>	\$0 (Tier-2)	
FANAPT ORAL TABLET	\$0 (Tier-3)	STPA
FANAPT TITRATION PACK ORAL TABLET	\$0 (Tier-3)	STPA
<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-3)	
<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-2)	
<i>haloperidol oral tablet</i>	\$0 (Tier-2)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-3)	NEDS

Drug	Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$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-3)	STPA; QL (30 EA per 30 days); NEDS
LATUDA ORAL TABLET 80 MG	\$0 (Tier-3)	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-2)	
NUPLAZID ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<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-2)	
<i>perphenazine oral tablet</i>	\$0 (Tier-2)	
<i>perphenazine-amitriptyline oral tablet</i>	\$0 (Tier-2)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$0 (Tier-3)	NEDS
<i>pimozide oral tablet</i>	\$0 (Tier-2)	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	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-3)	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier-3)	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	\$0 (Tier-3)	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	\$0 (Tier-3)	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-3)	NEDS
<i>thioridazine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>thiothixene oral capsule</i>	\$0 (Tier-2)	
<i>trifluoperazine hcl oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
VERSACLOZ ORAL SUSPENSION	\$0 (Tier-3)	NEDS
VRAYLAR ORAL CAPSULE	\$0 (Tier-3)	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	
<i>ziprasidone hcl oral capsule</i>	\$0 (Tier-2)	STPA
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	\$0 (Tier-2)	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
RESPIRATORY DRUGS: DRUGS THAT TREAT LUNG PROBLEMS LIKE ASTHMA AND COPD		
ASTHMA		
ADVAIR HFA INHALATION AEROSOL	\$0 (Tier-3)	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier-2)	QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier-2)	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier-2)	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>albuterol sulfate oral syrup</i>	\$0 (Tier-2)	
<i>albuterol sulfate oral tablet</i>	\$0 (Tier-2)	
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-3)	B vs D
<i>budesonide inhalation suspension</i>	\$0 (Tier-2)	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	\$0 (Tier-2)	QL (30.6 GM 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

Drug	Status	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	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-2)	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
<i>ipratropium-albuterol inhalation solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	\$0 (Tier-2)	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-2)	
<i>montelukast sodium oral tablet chewable</i>	\$0 (Tier-2)	
PERFORMIST INHALATION NEBULIZATION SOLUTION	\$0 (Tier-3)	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (6 EA per 90 days)
QVAR REDHALER 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)
<i>sodium chloride for inhalation</i>	\$0 (Tier-4)	*
SPIRIVA HANDHALER 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-3)	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)	

Drug	Status	Requirements/Limits
<i>theophylline er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>theophylline oral solution</i>	\$0 (Tier-2)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	\$0 (Tier-2)	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	\$0 (Tier-2)	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	NEDS
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	\$0 (Tier-3)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	\$0 (Tier-3)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	\$0 (Tier-2)	PA; NEDS
<i>ambrisentan oral tablet</i>	\$0 (Tier-2)	PA; NEDS
<i>bosentan oral tablet</i>	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	\$0 (Tier-3)	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
REVATIO ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	\$0 (Tier-2)	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	\$0 (Tier-2)	PA; NEDS
TRACLEER ORAL TABLET	\$0 (Tier-3)	PA; LA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	\$0 (Tier-3)	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	\$0 (Tier-3)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS

Drug	Status	Requirements/Limits
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	\$0 (Tier-2)	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	NEDS
BEVESPI AEROSPHERE INHALATION AEROSOL	\$0 (Tier-3)	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	\$0 (Tier-3)	
GLASSIA INTRAVENOUS SOLUTION	\$0 (Tier-3)	NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-3)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
SKIN: DRUGS THAT TREAT SKIN CONDITIONS LIKE ACNE, INFECTIONS, AND ITCHY SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	\$0 (Tier-2)	
FINACEA EXTERNAL FOAM	\$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-3)	NEDS
SOOLANTRA EXTERNAL CREAM	\$0 (Tier-3)	
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-2)	PA
<i>adapalene-benzoyl peroxide external gel</i>	\$0 (Tier-2)	PA

Drug	Status	Requirements/Limits
<i>amnesteem oral capsule</i>	\$0 (Tier-2)	
ATRALIN EXTERNAL GEL	\$0 (Tier-3)	PA
<i>avita external cream</i>	\$0 (Tier-2)	PA
<i>avita external gel</i>	\$0 (Tier-2)	PA
AZELEX EXTERNAL CREAM	\$0 (Tier-3)	
<i>benzoyl peroxide</i>	\$0 (Tier-4)	*; < 22 years
<i>benzoyl peroxide-erythromycin external gel</i>	\$0 (Tier-2)	
<i>claravis oral capsule</i>	\$0 (Tier-2)	
<i>clindamycin phos-benzoyl perox external gel</i>	\$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-3)	
FABIOR EXTERNAL FOAM	\$0 (Tier-3)	PA
<i>isotretinoin oral capsule</i>	\$0 (Tier-2)	
RETIN-A EXTERNAL CREAM	\$0 (Tier-3)	PA
RETIN-A EXTERNAL GEL	\$0 (Tier-3)	PA
RETIN-A MICRO EXTERNAL GEL	\$0 (Tier-3)	PA
RETIN-A MICRO PUMP EXTERNAL GEL	\$0 (Tier-3)	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-3)	
CORTISPORIN EXTERNAL OINTMENT	\$0 (Tier-3)	
<i>gentamicin sulfate external cream</i>	\$0 (Tier-2)	
<i>gentamicin sulfate external ointment</i>	\$0 (Tier-2)	
<i>mupirocin calcium external cream</i>	\$0 (Tier-2)	
<i>mupirocin external ointment</i>	\$0 (Tier-2)	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	\$0 (Tier-2)	
<i>ssd external cream</i>	\$0 (Tier-2)	
XEPI EXTERNAL CREAM	\$0 (Tier-3)	QL (60 GM per 30 days)

Drug	Status	Requirements/Limits
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	\$0 (Tier-3)	
<i>ala-cort external cream</i>	\$0 (Tier-2)	
<i>alclometasone dipropionate external cream</i>	\$0 (Tier-2)	
<i>alclometasone dipropionate external ointment</i>	\$0 (Tier-2)	
<i>amcinonide external cream</i>	\$0 (Tier-2)	
<i>amcinonide external lotion</i>	\$0 (Tier-2)	
<i>amcinonide external ointment</i>	\$0 (Tier-2)	
APEXICON E EXTERNAL CREAM	\$0 (Tier-3)	
<i>betamethasone dipropionate aug external cream</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external gel</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external lotion</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external ointment</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external cream</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external ointment</i>	\$0 (Tier-2)	
<i>betamethasone valerate external cream</i>	\$0 (Tier-2)	
<i>betamethasone valerate external foam</i>	\$0 (Tier-2)	
<i>betamethasone valerate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone valerate external ointment</i>	\$0 (Tier-2)	
CAPEX EXTERNAL SHAMPOO	\$0 (Tier-3)	
<i>clobetasol propionate e external cream</i>	\$0 (Tier-2)	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	\$0 (Tier-2)	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	\$0 (Tier-2)	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	\$0 (Tier-2)	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	\$0 (Tier-2)	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	\$0 (Tier-2)	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	\$0 (Tier-2)	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	\$0 (Tier-2)	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	\$0 (Tier-2)	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	\$0 (Tier-2)	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	\$0 (Tier-2)	
<i>clodan external shampoo</i>	\$0 (Tier-2)	
CLODERM EXTERNAL CREAM	\$0 (Tier-3)	
CORDRAN EXTERNAL TAPE	\$0 (Tier-3)	
<i>desonide external cream</i>	\$0 (Tier-2)	
<i>desonide external gel</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>desonide external lotion</i>	\$0 (Tier-2)	
<i>desonide external ointment</i>	\$0 (Tier-2)	
<i>desoximetasone external cream</i>	\$0 (Tier-2)	
<i>desoximetasone external gel</i>	\$0 (Tier-2)	
<i>desoximetasone external liquid</i>	\$0 (Tier-2)	
<i>desoximetasone external ointment</i>	\$0 (Tier-2)	
<i>diflorasone diacetate external cream</i>	\$0 (Tier-2)	
<i>diflorasone diacetate external ointment</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide external cream</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide external ointment</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide external solution</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide scalp external oil</i>	\$0 (Tier-2)	
<i>fluocinonide emulsified base external cream</i>	\$0 (Tier-2)	
<i>fluocinonide external cream</i>	\$0 (Tier-2)	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$0 (Tier-2)	
<i>fluocinonide external ointment</i>	\$0 (Tier-2)	
<i>fluocinonide external solution</i>	\$0 (Tier-2)	
<i>flurandrenolide external cream</i>	\$0 (Tier-2)	
<i>flurandrenolide external lotion</i>	\$0 (Tier-2)	
<i>flurandrenolide external ointment</i>	\$0 (Tier-2)	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	\$0 (Tier-2)	
<i>fluticasone propionate external lotion</i>	\$0 (Tier-2)	
<i>fluticasone propionate external ointment</i>	\$0 (Tier-2)	
<i>halcinonide external cream</i>	\$0 (Tier-2)	
<i>halobetasol propionate external cream</i>	\$0 (Tier-2)	
<i>halobetasol propionate external ointment</i>	\$0 (Tier-2)	
HALOG EXTERNAL CREAM	\$0 (Tier-3)	
HALOG EXTERNAL OINTMENT	\$0 (Tier-3)	
<i>hydrocortisone butyrate external cream</i>	\$0 (Tier-2)	
<i>hydrocortisone butyrate external lotion</i>	\$0 (Tier-2)	
<i>hydrocortisone butyrate external ointment</i>	\$0 (Tier-2)	
<i>hydrocortisone butyrate external solution</i>	\$0 (Tier-2)	
<i>hydrocortisone external cream</i>	\$0 (Tier-2)	
<i>hydrocortisone external lotion</i>	\$0 (Tier-2)	
<i>hydrocortisone external ointment</i>	\$0 (Tier-2)	
<i>hydrocortisone cream, lotion, ointment</i>	\$0 (Tier-4)	*
<i>hydrocortisone valerate external cream</i>	\$0 (Tier-2)	
<i>hydrocortisone valerate external ointment</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
KENALOG EXTERNAL AEROSOL SOLUTION	\$0 (Tier-3)	
<i>mometasone furoate external cream</i>	\$0 (Tier-2)	
<i>mometasone furoate external ointment</i>	\$0 (Tier-2)	
<i>mometasone furoate external solution</i>	\$0 (Tier-2)	
<i>nolix external cream</i>	\$0 (Tier-2)	
<i>nolix external lotion</i>	\$0 (Tier-2)	
PANDEL EXTERNAL CREAM	\$0 (Tier-3)	
<i>prednicarbate external cream</i>	\$0 (Tier-2)	
<i>prednicarbate external ointment</i>	\$0 (Tier-2)	
<i>tovet external foam</i>	\$0 (Tier-2)	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	\$0 (Tier-2)	
<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-3)	
<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-2)	
<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-2)	
<i>clotrimazole external solution</i>	\$0 (Tier-2)	
<i>clotrimazole-betamethasone external cream</i>	\$0 (Tier-2)	
<i>clotrimazole-betamethasone external lotion</i>	\$0 (Tier-2)	
<i>econazole nitrate external cream</i>	\$0 (Tier-2)	
ERTACZO EXTERNAL CREAM	\$0 (Tier-3)	
<i>ketoconazole external cream</i>	\$0 (Tier-2)	
<i>ketoconazole external foam</i>	\$0 (Tier-2)	
<i>ketoconazole external shampoo</i>	\$0 (Tier-2)	
KETODAN EXTERNAL FOAM	\$0 (Tier-3)	
<i>luliconazole external cream</i>	\$0 (Tier-2)	
MENTAX EXTERNAL CREAM	\$0 (Tier-3)	
<i>naftifine hcl external cream</i>	\$0 (Tier-2)	
NAFTIN EXTERNAL GEL	\$0 (Tier-3)	
<i>nyamyc external powder</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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-2)	
<i>nystatin-triamcinolone external ointment</i>	\$0 (Tier-2)	
<i>nystop external powder</i>	\$0 (Tier-2)	
<i>oxiconazole nitrate external cream</i>	\$0 (Tier-2)	
OXISTAT EXTERNAL LOTION	\$0 (Tier-3)	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule</i>	\$0 (Tier-2)	NEDS
<i>calcipotriene external cream</i>	\$0 (Tier-2)	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	\$0 (Tier-2)	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	\$0 (Tier-2)	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	\$0 (Tier-2)	NEDS
<i>calcipotriene-betameth diprop external suspension</i>	\$0 (Tier-2)	NEDS
<i>calcitriol external ointment</i>	\$0 (Tier-2)	
<i>methoxsalen rapid oral capsule</i>	\$0 (Tier-2)	NEDS
<i>tazarotene external cream</i>	\$0 (Tier-2)	PA
TAZORAC EXTERNAL CREAM	\$0 (Tier-3)	PA
TAZORAC EXTERNAL GEL	\$0 (Tier-3)	PA
SCABIES AND PEDICULOSIS		
<i>lindane external shampoo</i>	\$0 (Tier-2)	
<i>malathion external lotion</i>	\$0 (Tier-2)	
<i>permethrin external cream</i>	\$0 (Tier-2)	
<i>permethrin</i>	\$0 (Tier-4)	*
<i>piperonyl butoxide/pyrethrins</i>	\$0 (Tier-4)	*
SKLICE EXTERNAL LOTION	\$0 (Tier-3)	
TOPICAL ANTIMICROBIALS		
<i>bacitracin</i>	\$0 (Tier-4)	*
<i>chlorhexidine gluconate</i>	\$0 (Tier-4)	*
<i>clotrimazole</i>	\$0 (Tier-4)	*
<i>double antibiotic ointment</i>	\$0 (Tier-4)	*
<i>hydrogen peroxide</i>	\$0 (Tier-4)	*
<i>iodine</i>	\$0 (Tier-4)	*
<i>isopropyl alcohol</i>	\$0 (Tier-4)	*
<i>miconazole</i>	\$0 (Tier-4)	*

Drug	Status	Requirements/Limits
<i>neomycin</i>	\$0 (Tier-4)	*
<i>povidone</i>	\$0 (Tier-4)	*
<i>tolnaftate</i>	\$0 (Tier-4)	*
<i>triple antibiotic ointment</i>	\$0 (Tier-4)	*
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	\$0 (Tier-2)	
<i>ammonium lactate external lotion</i>	\$0 (Tier-2)	
ANUSOL-HC EXTERNAL CREAM	\$0 (Tier-3)	
ANUSOL-HC RECTAL CREAM	\$0 (Tier-3)	
<i>calamine lotion</i>	\$0 (Tier-4)	*
<i>colloidal oatmeal</i>	\$0 (Tier-4)	*
<i>diclofenac epolamine transdermal patch</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel</i>	\$0 (Tier-2)	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-2)	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
EUCRISA EXTERNAL OINTMENT	\$0 (Tier-3)	PA
<i>fluorouracil external cream</i>	\$0 (Tier-2)	
<i>fluorouracil external solution</i>	\$0 (Tier-2)	
<i>hydrocortisone ace-pramoxine external cream</i>	\$0 (Tier-2)	
<i>hydrocortisone ace-pramoxine rectal cream</i>	\$0 (Tier-2)	
<i>hydrophilic ointment</i>	\$0 (Tier-4)	*
<i>lanolin</i>	\$0 (Tier-4)	*
<i>lidocaine external ointment</i>	\$0 (Tier-2)	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	\$0 (Tier-2)	PA; QL (90 EA per 30 days)
<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-prilocaine external cream</i>	\$0 (Tier-2)	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	\$0 (Tier-2)	
PANRETIN EXTERNAL GEL	\$0 (Tier-3)	NEDS
<i>petrolatum</i>	\$0 (Tier-4)	*
<i>pimecrolimus external cream</i>	\$0 (Tier-2)	STPA
<i>procto-med hc external cream</i>	\$0 (Tier-2)	
<i>procto-med hc rectal cream</i>	\$0 (Tier-2)	
<i>procto-pak external cream</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>procto-pak rectal cream</i>	\$0 (Tier-2)	
<i>proctosol hc external cream</i>	\$0 (Tier-2)	
<i>proctosol hc rectal cream</i>	\$0 (Tier-2)	
<i>proctozone-hc external cream</i>	\$0 (Tier-2)	
<i>proctozone-hc rectal cream</i>	\$0 (Tier-2)	
PRUDOXIN EXTERNAL CREAM	\$0 (Tier-3)	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	\$0 (Tier-3)	QL (30 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>selenium sulfide</i>	\$0 (Tier-4)	*
<i>sodium chloride irrigation solution</i>	\$0 (Tier-2)	
<i>sulfacetamide sodium (acne) external lotion</i>	\$0 (Tier-2)	
SULFAMYLON EXTERNAL CREAM	\$0 (Tier-3)	
SULFAMYLON EXTERNAL PACKET	\$0 (Tier-3)	
<i>tacrolimus external ointment</i>	\$0 (Tier-2)	
TARGRETIN EXTERNAL GEL	\$0 (Tier-3)	SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	\$0 (Tier-3)	NEDS
<i>vitamin a and d ointment</i>	\$0 (Tier-4)	*
<i>witch hazel</i>	\$0 (Tier-4)	*
<i>zinc oxide</i>	\$0 (Tier-4)	*
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir external cream</i>	\$0 (Tier-2)	
CONDYLOX EXTERNAL GEL	\$0 (Tier-3)	
DENAVIR EXTERNAL CREAM	\$0 (Tier-3)	NEDS
<i>imiquimod external cream</i>	\$0 (Tier-2)	
<i>imiquimod pump external cream</i>	\$0 (Tier-2)	
<i>podofilox external solution</i>	\$0 (Tier-2)	
SUPPLEMENTS: VITAMINS AND MINERALS YOU NEED TO STAY HEALTHY		
VITAMINS/ NUTRIENTS/SUPPLEMENTS		
<i>calcium replacement</i>	\$0 (Tier-4)	*
<i>cod liver oil</i>	\$0 (Tier-4)	*
<i>coenzyme q10</i>	\$0 (Tier-4)	*
<i>electrolyte solution, pediatric</i>	\$0 (Tier-4)	*
<i>ferrous fumarate</i>	\$0 (Tier-4)	*

Drug	Status	Requirements/Limits
<i>ferrous gluconate</i>	\$0 (Tier-4)	*
<i>ferrous sulfate</i>	\$0 (Tier-4)	*
<i>folic acid</i>	\$0 (Tier-4)	*
<i>glucose products</i>	\$0 (Tier-4)	*; < 19 years
<i>magnesium salts</i>	\$0 (Tier-4)	*
<i>melatonin tablet, solution</i>	\$0 (Tier-4)	*
<i>melatonin/pyridoxine tablet</i>	\$0 (Tier-4)	*
<i>multivitamins</i>	\$0 (Tier-4)	*
<i>niacinamide</i>	\$0 (Tier-4)	*
<i>nicotinic acid</i>	\$0 (Tier-4)	*
<i>pediatric multivitamins</i>	\$0 (Tier-4)	*
PHOS-FLUR (SODIUM FLUORIDE ORAL RINSE)	\$0 (Tier-4)	*
<i>potassium phosphate</i>	\$0 (Tier-4)	*
<i>prenatal vitamins</i>	\$0 (Tier-4)	*
<i>sodium chloride tablet</i>	\$0 (Tier-4)	*
<i>sodium fluoride chewable tablet, oral solution</i>	\$0 (Tier-4)	*
<i>vitamin a (retinol)</i>	\$0 (Tier-4)	*
<i>vitamin b complex</i>	\$0 (Tier-4)	*
<i>vitamin b-1 (thiamine)</i>	\$0 (Tier-4)	*
<i>vitamin b-2 (riboflavin)</i>	\$0 (Tier-4)	*
<i>vitamin b-3 (niacin)</i>	\$0 (Tier-4)	*
<i>vitamin b-6 (pyridoxine)</i>	\$0 (Tier-4)	*
<i>vitamin b-12 (cyanocobalamin)</i>	\$0 (Tier-4)	*
<i>vitamin c (ascorbic acid)</i>	\$0 (Tier-4)	*
<i>vitamin d</i>	\$0 (Tier-4)	*
<i>vitamin e, oral</i>	\$0 (Tier-4)	*
<i>vitamins, multiple</i>	\$0 (Tier-4)	*
<i>vitamins, multiple/minerals</i>	\$0 (Tier-4)	*
<i>vitamins, pediatric</i>	\$0 (Tier-4)	*
<i>vitamins, prenatal</i>	\$0 (Tier-4)	*
WOMEN'S HEALTH: DRUGS USED FOR BIRTH CONTROL, MENOPAUSE, OSTEOPOROSIS, OR INFECTIONS		
CONTRACEPTIVES		
<i>amethia oral tablet</i>	\$0 (Tier-2)	
ANNOVERA VAGINAL RING	\$0 (Tier-3)	QL (1 EA per 365 days)
<i>apri oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<i>aranelle oral tablet</i>	\$0 (Tier-2)	
<i>ashlyna oral tablet</i>	\$0 (Tier-2)	
<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>desogestrel-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>eluryng vaginal ring</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>etonogestrel-ethinyl estradiol vaginal ring</i>	\$0 (Tier-2)	
<i>falmina oral tablet</i>	\$0 (Tier-2)	
GENERESS FE ORAL TABLET CHEWABLE	\$0 (Tier-3)	
<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 1.5 mg tablet</i>	\$0 (Tier-4)	*
<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-3)	
<i>marlissa oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1.5/30 oral tablet</i>	\$0 (Tier-2)	

Drug	Status	Requirements/Limits
<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)	
<i>necon 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nikki oral tablet</i>	\$0 (Tier-2)	
<i>nonoxynol-9*</i>	\$0 (Tier-4)	*; Branded OTC nonoxynol-9 products are covered by MassHealth without prior authorization.
<i>norethin-eth estradiol-fe oral tablet chewable</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)	
ORIAHNN ORAL CAPSULE THERAPY PACK	\$0 (Tier-3)	PA; QL (56 EA per 28 days); NEDS
<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-2)	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-3)	PA
ANGELIQ ORAL TABLET	\$0 (Tier-3)	
<i>calcitonin (salmon) nasal solution</i>	\$0 (Tier-2)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-3)	PA
CRINONE VAGINAL GEL 4 %	\$0 (Tier-3)	PA; NEDS
CRINONE VAGINAL GEL 8 %	\$0 (Tier-3)	PA
DELESTROGEN INTRAMUSCULAR OIL	\$0 (Tier-3)	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	\$0 (Tier-3)	

Drug	Status	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
DIVIGEL TRANSDERMAL GEL	\$0 (Tier-3)	
<i>dotti transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
DUAVEE ORAL TABLET	\$0 (Tier-3)	PA
ELESTRIN TRANSDERMAL GEL	\$0 (Tier-3)	
<i>estradiol oral tablet</i>	\$0 (Tier-2)	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-2)	
<i>estradiol vaginal tablet</i>	\$0 (Tier-2)	
<i>estradiol valerate intramuscular oil</i>	\$0 (Tier-2)	
ESTRING VAGINAL RING	\$0 (Tier-3)	
EVAMIST TRANSDERMAL SOLUTION	\$0 (Tier-3)	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	\$0 (Tier-3)	PA
FEMRING VAGINAL RING	\$0 (Tier-3)	
FORTEO SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	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-3)	
IMVEXXY STARTER PACK VAGINAL INSERT	\$0 (Tier-3)	
<i>jinteli oral tablet</i>	\$0 (Tier-2)	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0 (Tier-2)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0 (Tier-2)	
<i>medroxyprogesterone acetate oral tablet</i>	\$0 (Tier-2)	
MENEST ORAL TABLET	\$0 (Tier-3)	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	\$0 (Tier-3)	PA
<i>norethindrone acetate oral tablet</i>	\$0 (Tier-2)	
<i>norethindrone-eth estradiol oral tablet</i>	\$0 (Tier-2)	PA

Drug	Status	Requirements/Limits
ORILISSA ORAL TABLET 150 MG	\$0 (Tier-3)	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	\$0 (Tier-3)	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	\$0 (Tier-3)	PA
PREMARIN VAGINAL CREAM	\$0 (Tier-3)	
PREMPHASE ORAL TABLET	\$0 (Tier-3)	PA
PREMPRO ORAL TABLET	\$0 (Tier-3)	PA
<i>progesterone micronized oral capsule</i>	\$0 (Tier-2)	
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-2)	
<i>risedronate sodium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	\$0 (Tier-2)	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	PA; NEDS
<i>yuvafem vaginal tablet</i>	\$0 (Tier-2)	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	\$0 (Tier-2)	
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CLEOCIN VAGINAL SUPPOSITORY	\$0 (Tier-3)	
<i>clindamycin phosphate vaginal cream</i>	\$0 (Tier-2)	
GYNAZOLE-1 VAGINAL CREAM	\$0 (Tier-3)	
<i>metronidazole vaginal gel</i>	\$0 (Tier-2)	
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier-2)	
SOLOSEC ORAL PACKET	\$0 (Tier-3)	
<i>terconazole vaginal cream</i>	\$0 (Tier-2)	
<i>terconazole vaginal suppository</i>	\$0 (Tier-2)	
<i>vandazole vaginal gel</i>	\$0 (Tier-2)	
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<i>vitamin b-1</i>	82	WEEKLY).....	17		
<i>vitamin b-12 er</i>	82	XPOVIO (60 MG ONCE			
<i>vitamin b-2</i>	82	WEEKLY).....	17		
<i>vitamin b50 complex</i>	82	XPOVIO (60 MG TWICE			
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Si tiene alguna pregunta, por favor, llame a *Tufts Health Unify* al **855.393.3154** (TTY: 711), siete días a la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.

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