



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

Tufts Medicare Preferred HMO Plans

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

21576 Version 21

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30, or visit www.thpmp.org.

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan Medicare Preferred. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO. This document includes a list of the drugs (formulary) for our plan which is current as of December 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Tufts Medicare Preferred HMO Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

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

The enclosed formulary is current as of December 2021. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Agents*.” If you know what your drug is used for,

look for the category name in the list that begins on page 12. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 14 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

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

B vs D: Medicare Part B or D

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

QL: Quantity Limit Applies

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

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. For more information, please contact us at **1-800-701-9000** or, for TTY users, 711. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30.

LA: Limited Access Drug.

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

PA: Prior Authorization Required

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

STPA: Step Therapy Prior Authorization Applies

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

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

Transplant:

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

Part B Drug:

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

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



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

Tufts Health Plan:

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

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

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

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St., Watertown, MA 02472
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: OCRCordinator@tufts-health.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

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

thpmp.org | 1-800-701-9000 (TTY: 711)

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

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

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

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

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

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

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

Gujarati: સુધ્યના: જો તમે ગુજરાતી ભોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

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

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

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

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាដូរ, សេវាដំឡើយផ្តុកភាសា ដោយមិនគិតលប្បីលគិតអចមានសំណប់បំផ្តុក។ ចូរ ទូរសព្ទ 1-800-701-9000 (TTY: 711)

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

Laotian: ໂປ່ຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສ්ຈ່າ, ແມ່ນມີພອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yáníltígo Diné Bizaad, saad bee ákáánida'áwo'déq, t'áá jiik'eh, eí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

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

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

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

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

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

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

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE.....	14
BLOOD MODIFYING AGENTS	22
CANCER DRUGS.....	24
CARDIOVASCULAR AGENTS	29
DIABETES MELLITUS.....	36
EAR, NOSE AND THROAT.....	39
ENHANCED COVERAGE DRUGS	40
EYE	41
GASTROINTESTINAL DRUGS	45
HOME INFUSION THERAPY	48
HORMONES	52
IMMUNOLOGIC AGENTS	54
MISCELLANEOUS DRUGS.....	57
NEUROLOGICAL DRUGS	66
PAIN AND INFLAMMATORY DISEASES	71
PSYCHIATRIC	76
RESPIRATORY DRUGS.....	83
SKIN.....	86
WOMEN'S HEALTH.....	92

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat lozenge</i>	Tier-1	
<i>clotrimazole mouth/throat troche</i>	Tier-1	
CRESEMBА ORAL CAPSULE	Tier-3	NEDS
<i>fluconazole oral suspension reconstituted</i>	Tier-1	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine oral capsule</i>	Tier-3	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier-1	
<i>griseofulvin microsize oral tablet</i>	Tier-1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-1	
<i>itraconazole oral capsule</i>	Tier-1	
<i>itraconazole oral solution</i>	Tier-2	
<i>ketoconazole oral tablet</i>	Tier-1	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier-2	
NOXAFIL ORAL SUSPENSION	Tier-3	NEDS
<i>nystatin oral tablet</i>	Tier-1	
<i>posaconazole oral tablet delayed release</i>	Tier-3	NEDS
<i>terbinafine hcl oral tablet</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-3	NEDS
<i>voriconazole oral tablet 200 mg</i>	Tier-3	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	Tier-3	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier-3	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	Tier-3	NEDS
ARIKAYCE INHALATION SUSPENSION	Tier-3	NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-3	
<i>fosfomycin tromethamine oral packet</i>	Tier-2	
<i>ivermectin oral tablet</i>	Tier-1	
<i>linezolid oral suspension reconstituted</i>	Tier-3	NEDS
<i>linezolid oral tablet</i>	Tier-3	
<i>methenamine hippurate oral tablet</i>	Tier-1	
<i>metronidazole oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet</i>	Tier-1	
MONUROL ORAL PACKET	Tier-3	
<i>neomycin sulfate oral tablet</i>	Tier-1	
<i>nitazoxanide oral tablet</i>	Tier-2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier-1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-1	
<i>praziquantel oral tablet</i>	Tier-2	
SIVEXTRO ORAL TABLET	Tier-3	NEDS
STROMECTOL ORAL TABLET	Tier-2	
<i>trimethoprim oral tablet</i>	Tier-1	
<i>vancomycin hcl oral capsule</i>	Tier-2	
<i>vancomycin hcl oral solution reconstituted</i>	Tier-3	
XENLETA ORAL TABLET	Tier-3	NEDS
XIFAXAN ORAL TABLET 200 MG	Tier-3	NEDS
XIFAXAN ORAL TABLET 550 MG	Tier-3	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	Tier-3	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	Tier-3	
BENZNIDAZOLE ORAL TABLET	Tier-3	
<i>chloroquine phosphate oral tablet</i>	Tier-1	
COARTEM ORAL TABLET	Tier-2	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	Tier-3	
DARAPRIM ORAL TABLET	Tier-2	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-1	
IMPAVIDO ORAL CAPSULE	Tier-3	NEDS
KRINTAFEL ORAL TABLET	Tier-2	
LAMPIT ORAL TABLET	Tier-3	
<i>mefloquine hcl oral tablet</i>	Tier-1	
<i>paromomycin sulfate oral capsule</i>	Tier-1	
PENTAM INJECTION SOLUTION RECONSTITUTED	Tier-2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier-2	B vs D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier-2	
<i>primaquine phosphate oral tablet</i>	Tier-1	
<i>pyrimethamine oral tablet</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule</i>	Tier-1	
<i>tinidazole oral tablet</i>	Tier-1	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	Tier-2	
<i>abacavir sulfate oral tablet</i>	Tier-1	
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier-3	NEDS
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-3	NEDS
<i>amantadine hcl oral capsule</i>	Tier-1	
<i>amantadine hcl oral solution</i>	Tier-1	
<i>amantadine hcl oral tablet</i>	Tier-1	
APTIVUS ORAL CAPSULE	Tier-3	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier-3	
ATRIPLA ORAL TABLET	Tier-3	NEDS
BIKTARVY ORAL TABLET	Tier-3	NEDS
CIMDUO ORAL TABLET	Tier-3	NEDS
COMPLERA ORAL TABLET	Tier-3	NEDS
DELSTRIGO ORAL TABLET	Tier-2	
DESCOVY ORAL TABLET	Tier-3	NEDS
DOVATO ORAL TABLET	Tier-3	NEDS
EDURANT ORAL TABLET	Tier-3	NEDS
<i>efavirenz oral capsule</i>	Tier-2	
<i>efavirenz oral tablet</i>	Tier-3	NEDS
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier-3	NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier-3	NEDS
<i>emtricitabine oral capsule</i>	Tier-2	
<i>emtricitabine-tenofovir df oral tablet</i>	Tier-3	NEDS
EMTRIVA ORAL CAPSULE	Tier-2	
EMTRIVA ORAL SOLUTION	Tier-2	
<i>entecavir oral tablet</i>	Tier-2	
EPCLUSIA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	Tier-2	
<i>etravirine oral tablet 100 mg</i>	Tier-2	
<i>etravirine oral tablet 200 mg</i>	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET	Tier-3	NEDS
<i>famciclovir oral tablet</i>	Tier-3	
<i>fosamprenavir calcium oral tablet</i>	Tier-3	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	Tier-3	NEDS
HARVONI ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-2	
INTELENCE ORAL TABLET 200 MG	Tier-3	NEDS
INTRON A INJECTION SOLUTION	Tier-2	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-2	SP-CVS specialty
INVIRASE ORAL TABLET	Tier-3	NEDS
ISENTRESS HD ORAL TABLET	Tier-3	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-3	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-3	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
JULUCA ORAL TABLET	Tier-3	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier-2	
KALETRA ORAL TABLET 200-50 MG	Tier-3	NEDS
<i>lamivudine oral solution</i>	Tier-1	
<i>lamivudine oral tablet</i>	Tier-1	
<i>lamivudine-zidovudine oral tablet</i>	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
<i>lopinavir-ritonavir oral solution</i>	Tier-2	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier-2	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier-3	
MAVYRET ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nevirapine oral suspension</i>	Tier-1	
<i>nevirapine oral tablet</i>	Tier-1	
NORVIR ORAL PACKET	Tier-2	
NORVIR ORAL SOLUTION	Tier-2	
ODEFSEY ORAL TABLET	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate oral capsule</i>	Tier-1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-1	
PEGASYS SUBCUTANEOUS SOLUTION	Tier-3	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	Tier-3	NEDS
PREVYMIS ORAL TABLET	Tier-3	PA; NEDS
PREZCOBIX ORAL TABLET	Tier-3	NEDS
PREZISTA ORAL SUSPENSION	Tier-3	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier-3	NEDS
PREZISTA ORAL TABLET 75 MG	Tier-3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	Tier-3	NEDS
<i>ribavirin oral capsule</i>	Tier-1	SP-CVS specialty
<i>ribavirin oral tablet</i>	Tier-1	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	Tier-1	
<i>ritonavir oral tablet</i>	Tier-2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	NEDS
SELZENTRY ORAL SOLUTION	Tier-2	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-3	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	Tier-2	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-3	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	Tier-2	QL (60 EA per 30 days)
STRIBILD ORAL TABLET	Tier-3	NEDS
SYMFI LO ORAL TABLET	Tier-3	NEDS
SYMFI ORAL TABLET	Tier-3	NEDS
SYMTUZA ORAL TABLET	Tier-3	NEDS
TEMIXYS ORAL TABLET	Tier-3	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-2	
TIVICAY ORAL TABLET 10 MG	Tier-2	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-3	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier-3	
TRIUMEQ ORAL TABLET	Tier-3	NEDS
TRUVADA ORAL TABLET	Tier-3	NEDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier-1	
<i>cefaclor oral capsule</i>	Tier-1	
<i>cefaclor oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral capsule</i>	Tier-1	
<i>cefadroxil oral suspension reconstituted</i>	Tier-1	
<i>cefadroxil oral tablet</i>	Tier-1	
<i>cefdinir oral capsule</i>	Tier-1	
<i>cefdinir oral suspension reconstituted</i>	Tier-1	
<i>cefixime oral capsule</i>	Tier-2	
<i>cefixime oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-1	
<i>cefpodoxime proxetil oral tablet</i>	Tier-1	
<i>ceprozil oral suspension reconstituted</i>	Tier-1	
<i>ceprozil oral tablet</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin oral capsule</i>	Tier-1	
<i>cephalexin oral suspension reconstituted</i>	Tier-2	
<i>cephalexin oral tablet</i>	Tier-1	
<i>dicloxacillin sodium oral capsule</i>	Tier-2	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-1	
<i>penicillin v potassium oral tablet</i>	Tier-1	
SUPRAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral packet</i>	Tier-1	
<i>azithromycin oral suspension reconstituted</i>	Tier-1	
<i>azithromycin oral tablet</i>	Tier-1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier-1	
<i>clarithromycin oral suspension reconstituted</i>	Tier-2	
<i>clarithromycin oral tablet</i>	Tier-1	
<i>clindamycin hcl oral capsule</i>	Tier-1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier-3	PA; NEDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	Tier-3	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier-2	
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet</i>	Tier-1	
<i>doxycycline hyclate oral tablet delayed release</i>	Tier-2	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier-2	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>minocycline hcl oral capsule</i>	Tier-1	
<i>minocycline hcl oral tablet</i>	Tier-3	
<i>monodoxine nl oral capsule</i>	Tier-1	
NUZYRA ORAL TABLET	Tier-3	NEDS
<i>tetracycline hcl oral capsule</i>	Tier-2	
VIBRAMYCIN ORAL SYRUP	Tier-3	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	Tier-1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-2	
BRILINTA ORAL TABLET	Tier-2	
<i>cilostazol oral tablet</i>	Tier-1	
<i>clopidogrel bisulfate oral tablet</i>	Tier-1	
<i>dipyridamole oral tablet</i>	Tier-2	
<i>prasugrel hcl oral tablet</i>	Tier-2	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
PROMACTA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-2	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier-3	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	Tier-2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	
ELIQUIS ORAL TABLET	Tier-2	
<i>enoxaparin sodium subcutaneous solution</i>	Tier-2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-3	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-2	
<i>jantoven oral tablet</i>	Tier-1	
PRADAXA ORAL CAPSULE	Tier-3	
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL TABLET	Tier-2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	Tier-3	NEDS
OXBRYTA ORAL TABLET	Tier-3	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE ORAL TABLET	Tier-3	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	NEDS
ORAL AGENTS		
<i>abiraterone acetate oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECensa ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Tier-2	Part B
ALUNBRIG ORAL TABLET	Tier-3	PA; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
<i>anastrozole oral tablet</i>	Tier-1	
AYVAKIT ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	Tier-3	PA; NEDS
<i>bexarotene oral capsule</i>	Tier-3	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	Tier-1	SP-CVS specialty
BOSULIF ORAL TABLET 100 MG	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	Tier-3	PA; NEDS
BRUKINSA ORAL CAPSULE	Tier-3	PA; NEDS
CABOMETYX ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	Tier-3	PA; NEDS
<i>capecitabine oral tablet</i>	Tier-3	Part B; SP-CVS specialty; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier-3	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Tier-3	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS
COPIKTRA ORAL CAPSULE	Tier-3	PA; NEDS
COTELLIC ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
<i>cyclophosphamide oral capsule</i>	Tier-2	B vs D; SP-CVS specialty
<i>cyclophosphamide oral tablet</i>	Tier-2	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	Tier-2	
EMCYT ORAL CAPSULE	Tier-2	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	Tier-3	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	Tier-1	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	Tier-1	
FARYDAK ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	Tier-1	
FOTIVDA ORAL CAPSULE	Tier-3	PA; NEDS
GAVRETO ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
GILOTRIF ORAL TABLET	Tier-3	PA; NEDS
HYCAMTIN ORAL CAPSULE	Tier-2	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	Tier-1	
IBRANCE ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	Tier-3	PA; NEDS
IDHIFA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier-3	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	Tier-3	PA; NEDS
IMBRUVICA ORAL TABLET	Tier-3	PA; NEDS
INLYTA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	Tier-3	PA; NEDS
JAKAFI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TABRECTA ORAL TABLET	Tier-3	PA; NEDS
TAFINLAR ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	Tier-3	PA; NEDS
TALZENNA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier-1	
TARGRETIN ORAL CAPSULE	Tier-3	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	Tier-3	PA; NEDS
<i>temozolomide oral capsule</i>	Tier-2	Part B; SP-CVS specialty
TEPMETKO ORAL TABLET	Tier-3	PA; NEDS
THALOMID ORAL CAPSULE	Tier-3	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	Tier-3	PA; NEDS
<i>toremifene citrate oral tablet</i>	Tier-2	
<i>tretinooin oral capsule</i>	Tier-3	SP-CVS specialty; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
TUKYSA ORAL TABLET	Tier-3	PA; NEDS
TURALIO ORAL CAPSULE	Tier-3	PA; NEDS
TYKERB ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
UKONIQ ORAL TABLET	Tier-3	PA; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-2	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-3	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
VERZENIO ORAL TABLET	Tier-3	PA; NEDS
VITRAKVI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
VOTRIENT ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
WELIREG ORAL TABLET	Tier-3	PA; NEDS
XALKORI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET	Tier-3	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XTANDI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
XTANDI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
YONSA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	Tier-3	PA; NEDS
ZELBORAF ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	Tier-1	
MESNEX ORAL TABLET	Tier-3	NEDS
XURIDEN ORAL PACKET	Tier-3	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	Tier-1	
<i>captopril oral tablet</i>	Tier-3	
<i>enalapril maleate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>lisinopril oral tablet</i>	Tier-1	
<i>moexipril hcl oral tablet</i>	Tier-2	
<i>perindopril erbumine oral tablet</i>	Tier-2	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril oral tablet</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>doxazosin mesylate oral tablet</i>	Tier-1	
<i>prazosin hcl oral capsule</i>	Tier-1	
<i>terazosin hcl oral capsule</i>	Tier-1	
ANGINA		
CORLANOR ORAL SOLUTION	Tier-3	
CORLANOR ORAL TABLET	Tier-3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier-1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier-2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-1	
<i>isosorbide mononitrate oral tablet</i>	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual solution</i>	Tier-2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	Tier-2	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier-2	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	Tier-1	
<i>irbesartan oral tablet</i>	Tier-1	
<i>losartan potassium oral tablet</i>	Tier-1	
<i>olmesartan medoxomil oral tablet</i>	Tier-2	
<i>telmisartan oral tablet</i>	Tier-2	
<i>valsartan oral tablet</i>	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl oral tablet</i>	Tier-1	
<i>digitek oral tablet</i>	Tier-1	
<i>digox oral tablet</i>	Tier-1	
<i>digoxin oral solution</i>	Tier-1	
<i>digoxin oral tablet</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule</i>	Tier-3	
<i>dofetilide oral capsule</i>	Tier-3	
<i>flecainide acetate oral tablet</i>	Tier-1	
LANOXIN ORAL TABLET	Tier-3	
<i>mexiletine hcl oral capsule</i>	Tier-1	
MULTAQ ORAL TABLET	Tier-3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-3	
<i>propafenone hcl oral tablet</i>	Tier-1	
<i>quinidine gluconate er oral tablet extended release</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
<i>sorine oral tablet</i>	Tier-1	
<i>sotalol hcl (af) oral tablet</i>	Tier-1	
<i>sotalol hcl oral tablet</i>	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-1	
<i>amlodipine-atorvastatin oral tablet</i>	Tier-3	
<i>amlodipine-olmesartan oral tablet</i>	Tier-2	
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier-2	
<i>atenolol-chlorthalidone oral tablet</i>	Tier-1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier-1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
ENTRESTO ORAL TABLET	Tier-2	
<i>fosinopril sodium-hctz oral tablet</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>losartan potassium-hctz oral tablet</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier-2	
<i>olmesartanamlodipine-hctz oral tablet</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
TEKTURNA HCT ORAL TABLET	Tier-2	
<i>telmisartan-amlodipine oral tablet</i>	Tier-1	
<i>telmisartan-hctz oral tablet</i>	Tier-2	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier-1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol oral tablet</i>	Tier-1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier-2	
<i>labetalol hcl oral tablet</i>	Tier-1	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	Tier-1	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-1	
<i>bisoprolol fumarate oral tablet</i>	Tier-1	
BYSTOLIC ORAL TABLET	Tier-3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier-2	
<i>nadolol oral tablet</i>	Tier-2	
<i>nebivolol hcl oral tablet</i>	Tier-2	
<i>pindolol oral tablet</i>	Tier-2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>propranolol hcl oral solution</i>	Tier-1	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>timolol maleate oral tablet</i>	Tier-1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	Tier-1	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-1	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-1	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>isradipine oral capsule</i>	Tier-3	
<i>matzim la oral tablet extended release 24 hour</i>	Tier-1	
<i>nicardipine hcl oral capsule</i>	Tier-3	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	
<i>nimodipine oral capsule</i>	Tier-1	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-3	
NYMALIZE ORAL SOLUTION	Tier-3	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	Tier-1	
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier-1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>verapamil hcl er oral tablet extended release</i>	Tier-1	
<i>verapamil hcl oral tablet</i>	Tier-1	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
VERQUVO ORAL TABLET	Tier-3	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>clonidine transdermal patch weekly</i>	Tier-2	
<i>droxidopa oral capsule</i>	Tier-3	PA; NEDS
<i>midodrine hcl oral tablet</i>	Tier-1	
NORTHERA ORAL CAPSULE	Tier-3	PA; NEDS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	Tier-2	
DIURETICS		
<i>amiloride hcl oral tablet</i>	Tier-1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide oral tablet</i>	Tier-2	
CAROSPIR ORAL SUSPENSION	Tier-3	
<i>chlorthalidone oral tablet</i>	Tier-1	
<i>eplerenone oral tablet</i>	Tier-1	
<i>ethacrynic acid oral tablet</i>	Tier-3	
<i>furosemide oral solution</i>	Tier-1	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide oral capsule</i>	Tier-1	
<i>hydrochlorothiazide oral tablet</i>	Tier-1	
<i>indapamide oral tablet</i>	Tier-1	
KERENDIA ORAL TABLET	Tier-3	PA
<i>metolazone oral tablet</i>	Tier-1	
<i>spironolactone oral tablet</i>	Tier-1	
<i>spironolactone-hctz oral tablet</i>	Tier-1	
<i>torsemide oral tablet</i>	Tier-1	
<i>triamterene-hctz oral capsule</i>	Tier-1	
<i>triamterene-hctz oral tablet</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	Tier-1	
<i>cholestyramine light oral powder</i>	Tier-2	
<i>cholestyramine oral packet</i>	Tier-2	
<i>colesevelam hcl oral packet</i>	Tier-2	
<i>colesevelam hcl oral tablet</i>	Tier-2	
<i>colestipol hcl oral packet</i>	Tier-1	
<i>colestipol hcl oral tablet</i>	Tier-1	
<i>ezetimibe oral tablet</i>	Tier-2	
<i>ezetimibe-simvastatin oral tablet</i>	Tier-2	
<i>fenofibrate micronized oral capsule</i>	Tier-2	
<i>fenofibrate oral capsule 134 mg</i>	Tier-2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier-1	
<i>fenofibrate oral tablet</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-2	
FLOLIPID ORAL SUSPENSION	Tier-2	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier-3	
<i>fluvastatin sodium oral capsule</i>	Tier-2	
<i>gemfibrozil oral tablet</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl oral capsule</i>	Tier-2	
JUXTAPID ORAL CAPSULE	Tier-3	PA; NEDS
<i>lovastatin oral tablet</i>	Tier-1	
NEXLETOL ORAL TABLET	Tier-2	PA
NEXLIZET ORAL TABLET	Tier-2	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier-2	
<i>niacor oral tablet</i>	Tier-1	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier-2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty
<i>pravastatin sodium oral tablet</i>	Tier-1	
<i>prevalite oral packet</i>	Tier-2	
<i>rosuvastatin calcium oral tablet</i>	Tier-1	
<i>simvastatin oral tablet</i>	Tier-1	
VASCEPA ORAL CAPSULE	Tier-2	
POTASSIUM REPLACEMENT		
<i>klor-con 10 oral tablet extended release</i>	Tier-1	
<i>klor-con m10 oral tablet extended release</i>	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-3	
<i>klor-con m20 oral tablet extended release</i>	Tier-1	
<i>klor-con oral packet</i>	Tier-1	
<i>klor-con oral tablet extended release</i>	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE	Tier-3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier-1	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Tier-3	
<i>potassium chloride er oral capsule extended release</i>	Tier-1	
<i>potassium chloride er oral tablet extended release</i>	Tier-1	
<i>potassium chloride oral packet</i>	Tier-1	
<i>potassium chloride oral solution</i>	Tier-1	
VASODILATORS		
BIDIL ORAL TABLET	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl oral tablet</i>	Tier-1	
<i>minoxidil oral tablet</i>	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	Tier-1	
<i>bd disp needle</i>	Tier-1	
<i>bd insulin syringe</i>	Tier-1	
<i>bd insulin syringe u-500</i>	Tier-1	
<i>comfort assist insulin syringe</i>	Tier-1	
<i>cvs gauze sterile pad</i>	Tier-1	
DEXCOM RECEIVER DEVICE	Tier-2	Part B; PA
DEXCOM SENSOR	Tier-2	Part B; PA
DEXCOM TRANSMITTER	Tier-2	Part B; PA
<i>exel comfort point pen needle</i>	Tier-1	
FREESTYLE LIBRE READER DEVICE	Tier-2	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	Tier-2	Part B; PA
<i>gauze pads pad</i>	Tier-1	
<i>global alcohol prep ease pad</i>	Tier-1	
<i>insulin syringe</i>	Tier-1	
<i>lancets</i>	Tier-1	Part B
ONETOUCH TEST STRIPS	Tier-2	Part B
<i>preferred plus insulin syringe</i>	Tier-1	
<i>reli-on insulin syringe</i>	Tier-1	
<i>techlite insulin syringe</i>	Tier-1	
<i>techlite pen needles</i>	Tier-1	
<i>trueplus insulin syringe</i>	Tier-1	
<i>trueplus pen needles</i>	Tier-1	
GLUCOSE ELEVATING		
<i>diazoxide oral suspension</i>	Tier-2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
GLUCAGON EMERGENCY INJECTION KIT	Tier-2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SUBCUTANEOUS SOLUTION	Tier-2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LEVEMIR SUBCUTANEOUS SOLUTION	Tier-2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	

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

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

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

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

EAR, NOSE AND THROAT

EAR

<i>acetic acid otic solution</i>	Tier-1	
CIPRODEX OTIC SUSPENSION	Tier-2	
<i>ciprofloxacin hcl otic solution</i>	Tier-1	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier-2	
<i>flac otic oil</i>	Tier-1	
<i>fluocinolone acetonide otic oil</i>	Tier-2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-1	
<i>ofloxacin otic solution</i>	Tier-2	

MOUTH AND THROAT

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-1	
NOSE		
<i>azelastine hcl nasal solution</i>	Tier-1	QL (120 ML per 90 days)
<i>ciproheptadine hcl oral syrup</i>	Tier-1	
<i>ciproheptadine hcl oral tablet</i>	Tier-1	
<i>desloratadine oral tablet</i>	Tier-1	
<i>desloratadine oral tablet dispersible</i>	Tier-3	
<i>flunisolide nasal solution</i>	Tier-2	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	Tier-1	PA
<i>hydroxyzine hcl oral tablet</i>	Tier-1	PA
<i>hydroxyzine pamoate oral capsule</i>	Tier-1	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral solution</i>	Tier-1	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier-1	
<i>mometasone furoate nasal suspension</i>	Tier-2	QL (102 GM per 90 days)
<i>olopatadine hcl nasal solution</i>	Tier-2	QL (91.5 GM per 90 days)
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate oral capsule</i>	Tier-2	EC
<i>hydrocodone-homatropine oral syrup</i>	Tier-2	EC
<i>hydrocodone-homatropine oral tablet</i>	Tier-2	EC
<i>promethazine vc/codeine oral syrup</i>	Tier-2	EC
<i>promethazine-codeine oral syrup</i>	Tier-2	EC
<i>promethazine-dm oral syrup</i>	Tier-2	EC
<i>pseudoeph-chlorphen-hydrocod oral solution</i>	Tier-2	EC
ERECTILE DYSFUNCTION		
<i>CAVERJECT IMPULSE INTRACAVERNOSAL KIT</i>	Tier-3	EC
<i>CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED</i>	Tier-3	EC
<i>EDEX INTRACAVERNOSAL KIT</i>	Tier-3	EC
<i>MUSE URETHRAL PELLET</i>	Tier-3	EC
<i>sildenafil citrate oral tablet</i>	Tier-2	EC; QL (4 EA per 30 days)
<i>tadalafil oral tablet</i>	Tier-2	EC; QL (4 EA per 30 days)
<i>vardenafil hcl oral tablet</i>	Tier-2	EC; QL (4 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vardenafil hcl oral tablet dispersible</i>	Tier-2	EC; QL (4 EA per 30 days)
OBESITY MANAGEMENT		
ADIPEX-P ORAL CAPSULE	Tier-3	PA; EC
ADIPEX-P ORAL TABLET	Tier-3	PA; EC
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	Tier-2	PA; EC
<i>diethylpropion hcl oral tablet</i>	Tier-2	PA; EC
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	Tier-2	PA; EC
<i>phendimetrazine tartrate oral tablet</i>	Tier-2	PA; EC
<i>phentermine hcl oral capsule</i>	Tier-2	PA; EC
<i>phentermine hcl oral tablet</i>	Tier-2	PA; EC
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	PA; EC
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; EC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; EC
XENICAL ORAL CAPSULE	Tier-3	PA; EC
VITAMINS/MINERALS		
<i>cyanocobalamin injection solution</i>	Tier-2	EC
<i>cyanocobalamin sublingual tablet sublingual</i>	Tier-2	EC
<i>ergocalciferol oral capsule</i>	Tier-2	EC
<i>folic acid</i>	Tier-2	EC
NASCOBAL NASAL SOLUTION	Tier-3	EC
<i>phytonadione oral tablet</i>	Tier-2	EC
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier-2	EC
EYE		
ALLERGY		
ALOCRIL OPHTHALMIC SOLUTION	Tier-3	
ALOMIDE OPHTHALMIC SOLUTION	Tier-3	
<i>azelastine hcl ophthalmic solution</i>	Tier-1	
<i>bepotastine besilate ophthalmic solution</i>	Tier-2	
<i>cromolyn sodium ophthalmic solution</i>	Tier-1	
<i>epinastine hcl ophthalmic solution</i>	Tier-3	
LASTACAFT OPHTHALMIC SOLUTION	Tier-3	
<i>loteprednol etabonate ophthalmic gel</i>	Tier-2	
<i>olopatadine hcl ophthalmic solution</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION	Tier-3	
<i>bacitracin ophthalmic ointment</i>	Tier-3	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-1	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier-3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier-1	
<i>erythromycin ophthalmic ointment</i>	Tier-1	
<i>gatifloxacin ophthalmic solution</i>	Tier-1	
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-1	
<i>levofloxacin ophthalmic solution</i>	Tier-1	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
<i>ofloxacin ophthalmic solution</i>	Tier-1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-1	
TOBRADEX OPHTHALMIC OINTMENT	Tier-2	
TOBRADEX ST OPHTHALMIC SUSPENSION	Tier-2	
<i>tobramycin ophthalmic solution</i>	Tier-1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-1	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION	Tier-2	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier-2	
BROMSITE OPHTHALMIC SOLUTION	Tier-3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-1	
<i>diclofenac sodium ophthalmic solution</i>	Tier-1	
<i>difluprednate ophthalmic emulsion</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
DUREZOL OPHTHALMIC EMULSION	Tier-2	
FLAREX OPHTHALMIC SUSPENSION	Tier-3	
<i>fluorometholone ophthalmic suspension</i>	Tier-1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-1	
FML FORTE OPHTHALMIC SUSPENSION	Tier-3	
FML OPHTHALMIC OINTMENT	Tier-2	
ILEVRO OPHTHALMIC SUSPENSION	Tier-2	
INVELTYS OPHTHALMIC SUSPENSION	Tier-3	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-1	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-2	
MAXIDEX OPHTHALMIC SUSPENSION	Tier-3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier-1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
PRED MILD OPHTHALMIC SUSPENSION	Tier-2	
PRED-G OPHTHALMIC SUSPENSION	Tier-2	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-1	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-2	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	Tier-1	
ZIRGAN OPHTHALMIC GEL	Tier-3	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-2	
<i>acetazolamide oral tablet</i>	Tier-1	
ALPHAGAN P OPHTHALMIC SOLUTION	Tier-2	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-1	
AZOPT OPHTHALMIC SUSPENSION	Tier-2	
<i>betaxolol hcl ophthalmic solution</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
BETIMOL OPHTHALMIC SOLUTION	Tier-3	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-2	
<i>bimatoprost ophthalmic solution</i>	Tier-1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier-1	
<i>brinzolamide ophthalmic suspension</i>	Tier-2	
<i>carteolol hcl ophthalmic solution</i>	Tier-1	
COMBIGAN OPHTHALMIC SOLUTION	Tier-2	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier-2	
IOPIDINE OPHTHALMIC SOLUTION	Tier-3	
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-1	
LUMIGAN OPHTHALMIC SOLUTION	Tier-2	
<i>methazolamide oral tablet</i>	Tier-3	
<i>pilocarpine hcl ophthalmic solution</i>	Tier-1	
RHOPRESSA OPHTHALMIC SOLUTION	Tier-2	
ROCKLATAN OPHTHALMIC SOLUTION	Tier-3	
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-2	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier-1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier-2	
<i>timolol maleate pf ophthalmic solution</i>	Tier-2	
<i>travoprost (bak free) ophthalmic solution</i>	Tier-2	
VYZULTA OPHTHALMIC SOLUTION	Tier-2	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution</i>	Tier-1	
CYSTADROPS OPHTHALMIC SOLUTION	Tier-2	
CYSTARAN OPHTHALMIC SOLUTION	Tier-2	
EYLEA INTRAVITREAL SOLUTION	Tier-3	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION	Tier-3	SP-CVS specialty; NEDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
NATACYN OPHTHALMIC SUSPENSION	Tier-3	
OXERVATE OPHTHALMIC SOLUTION	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC EMULSION	Tier-2	
GASTROINTESTINAL DRUGS		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	Tier-3	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	Tier-2	B vs D
<i>dronabinol oral capsule</i>	Tier-2	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-2	B vs D
<i>granisetron hcl oral tablet</i>	Tier-1	B vs D
<i>meclizine hcl oral tablet</i>	Tier-1	
<i>metoclopramide hcl oral solution</i>	Tier-1	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>metoclopramide hcl oral tablet dispersible</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-1	B vs D
<i>ondansetron hcl oral tablet</i>	Tier-1	B vs D
<i>ondansetron oral tablet dispersible</i>	Tier-1	B vs D
<i>prochlorperazine maleate oral tablet</i>	Tier-1	
<i>prochlorperazine rectal suppository</i>	Tier-2	
<i>promethazine hcl oral syrup</i>	Tier-1	PA
<i>promethazine hcl oral tablet</i>	Tier-1	PA
SANCUSO TRANSDERMAL PATCH	Tier-3	NEDS
<i>scopolamine transdermal patch 72 hour</i>	Tier-2	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	B vs D
VARUBI ORAL TABLET	Tier-3	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	Tier-3	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-2	
CYSTAGON ORAL CAPSULE	Tier-3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl oral tablet</i>	Tier-3	NEDS
CHOLBAM ORAL CAPSULE	Tier-3	PA; NEDS
<i>constulose oral solution</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral concentrate</i>	Tier-3	NEDS
<i>dicyclomine hcl oral capsule</i>	Tier-1	
<i>dicyclomine hcl oral solution</i>	Tier-1	
<i>dicyclomine hcl oral tablet</i>	Tier-1	
<i>enulose oral solution</i>	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier-3	PA; SP-CVS specialty; NEDS
<i>gavilyte-g oral solution reconstituted</i>	Tier-1	
<i>generlac oral solution</i>	Tier-1	
<i>glycopyrrrolate oral tablet</i>	Tier-1	
KRISTALOSE ORAL PACKET	Tier-2	
<i>lactulose oral packet</i>	Tier-2	
<i>lactulose oral solution</i>	Tier-1	
<i>levocarnitine oral solution</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
<i>loperamide hcl oral capsule</i>	Tier-1	
<i>megestrol acetate oral suspension</i>	Tier-1	
MOVANTIK ORAL TABLET	Tier-2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-2	PA
OCALIVA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier-3	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier-1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier-1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier-2	
RELISTOR ORAL TABLET	Tier-3	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier-3	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	
UCERIS RECTAL FOAM	Tier-3	
<i>ursodiol oral capsule</i>	Tier-1	
<i>ursodiol oral tablet</i>	Tier-3	
XERMELO ORAL TABLET	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-2	
<i>cimetidine hcl oral solution</i>	Tier-1	
<i>cimetidine oral tablet</i>	Tier-2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-3	
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier-2	
<i>esomeprazole magnesium oral packet</i>	Tier-3	
<i>famotidine oral suspension reconstituted</i>	Tier-3	
<i>famotidine oral tablet</i>	Tier-1	
<i>lansoprazole oral capsule delayed release</i>	Tier-2	
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier-3	
<i>methscopolamine bromide oral tablet</i>	Tier-3	
<i>misoprostol oral tablet</i>	Tier-1	
<i>nizatidine oral capsule</i>	Tier-1	
<i>nizatidine oral solution</i>	Tier-1	
<i>omeprazole oral capsule delayed release</i>	Tier-1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-3	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-3	NEDS
<i>pantoprazole sodium oral packet</i>	Tier-3	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-1	
PYLERA ORAL CAPSULE	Tier-2	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-2	
<i>sucralfate oral suspension</i>	Tier-2	
<i>sucralfate oral tablet</i>	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	Tier-2	
<i>balsalazide disodium oral capsule</i>	Tier-1	
<i>budesonide er oral tablet extended release 24 hour</i>	Tier-3	NEDS
<i>budesonide 3 mg oral capsule delayed release</i>	Tier-2	
<i>hydrocortisone rectal enema</i>	Tier-1	
LINZESS ORAL CAPSULE	Tier-3	
<i>lubiprostone oral capsule</i>	Tier-2	
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule delayed release</i>	Tier-2	
<i>mesalamine oral tablet delayed release</i>	Tier-2	
<i>mesalamine rectal enema</i>	Tier-1	
<i>mesalamine rectal suppository</i>	Tier-3	
ROWASA RECTAL KIT	Tier-3	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfasalazine oral tablet delayed release</i>	Tier-1	

HOME INFUSION THERAPY

ACUTE CARE DRUGS

ABELCET INTRAVENOUS SUSPENSION	Tier-3	PA
<i>acyclovir sodium intravenous solution</i>	Tier-1	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier-3	PA; NEDS
<i>amikacin sulfate injection solution</i>	Tier-1	HI
<i>amphotericin b intravenous solution reconstituted</i>	Tier-1	PA
<i>ampicillin sodium injection solution reconstituted</i>	Tier-1	HI
<i>ampicillin sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier-1	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier-1	HI
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>azithromycin intravenous solution reconstituted</i>	Tier-1	HI
<i>aztreonam injection solution reconstituted</i>	Tier-1	HI
<i>bactocill in dextrose intravenous solution</i>	Tier-1	HI
<i>bumetanide injection solution</i>	Tier-1	
<i>caspofungin acetate intravenous solution reconstituted</i>	Tier-3	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	Tier-1	HI
<i>cefepime hcl injection solution reconstituted</i>	Tier-1	HI
<i>cefotetan disodium injection solution reconstituted</i>	Tier-1	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>ceftazidime injection solution reconstituted</i>	Tier-1	HI
<i>ceftazidime intravenous solution reconstituted</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection solution reconstituted</i>	Tier-1	HI
<i>ceftriaxone sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>cefuroxime sodium injection solution reconstituted</i>	Tier-1	HI
<i>cefuroxime sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>ciprofloxacin in d5w intravenous solution</i>	Tier-1	HI
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier-1	HI
<i>clindamycin phosphate injection solution</i>	Tier-1	HI
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier-1	HI
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier-1	HI
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	
<i>ertapenem sodium injection solution reconstituted</i>	Tier-1	HI
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>fluconazole in sodium chloride intravenous solution</i>	Tier-1	
<i>furosemide injection solution</i>	Tier-1	
<i>gentamicin in saline intravenous solution</i>	Tier-1	HI
<i>gentamicin sulfate injection solution</i>	Tier-1	HI
<i>heparin sodium (porcine) injection solution</i>	Tier-1	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier-1	HI
INVANZ INJECTION SOLUTION RECONSTITUTED	Tier-2	HI
<i>levofloxacin in d5w intravenous solution</i>	Tier-1	HI
<i>levofloxacin intravenous solution</i>	Tier-1	HI
<i>linezolid intravenous solution</i>	Tier-1	HI
<i>meropenem intravenous solution reconstituted</i>	Tier-1	HI
<i>methotrexate sodium (pf) injection solution</i>	Tier-1	B vs D; SP-CVS specialty

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier-1	B vs D
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier-1	B vs D; SP-CVS specialty
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	Tier-1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier-1	HI
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier-1	HI
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	
<i>nafcillin sodium injection solution reconstituted</i>	Tier-1	HI
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier-1	HI
<i>oxacillin sodium injection solution reconstituted</i>	Tier-1	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier-1	HI
<i>penicillin g pot in dextrose intravenous solution</i>	Tier-1	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier-1	HI
<i>penicillin g procaine intramuscular suspension</i>	Tier-1	HI
<i>penicillin g sodium injection solution reconstituted</i>	Tier-1	HI
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier-1	HI
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier-1	HI
<i>rifampin intravenous solution reconstituted</i>	Tier-1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier-1	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>tigecycline intravenous solution reconstituted</i>	Tier-1	HI
<i>tobramycin sulfate injection solution</i>	Tier-1	HI
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI
<i>vancomycin hcl intravenous solution reconstituted</i>	Tier-1	HI
<i>voriconazole intravenous solution reconstituted</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; NEDS
ZOSYN INTRAVENOUS SOLUTION	Tier-2	HI
ELECTROLYTES		
<i>dextrose intravenous solution</i>	Tier-1	
<i>dextrose-nacl intravenous solution</i>	Tier-1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier-2	
ISOLYTE-S INTRAVENOUS SOLUTION	Tier-2	
<i>kcl in dextrose-nacl intravenous solution</i>	Tier-1	
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier-1	
<i>magnesium sulfate injection solution</i>	Tier-1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier-2	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier-2	
<i>potassium chloride in dextrose intravenous solution</i>	Tier-1	
<i>potassium chloride in nacl intravenous solution</i>	Tier-1	
<i>potassium chloride intravenous solution</i>	Tier-1	
<i>sodium chloride intravenous solution</i>	Tier-1	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	Tier-2	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-2	B vs D

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet</i>	Tier-1	
<i>levoxyl oral tablet</i>	Tier-1	
<i>liothyronine sodium oral tablet</i>	Tier-1	
<i>methimazole oral tablet</i>	Tier-1	
<i>propylthiouracil oral tablet</i>	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYQUIDITY ORAL SOLUTION	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
TIROSINT-SOL ORAL SOLUTION	Tier-3	
<i>unithroid oral tablet</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-3	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	Tier-2	
BCG VACCINE INJECTION INJECTABLE	Tier-2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
BIVIGAM INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	Tier-2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
DAPTACEL INTRAMUSCULAR SUSPENSION	Tier-2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier-2	
ENGERIX-B INJECTION SUSPENSION	Tier-2	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	PA; HI; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier-2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier-2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier-2	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier-2	
IPOV INJECTION INJECTABLE	Tier-2	
IXIARO INTRAMUSCULAR SUSPENSION	Tier-2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
MENACTRA INTRAMUSCULAR SOLUTION	Tier-2	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier-2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier-2	
M-M-R II SUBCUTANEOUS INJECTABLE	Tier-2	
OCTAGAM INTRAVENOUS SOLUTION	Tier-2	PA; HI; SP-CVS specialty
PANZIGA INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier-2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier-2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-2	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier-2	Part B
PRIVIGEN INTRAVENOUS SOLUTION	Tier-3	PA; HI; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-2	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier-2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
RECOMBIVAX HB INJECTION SUSPENSION	Tier-2	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier-2	
ROTATEQ ORAL SOLUTION	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier-2	
<i>tdvax intramuscular suspension</i>	Tier-2	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier-2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-2	
VAQTA INTRAMUSCULAR SUSPENSION	Tier-2	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier-2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-2	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-3	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Tier-3	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	Tier-1	B vs D
<i>cyclosporine modified oral solution</i>	Tier-1	B vs D
<i>cyclosporine oral capsule</i>	Tier-1	B vs D
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-3	B vs D; QL (60 EA per 30 days); NEDS
<i>gengraf oral capsule</i>	Tier-1	B vs D
<i>gengraf oral solution</i>	Tier-1	B vs D
LUPKYNIS ORAL CAPSULE	Tier-3	PA; NEDS
<i>mycophenolate mofetil oral capsule</i>	Tier-1	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-3	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier-1	B vs D

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

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

MISCELLANEOUS DRUGS

ACROMEGALY

MYCAPSSA ORAL CAPSULE DELAYED RELEASE	Tier-3	PA; SP-CVS specialty; NEDS
<i>octreotide acetate injection solution</i>	Tier-1	SP-CVS specialty
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS

AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY

VYNDAMAX ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS

AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY

TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (6 ML per 30 days); NEDS
---	--------	---------------------------------

AMYOTROPHIC LATERAL SCLEROSIS

EXSERVAN ORAL FILM	Tier-3	NEDS
<i>riluzole oral tablet</i>	Tier-2	
TIGLUTIK ORAL SUSPENSION	Tier-3	NEDS

ANAPHYLAXIS EMERGENCY

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

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
--	--------	----------------------------

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

Drug Name	Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (20.1 ML per 28 days); NEDS
CUSHING'S SYNDROME		
ISTURISA ORAL TABLET 1 MG	Tier-3	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	Tier-3	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier-3	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	Tier-3	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-3	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D; NEDS
BRONCHITOL INHALATION CAPSULE	Tier-3	QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	Tier-3	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier-3	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	Tier-3	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier-3	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	Tier-3	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	Tier-3	NEDS
<i>tobramycin inhalation nebulization solution</i>	Tier-3	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier-3	PA; QL (84 EA per 28 days); NEDS
CYSTINURIA		
CYSTADANE ORAL POWDER	Tier-3	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-3	NEDS
<i>tiopronin oral tablet</i>	Tier-3	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	Tier-3	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	Tier-1	
<i>calcitriol oral solution</i>	Tier-1	
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier-3	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier-3	NEDS
<i>doxercalciferol oral capsule</i>	Tier-3	
<i>paricalcitol oral capsule</i>	Tier-1	
HYPOPARTHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-3	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	Tier-3	PA; NEDS
RUZURGI ORAL TABLET	Tier-3	PA; NEDS
LONG-CHAIN FATTY ACID OXIDATION DISORDERS		
DOJOLVI ORAL LIQUID	Tier-3	NEDS
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-3	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-3	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier-3	SP-CVS specialty; QL (120 EA per 30 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier-3	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-3	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-3	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier-3	SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Tier-3	SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier-3	SP-CVS specialty; NEDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral solution</i>	Tier-2	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	Tier-1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier-1	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	Tier-3	QL (224 EA per 14 days); NEDS
<i>naloxone hcl injection solution</i>	Tier-1	
<i>naloxone hcl injection solution cartridge</i>	Tier-1	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier-1	
NARCAN NASAL LIQUID	Tier-2	QL (4 EA per 30 days)
PHENYLKETONURIA		
KUVAN ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	Tier-3	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier-3	PA; SP-CVS specialty; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
<i>sapropterin dihydrochloride oral tablet soluble</i>	Tier-3	PA; SP-CVS specialty; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	Tier-3	NEDS
DIBENZYLINE ORAL CAPSULE	Tier-3	
<i>metyrosine oral capsule</i>	Tier-3	NEDS
<i>phenoxybenzamine hcl oral capsule</i>	Tier-2	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	Tier-3	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phos binder) oral tablet</i>	Tier-1	
<i>sevelamer carbonate oral packet</i>	Tier-2	
<i>sevelamer carbonate oral tablet</i>	Tier-2	
<i>sevelamer hcl oral tablet</i>	Tier-2	
POTASSIUM BINDER		
LOKELMA ORAL PACKET	Tier-3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier-1	
<i>sps oral suspension</i>	Tier-1	
VELTASSA ORAL PACKET	Tier-3	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	Tier-3	PA; NEDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier-1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier-2	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier-2	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier-2	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier-2	
NICOTROL NS NASAL SOLUTION	Tier-3	
<i>varenicline tartrate oral tablet</i>	Tier-2	QL (60 EA per 30 days)
SPINAL MUSCULAR ATROPHY		
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier-3	PA; NEDS
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	Tier-3	NEDS
SYMPOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-2	
<i>finasteride oral tablet</i>	Tier-1	
<i>silodosin oral capsule</i>	Tier-2	
<i>tadalafil oral tablet</i>	Tier-2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	Tier-3	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	Tier-3	PA; SP-CVS specialty; NEDS
<i>sodium phenylbutyrate oral powder</i>	Tier-3	NEDS
<i>sodium phenylbutyrate oral tablet</i>	Tier-3	NEDS
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	Tier-2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier-2	
<i>desmopressin ace spray refrig nasal solution</i>	Tier-1	
<i>desmopressin acetate oral tablet</i>	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
<i>flavoxate hcl oral tablet</i>	Tier-1	
JYNARQUE ORAL TABLET	Tier-3	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier-3	NEDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier-3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier-1	
<i>oxybutynin chloride oral syrup</i>	Tier-1	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>potassium citrate er oral tablet extended release</i>	Tier-1	
SAMSCA ORAL TABLET	Tier-3	NEDS
<i>solifenacain succinate oral tablet</i>	Tier-2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier-2	
<i>tolterodine tartrate oral tablet</i>	Tier-2	
<i>tolvaptan oral tablet</i>	Tier-3	NEDS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier-2	
<i>trospium chloride oral tablet</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	Tier-3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	Tier-3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	Tier-3	
WILSON'S DISEASE		
<i>penicillamine oral capsule</i>	Tier-3	NEDS
<i>penicillamine oral tablet</i>	Tier-2	
<i>trientine hcl oral capsule</i>	Tier-3	NEDS
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-1	
<i>ergoloid mesylates oral tablet</i>	Tier-1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-1	
<i>galantamine hydrobromide oral solution</i>	Tier-2	
<i>galantamine hydrobromide oral tablet</i>	Tier-1	
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>memantine hcl oral solution</i>	Tier-2	
<i>memantine hcl oral tablet</i>	Tier-1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>rivastigmine tartrate oral capsule</i>	Tier-1	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-1	
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	Tier-3	
<i>dihydroergotamine mesylate nasal solution</i>	Tier-3	NEDS
<i>eletriptan hydrobromide oral tablet</i>	Tier-2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (2 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier-3	
MIGERGOT RECTAL SUPPOSITORY	Tier-3	NEDS
<i>naratriptan hcl oral tablet</i>	Tier-3	
NAYZILAM NASAL SOLUTION	Tier-3	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-1	
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-1	
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-2	
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	
<i>sumatriptan succinate oral tablet</i>	Tier-1	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier-1	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier-1	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier-2	
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier-2	
<i>zolmitriptan oral tablet</i>	Tier-3	
<i>zolmitriptan oral tablet dispersible</i>	Tier-1	
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	NEDS
<i>benztropine mesylate oral tablet</i>	Tier-1	PA
<i>bromocriptine mesylate oral capsule</i>	Tier-1	
<i>bromocriptine mesylate oral tablet</i>	Tier-1	
<i>cabergoline oral tablet</i>	Tier-1	
<i>carbidopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier-1	
<i>carbidopa-levodopa oral tablet</i>	Tier-1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier-1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-1	
DUOPA ENTERAL SUSPENSION	Tier-3	
<i>entacapone oral tablet</i>	Tier-1	
INBRIJA INHALATION CAPSULE	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM	Tier-3	NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-3	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
ONGENTYS ORAL CAPSULE	Tier-3	PA
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier-3	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-1	
<i>rasagiline mesylate oral tablet</i>	Tier-3	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>ropinirole hcl oral tablet</i>	Tier-1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier-3	
<i>selegiline hcl oral capsule</i>	Tier-1	
<i>selegiline hcl oral tablet</i>	Tier-1	
<i>tolcapone oral tablet</i>	Tier-3	NEDS
<i>trihexyphenidyl hcl oral elixir</i>	Tier-1	PA
<i>trihexyphenidyl hcl oral solution</i>	Tier-1	PA
<i>trihexyphenidyl hcl oral tablet</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	Tier-2	PA
SEIZURES		
APTIOM ORAL TABLET	Tier-3	
BANZEL ORAL SUSPENSION	Tier-3	
BANZEL ORAL TABLET	Tier-3	
BRIVIACT ORAL SOLUTION	Tier-3	PA; NEDS
BRIVIACT ORAL TABLET	Tier-3	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-2	
<i>carbamazepine oral suspension</i>	Tier-3	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	
<i>clobazam oral suspension</i>	Tier-2	
<i>clobazam oral tablet</i>	Tier-2	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	Tier-1	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
lamotrigine starter kit-green oral kit	Tier-1	
lamotrigine starter kit-orange oral kit	Tier-1	
levetiracetam er oral tablet extended release 24 hour	Tier-1	
levetiracetam oral solution	Tier-1	
levetiracetam oral tablet	Tier-1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
oxcarbazepine oral suspension	Tier-1	
oxcarbazepine oral tablet	Tier-1	
phenobarbital oral elixir	Tier-1	PA
phenobarbital oral tablet	Tier-1	PA
phenytoin oral suspension	Tier-1	
phenytoin oral tablet chewable	Tier-1	
phenytoin sodium extended oral capsule	Tier-1	
pregabalin er oral tablet extended release 24 hour	Tier-2	
pregabalin oral capsule	Tier-2	
pregabalin oral solution	Tier-2	
primidone oral tablet	Tier-1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Tier-3	
roweepra oral tablet	Tier-1	
rufinamide oral suspension	Tier-2	
rufinamide oral tablet	Tier-2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier-3	
SYMPAZAN ORAL FILM	Tier-3	
tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg	Tier-3	
tiagabine hcl oral tablet 16 mg	Tier-3	NEDS
topiramate er oral capsule er 24 hour sprinkle	Tier-1	
topiramate oral capsule sprinkle	Tier-1	
topiramate oral tablet	Tier-1	
valproic acid oral capsule	Tier-1	
valproic acid oral solution	Tier-1	
VALTOCO 10 MG DOSE NASAL LIQUID	Tier-3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (10 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	Tier-3	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	Tier-3	NEDS
<i>vigabatrin oral tablet</i>	Tier-3	NEDS
<i>vigadrone oral packet</i>	Tier-3	NEDS
VIMPAT ORAL SOLUTION	Tier-3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier-3	QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	Tier-3	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XCOPRI ORAL TABLET	Tier-3	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier-3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier-3	PA; NEDS
<i>zonisamide oral capsule</i>	Tier-1	
SPASTICITY		
<i>baclofen oral tablet</i>	Tier-1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier-2	PA
<i>dantrolene sodium oral capsule</i>	Tier-1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	Tier-3	
<i>tizanidine hcl oral capsule 6 mg</i>	Tier-2	
<i>tizanidine hcl oral tablet</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	Tier-3	B vs D
<i>azathioprine oral tablet</i>	Tier-1	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-3	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier-3	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier-3	PA; SP-CVS specialty; QL (4 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	Tier-1	
<i>methotrexate oral tablet</i>	Tier-1	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	Tier-3	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; QL (1 EA per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-3	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	Tier-3	B vs D
XATMEP ORAL SOLUTION	Tier-3	B vs D
XELJANZ ORAL SOLUTION	Tier-3	PA; SP-CVS specialty; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOOUT		
<i>allopurinol oral tablet</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-2	
<i>colchicine oral tablet</i>	Tier-1	
<i>colchicine-probenecid oral tablet</i>	Tier-1	
<i>febuxostat oral tablet</i>	Tier-2	STPA
GLOPERBA ORAL SOLUTION	Tier-3	
<i>probenecid oral tablet</i>	Tier-1	
PAIN, NSAID ANALGESICS		
<i>celecoxib oral capsule</i>	Tier-2	
<i>diclofenac potassium 50mg oral tablet</i>	Tier-2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier-1	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier-3	
<i>diflunisal oral tablet</i>	Tier-2	
<i>etodolac er oral tablet extended release 24 hour</i>	Tier-2	
<i>etodolac oral capsule</i>	Tier-2	
<i>etodolac oral tablet</i>	Tier-1	
<i>fenoprofen calcium oral capsule</i>	Tier-3	
<i>fenoprofen calcium oral tablet</i>	Tier-1	
<i>flurbiprofen oral tablet</i>	Tier-1	
<i>ibuprofen oral suspension</i>	Tier-1	
<i>ibuprofen oral tablet</i>	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-3	
<i>indomethacin er oral capsule extended release</i>	Tier-2	
<i>indomethacin oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-3	
<i>ketoprofen oral capsule</i>	Tier-1	
<i>meclofenamate sodium oral capsule</i>	Tier-3	
<i>mefenamic acid oral capsule</i>	Tier-1	
<i>meloxicam oral capsule</i>	Tier-2	
<i>meloxicam oral tablet</i>	Tier-1	
<i>nabumetone oral tablet</i>	Tier-1	
<i>naproxen dr oral tablet delayed release</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-1	
<i>naproxen oral tablet</i>	Tier-1	
<i>naproxen oral tablet delayed release</i>	Tier-1	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	Tier-3	NEDS
<i>naproxen sodium oral tablet</i>	Tier-1	
<i>oxaprozin oral tablet</i>	Tier-3	
<i>piroxicam oral capsule</i>	Tier-2	
<i>sulindac oral tablet</i>	Tier-1	

PAIN, OPIOID AND OTHER ANALGESICS

<i>acetaminophen-codeine #3 oral tablet</i>	Tier-1	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	Tier-1	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	Tier-1	QL (240 EA per 30 days)
<i>ACTIQ BUCCAL LOZENGE ON A HANDLE</i>	Tier-3	PA; QL (120 EA per 30 days); NEDS
<i>BELBUCA BUCCAL FILM</i>	Tier-3	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	Tier-2	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	Tier-1	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier-3	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	Tier-3	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl 12 mcg/hr, 25 mcg/hr, 50mg/hr, 75 mg/hr, 100 mg/hr transdermal patch</i>	Tier-1	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant</i>	Tier-2	QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-1	QL (3600 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet	Tier-1	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet	Tier-1	QL (240 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrant	Tier-2	QL (30 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour	Tier-2	QL (30 EA per 30 days)
hydromorphone hcl oral liquid	Tier-1	QL (1350 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	Tier-1	QL (240 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	Tier-1	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Tier-2	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT	Tier-3	PA; QL (30 EA per 30 days); NEDS
LAZANDA NASAL SOLUTION 400 MCG/ACT	Tier-3	PA; QL (15 EA per 30 days); NEDS
levorphanol tartrate oral tablet	Tier-3	QL (240 EA per 30 days); NEDS
methadone hcl oral solution 10 mg/5ml	Tier-1	QL (600 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	Tier-1	QL (1200 ML per 30 days)
methadone hcl oral tablet	Tier-1	QL (120 EA per 30 days)
morphine sulfate (concentrate) oral solution	Tier-1	QL (180 ML per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour	Tier-3	QL (60 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour	Tier-3	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release	Tier-2	QL (60 EA per 30 days)
morphine sulfate oral solution	Tier-1	QL (900 ML per 30 days)
morphine sulfate oral tablet	Tier-1	QL (180 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrant	Tier-2	QL (60 EA per 30 days)
oxycodone hcl oral capsule	Tier-1	QL (240 EA per 30 days)
oxycodone hcl oral concentrate	Tier-1	QL (120 ML per 30 days)
oxycodone hcl oral solution	Tier-1	QL (2400 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg	Tier-1	QL (180 EA per 30 days)
oxycodone hcl oral tablet 20 mg, 30 mg	Tier-1	QL (120 EA per 30 days)
oxycodone hcl oral tablet 5 mg	Tier-1	QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet	Tier-1	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier-2	QL (60 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour	Tier-1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl oral tablet</i>	Tier-1	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	Tier-3	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier-1	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	Tier-1	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-1	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Tier-1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	Tier-1	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-1	
<i>disulfiram oral tablet</i>	Tier-1	
<i>naltrexone hcl oral tablet</i>	Tier-1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour</i>	Tier-1	
<i>alprazolam intensol oral concentrate</i>	Tier-1	
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-2	
<i>buspirone hcl oral tablet</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier-1	
<i>clorazepate dipotassium oral tablet</i>	Tier-3	
<i>lorazepam intensol oral concentrate</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-2	
ATTENTION DEFICIT DISORDER		
<i>amphetamine er oral suspension extended release</i>	Tier-2	
<i>amphetamine sulfate oral tablet</i>	Tier-2	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	Tier-2	
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-2	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-3	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-1	
DESOXYN ORAL TABLET	Tier-3	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
<i>dexamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier-2	
<i>dextroamphetamine sulfate oral tablet</i>	Tier-1	
<i>dextroamphetamine sulfate oral capsule extended release 24 hour</i>	Tier-2	
<i>dextroamphetamine sulfate oral solution</i>	Tier-1	
<i>dextroamphetamine sulfate oral tablet</i>	Tier-2	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier-2	QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	
<i>methamphetamine hcl oral tablet</i>	Tier-1	PA
METHYLIN ORAL SOLUTION	Tier-2	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	Tier-1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Tier-1	
<i>methylphenidate hcl er oral tablet extended release</i>	Tier-1	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>methylphenidate hcl oral solution</i>	Tier-1	
<i>methylphenidate hcl oral tablet</i>	Tier-1	
<i>methylphenidate hcl oral tablet chewable</i>	Tier-1	
QUEBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Tier-3	
<i>relexxii oral tablet extended release</i>	Tier-1	
VYVANSE ORAL CAPSULE	Tier-3	PA
VYVANSE ORAL TABLET CHEWABLE	Tier-3	PA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er oral tablet extended release</i>	Tier-1	
<i>lithium carbonate oral capsule</i>	Tier-1	
<i>lithium carbonate oral tablet</i>	Tier-1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-2	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet dispersible</i>	Tier-1	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	Tier-1	PA
<i>amoxapine oral tablet</i>	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-3	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-3	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier-1	
<i>bupropion hcl oral tablet</i>	Tier-1	
<i>citalopram hydrobromide oral solution</i>	Tier-1	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	
<i>clomipramine hcl oral capsule</i>	Tier-1	PA
<i>desipramine hcl oral tablet</i>	Tier-1	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Tier-1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>doxepin hcl oral capsule</i>	Tier-2	
<i>doxepin hcl oral concentrate</i>	Tier-1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-3	QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	Tier-2	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	Tier-2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA; NEDS
escitalopram oxalate oral solution	Tier-3	
escitalopram oxalate oral tablet	Tier-1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-3	STPA
fluoxetine hcl (pmdd) oral tablet	Tier-2	
fluoxetine hcl oral capsule	Tier-1	
fluoxetine hcl oral capsule delayed release	Tier-1	
fluoxetine hcl oral solution	Tier-2	
fluoxetine hcl oral tablet	Tier-3	
fluvoxamine maleate er oral capsule extended release 24 hour	Tier-3	
fluvoxamine maleate oral tablet	Tier-1	
imipramine hcl oral tablet	Tier-1	PA
imipramine pamoate oral capsule	Tier-3	PA
MARPLAN ORAL TABLET	Tier-3	
mirtazapine oral tablet	Tier-1	
mirtazapine oral tablet dispersible	Tier-1	
nefazodone hcl oral tablet	Tier-1	
nortriptyline hcl oral capsule	Tier-1	
nortriptyline hcl oral solution	Tier-1	
paroxetine hcl er oral tablet extended release 24 hour	Tier-3	
paroxetine hcl oral tablet	Tier-1	
paroxetine mesylate oral capsule	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA ORAL TABLET	Tier-3	STPA
phenelzine sulfate oral tablet	Tier-1	
protriptyline hcl oral tablet	Tier-1	
sertraline hcl oral concentrate	Tier-1	
sertraline hcl oral tablet	Tier-1	
tranylcypromine sulfate oral tablet	Tier-1	
trazodone hcl oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule</i>	Tier-1	PA
TRINTELLIX ORAL TABLET	Tier-3	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-1	
<i>venlafaxine hcl oral tablet</i>	Tier-1	
VIIIBRYD ORAL TABLET	Tier-3	
VIIIBRYD STARTER PACK ORAL KIT	Tier-3	
INSOMNIA		
<i>doxepin hcl oral tablet</i>	Tier-2	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	Tier-1	
<i>eszopiclone oral tablet</i>	Tier-2	
<i>flurazepam hcl oral capsule</i>	Tier-1	
HETLIOZ LQ ORAL SUSPENSION	Tier-3	PA; NEDS
HETLIOZ ORAL CAPSULE	Tier-3	PA; NEDS
<i>ramelteon oral tablet</i>	Tier-2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier-1	
<i>triazolam oral tablet</i>	Tier-1	
<i>zaleplon oral capsule</i>	Tier-1	
<i>zolpidem tartrate er oral tablet extended release</i>	Tier-3	
<i>zolpidem tartrate oral tablet</i>	Tier-1	
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier-2	
NARCOLEPSY		
<i>armodafinil oral tablet</i>	Tier-2	PA
<i>modafinil oral tablet</i>	Tier-3	PA
SUNOSI ORAL TABLET	Tier-3	PA
WAKIX ORAL TABLET	Tier-3	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	Tier-3	LA; NEDS
XYWAV ORAL SOLUTION	Tier-3	NEDS
PSYCHOSES		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-3	NEDS
ABILITY MYCITE ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet</i>	Tier-2	
<i>aripiprazole oral tablet dispersible</i>	Tier-2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier-2	STPA
CAPLYTA ORAL CAPSULE	Tier-3	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral concentrate</i>	Tier-3	
<i>chlorpromazine hcl oral tablet</i>	Tier-3	
<i>clozapine oral tablet</i>	Tier-1	
<i>clozapine oral tablet dispersible</i>	Tier-1	
FANAPT ORAL TABLET	Tier-3	STPA
FANAPT TITRATION PACK ORAL TABLET	Tier-3	STPA
<i>fluphenazine decanoate injection solution</i>	Tier-1	
<i>fluphenazine hcl injection solution</i>	Tier-1	
<i>fluphenazine hcl oral concentrate</i>	Tier-1	
<i>fluphenazine hcl oral elixir</i>	Tier-1	
<i>fluphenazine hcl oral tablet</i>	Tier-1	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
<i>haloperidol decanoate intramuscular solution</i>	Tier-1	
<i>haloperidol lactate injection solution</i>	Tier-1	
<i>haloperidol lactate oral concentrate</i>	Tier-1	
<i>haloperidol oral tablet</i>	Tier-1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-3	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier-2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	Tier-1	
<i>molindone hcl oral tablet</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier-1	
<i>olanzapine oral tablet</i>	Tier-1	
<i>olanzapine oral tablet dispersible</i>	Tier-1	
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-2	
<i>perphenazine oral tablet</i>	Tier-2	
<i>perphenazine-amitriptyline oral tablet</i>	Tier-2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier-3	NEDS
<i>pimozide oral tablet</i>	Tier-3	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	Tier-3	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier-3	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	Tier-3	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	Tier-3	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-3	NEDS
<i>thioridazine hcl oral tablet</i>	Tier-1	PA
<i>thiothixene oral capsule</i>	Tier-2	
<i>trifluoperazine hcl oral tablet</i>	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	NEDS
VRAYLAR ORAL CAPSULE	Tier-3	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	
<i>ziprasidone hcl oral capsule</i>	Tier-1	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier-2	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR HFA INHALATION AEROSOL	Tier-2	QL (72 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier-1	Generic Ventolin HFA; QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier-1	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier-1	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	Tier-1	B vs D
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	Tier-2	B vs D
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier-2	QL (32.1 GM per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D
<i>budesonide inhalation suspension</i>	Tier-1	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier-2	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-1	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-Injector	Tier-3	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	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>	Tier-1	QL (3 EA per 90 days)
<i>formoterol fumarate inhalation nebulization solution</i>	Tier-2	B vs D
<i>ipratropium bromide inhalation solution</i>	Tier-1	B vs D
<i>ipratropium-albuterol inhalation solution</i>	Tier-1	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier-1	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	Tier-2	QL (90 GM per 90 days)
<i>montelukast sodium oral packet</i>	Tier-1	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 EA per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-2	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (180 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	Tier-1	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
<i>wixela inhlu inhalation aerosol powder breath activated</i>	Tier-2	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	Tier-2	
<i>zileuton er oral tablet extended release 12 hour</i>	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	Tier-3	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	Tier-3	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
<i>ambrisentan oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-3	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-3	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-3	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	Tier-2	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	Tier-3	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier-3	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	Tier-1	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier-2	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	Tier-3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	Tier-2	
<i>metronidazole external cream</i>	Tier-1	
<i>metronidazole external gel</i>	Tier-1	
<i>metronidazole external lotion</i>	Tier-3	
ACNE VULGARIS		
<i>accutane oral capsule</i>	Tier-3	
<i>adapalene external cream</i>	Tier-1	PA
<i>adapalene external gel</i>	Tier-3	PA
<i>adapalene external solution</i>	Tier-2	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier-2	PA
<i>amnesteem oral capsule</i>	Tier-1	
ATRALIN EXTERNAL GEL	Tier-3	PA
<i>avita external cream</i>	Tier-1	PA
<i>avita external gel</i>	Tier-1	PA
AZELEX EXTERNAL CREAM	Tier-3	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-3	
<i>claravis oral capsule</i>	Tier-3	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier-3	
<i>clindamycin phosphate external foam</i>	Tier-3	
<i>clindamycin phosphate external gel</i>	Tier-1	
<i>clindamycin phosphate external lotion</i>	Tier-1	
<i>clindamycin phosphate external solution</i>	Tier-1	
<i>clindamycin phosphate external swab</i>	Tier-1	
<i>ery external pad</i>	Tier-1	
<i>erythromycin external gel</i>	Tier-1	
<i>erythromycin external solution</i>	Tier-1	
EVOCLIN EXTERNAL FOAM	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin oral capsule</i>	Tier-3	
RETIN-A EXTERNAL CREAM	Tier-3	PA
RETIN-A EXTERNAL GEL	Tier-3	PA
RETIN-A MICRO EXTERNAL GEL	Tier-3	PA
RETIN-A MICRO PUMP EXTERNAL GEL	Tier-3	PA
<i>tazarotene external foam</i>	Tier-3	PA
<i>tretinoi external cream</i>	Tier-1	PA
<i>tretinoi external gel</i>	Tier-3	PA
<i>tretinoi microsphere external gel</i>	Tier-3	PA
BACTERIAL INFECTIONS, TOPICAL		
<i>gentamicin sulfate external cream</i>	Tier-2	
<i>gentamicin sulfate external ointment</i>	Tier-2	
<i>mupirocin calcium external cream</i>	Tier-2	QL (180 GM per 30 days)
<i>mupirocin external ointment</i>	Tier-1	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	Tier-1	
<i>ssd external cream</i>	Tier-1	
XEPI EXTERNAL CREAM	Tier-3	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	Tier-3	
<i>ala-cort external cream</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-3	
<i>alclometasone dipropionate external ointment</i>	Tier-1	
<i>amcinonide external cream</i>	Tier-3	
<i>amcinonide external lotion</i>	Tier-1	
<i>amcinonide external ointment</i>	Tier-3	
APEXICON E EXTERNAL CREAM	Tier-3	
<i>betamethasone dipropionate aug external cream</i>	Tier-1	
<i>betamethasone dipropionate aug external gel</i>	Tier-3	
<i>betamethasone dipropionate aug external lotion</i>	Tier-3	
<i>betamethasone dipropionate aug external ointment</i>	Tier-1	
<i>betamethasone dipropionate external cream</i>	Tier-3	
<i>betamethasone dipropionate external lotion</i>	Tier-1	
<i>betamethasone dipropionate external ointment</i>	Tier-3	
<i>betamethasone valerate external cream</i>	Tier-1	
<i>betamethasone valerate external foam</i>	Tier-3	
<i>betamethasone valerate external lotion</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate external ointment</i>	Tier-1	
CAPEX EXTERNAL SHAMPOO	Tier-3	
<i>clobetasol propionate e external cream</i>	Tier-2	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier-3	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier-3	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	Tier-2	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	Tier-3	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	Tier-3	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier-3	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	Tier-2	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier-3	
<i>clodan external shampoo</i>	Tier-2	
CORDRAN EXTERNAL TAPE	Tier-3	
<i>desonide external cream</i>	Tier-3	
<i>desonide external gel</i>	Tier-3	
<i>desonide external lotion</i>	Tier-3	
<i>desonide external ointment</i>	Tier-3	
<i>desoximetasone external cream</i>	Tier-3	
<i>desoximetasone external gel</i>	Tier-3	
<i>desoximetasone external liquid</i>	Tier-3	
<i>desoximetasone external ointment</i>	Tier-3	
<i>diflorasone diacetate external cream</i>	Tier-3	
<i>diflorasone diacetate external ointment</i>	Tier-3	
<i>fluocinolone acetonide external cream</i>	Tier-2	
<i>fluocinolone acetonide external ointment</i>	Tier-2	
<i>fluocinolone acetonide external solution</i>	Tier-3	
<i>fluocinolone acetonide scalp external oil</i>	Tier-2	
<i>fluocinonide emulsified base external cream</i>	Tier-3	
<i>fluocinonide external cream 0.05 %</i>	Tier-3	
<i>fluocinonide external cream 0.1 %</i>	Tier-3	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	Tier-3	
<i>fluocinonide external ointment</i>	Tier-3	
<i>fluocinonide external solution</i>	Tier-3	
<i>flurandrenolide external cream</i>	Tier-2	
<i>flurandrenolide external lotion</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>flurandrenolide external ointment</i>	Tier-3	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	Tier-1	
<i>fluticasone propionate external lotion</i>	Tier-3	
<i>fluticasone propionate external ointment</i>	Tier-1	
<i>halcinonide external cream</i>	Tier-2	
<i>halobetasol propionate external cream</i>	Tier-3	
<i>halobetasol propionate external ointment</i>	Tier-3	
HALOG EXTERNAL OINTMENT	Tier-3	
<i>hydrocortisone butyrate external cream</i>	Tier-3	
<i>hydrocortisone butyrate external lotion</i>	Tier-1	
<i>hydrocortisone butyrate external ointment</i>	Tier-3	
<i>hydrocortisone butyrate external solution</i>	Tier-3	
<i>hydrocortisone external cream</i>	Tier-1	
<i>hydrocortisone external lotion</i>	Tier-1	
<i>hydrocortisone external ointment</i>	Tier-1	
<i>hydrocortisone valerate external cream</i>	Tier-3	
<i>hydrocortisone valerate external ointment</i>	Tier-3	
KENALOG EXTERNAL AEROSOL SOLUTION	Tier-3	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-1	
<i>nolix external cream</i>	Tier-2	
<i>nolix external lotion</i>	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	
<i>prednicarbate external ointment</i>	Tier-1	
TOVET EXTERNAL FOAM	Tier-3	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier-3	
<i>triamcinolone acetonide external cream</i>	Tier-1	
<i>triamcinolone acetonide external lotion</i>	Tier-1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier-1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier-2	
TRIANEX EXTERNAL OINTMENT	Tier-2	
<i>triderm external cream</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	Tier-1	
<i>ciclopirox external shampoo</i>	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
ciclopirox external solution	Tier-2	
ciclopirox olamine external cream	Tier-1	
ciclopirox olamine external suspension	Tier-1	
clotrimazole external cream	Tier-2	
clotrimazole external solution	Tier-1	
clotrimazole-betamethasone external cream	Tier-2	
clotrimazole-betamethasone external lotion	Tier-3	
econazole nitrate external cream	Tier-2	
ketoconazole external cream	Tier-2	QL (120 GM per 30 days)
ketoconazole external foam	Tier-3	
ketoconazole external shampoo	Tier-1	
KETODAN EXTERNAL FOAM	Tier-3	
luliconazole external cream	Tier-2	
MENTAX EXTERNAL CREAM	Tier-3	
naftifine hcl external cream 1 %	Tier-3	
naftifine hcl external cream 2 %	Tier-2	
nyamyc external powder	Tier-1	
nystatin external cream	Tier-1	
nystatin external ointment	Tier-1	
nystatin external powder	Tier-1	
nystatin mouth/throat suspension	Tier-1	
nystatin-triamcinolone external cream	Tier-2	
nystatin-triamcinolone external ointment	Tier-2	
nystop external powder	Tier-1	
oxiconazole nitrate external cream	Tier-3	QL (90 GM per 30 days)
PSORIASIS AND SEBORRHEA		
acitretin oral capsule 10 mg, 25 mg	Tier-3	
acitretin oral capsule 17.5 mg	Tier-3	NEDS
calcipotriene external cream	Tier-2	QL (120 GM per 30 days)
calcipotriene external ointment	Tier-3	QL (120 GM per 30 days)
calcipotriene external solution	Tier-3	QL (120 ML per 30 days)
calcipotriene-betameth diprop external ointment	Tier-3	NEDS
calcipotriene-betameth diprop external suspension	Tier-3	NEDS
calcitriol external ointment	Tier-2	
methoxsalen rapid oral capsule	Tier-3	NEDS
tazarotene external cream	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
TAZORAC EXTERNAL CREAM	Tier-3	PA
TAZORAC EXTERNAL GEL	Tier-3	PA
SCABIES AND PEDICULOSIS		
<i>ivermectin external cream</i>	Tier-3	
<i>ivermectin external lotion</i>	Tier-2	
<i>lindane external shampoo</i>	Tier-1	
<i>malathion external lotion</i>	Tier-1	
<i>permethrin external cream</i>	Tier-2	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	Tier-2	
<i>ammonium lactate external lotion</i>	Tier-1	
ANUSOL-HC EXTERNAL CREAM	Tier-3	
ANUSOL-HC RECTAL CREAM	Tier-3	
<i>diclofenac epolamine external patch</i>	Tier-2	PA; QL (60 EA per 30 days)
<i>diclofenac epolamine transdermal patch</i>	Tier-2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Tier-2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier-2	QL (200 GM per 30 days)
<i>diclofenac sodium external solution</i>	Tier-1	QL (300 ML per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-2	QL (960 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-2	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	Tier-1	QL (300 ML per 30 days)
<i>doxepin hcl external cream</i>	Tier-3	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
<i>fluorouracil external cream</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-3	
<i>hydrocortisone ace-pramoxine external cream</i>	Tier-1	
<i>hydrocortisone ace-pramoxine rectal cream</i>	Tier-1	
KLISYRI EXTERNAL OINTMENT	Tier-3	PA; NEDS
<i>lidocaine external ointment</i>	Tier-2	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	Tier-1	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier-1	
<i>lidocaine-prilocaine external cream</i>	Tier-2	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	Tier-2	
PANRETIN EXTERNAL GEL	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus external cream</i>	Tier-2	
<i>procto-med hc external cream</i>	Tier-1	
<i>procto-med hc rectal cream</i>	Tier-1	
<i>procto-pak external cream</i>	Tier-1	
<i>procto-pak rectal cream</i>	Tier-1	
<i>proctosol hc rectal cream</i>	Tier-1	
<i>protozone-hc external cream</i>	Tier-1	
<i>protozone-hc rectal cream</i>	Tier-1	
PRUDOXIN EXTERNAL CREAM	Tier-3	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	Tier-3	QL (30 GM per 30 days)
REGRANEX EXTERNAL GEL	Tier-2	
SANTYL EXTERNAL OINTMENT	Tier-2	
<i>selenium sulfide external lotion</i>	Tier-1	
<i>sodium chloride irrigation solution</i>	Tier-1	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier-1	
SULFAMYLYON EXTERNAL CREAM	Tier-3	
SULFAMYLYON EXTERNAL PACKET	Tier-3	
<i>tacrolimus external ointment</i>	Tier-2	
TARGETIN EXTERNAL GEL	Tier-3	PA; SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	Tier-3	NEDS

VIRAL INFECTIONS, TOPICAL

<i>acyclovir external cream</i>	Tier-2	
CONDYLOX EXTERNAL GEL	Tier-3	
DENAVIR EXTERNAL CREAM	Tier-3	NEDS
<i>imiquimod external cream</i>	Tier-3	
<i>imiquimod pump external cream</i>	Tier-3	
<i>podofilox external solution</i>	Tier-1	

WOMEN'S HEALTH

CONTRACEPTIVES

<i>amethia oral tablet</i>	Tier-1	
ANNOVERA VAGINAL RING	Tier-3	QL (1 EA per 365 days)
<i>apri oral tablet</i>	Tier-1	
<i>aranelle oral tablet</i>	Tier-1	
<i>ashlyna oral tablet</i>	Tier-1	
<i>aubra oral tablet</i>	Tier-1	
<i>aviane oral tablet</i>	Tier-1	
<i>balziva oral tablet</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
briellyn oral tablet	Tier-1	
camila oral tablet	Tier-1	
deblitane oral tablet	Tier-1	
desogestrel-ethinyl estradiol oral tablet	Tier-1	
drospirenone-ethinyl estradiol oral tablet	Tier-1	
eluryng vaginal ring	Tier-2	
emoquette oral tablet	Tier-1	
errin oral tablet	Tier-1	
estradiol-norethindrone acet oral tablet	Tier-1	
etonogestrel-ethinyl estradiol vaginal ring	Tier-2	
falmina oral tablet	Tier-1	
iclevia oral tablet	Tier-1	
introvale oral tablet	Tier-1	
junel 1.5/30 oral tablet	Tier-1	
junel 1/20 oral tablet	Tier-1	
junel fe 1.5/30 oral tablet	Tier-1	
junel fe 1/20 oral tablet	Tier-1	
junel fe 24 oral tablet	Tier-1	
kariva oral tablet	Tier-1	
kelnor 1/35 oral tablet	Tier-1	
larin 1.5/30 oral tablet	Tier-1	
larin 1/20 oral tablet	Tier-1	
larin fe 1.5/30 oral tablet	Tier-1	
larin fe 1/20 oral tablet	Tier-1	
lessina oral tablet	Tier-1	
levonest oral tablet	Tier-1	
levonorgest-eth estrad 91-day oral tablet	Tier-1	
levonorgestrel-ethinyl estrad oral tablet	Tier-1	
levora 0.15/30 (28) oral tablet	Tier-1	
LO LOESTRIN FE ORAL TABLET	Tier-3	
marlissa oral tablet	Tier-1	
microgestin 1.5/30 oral tablet	Tier-1	
microgestin 1/20 oral tablet	Tier-1	
microgestin fe 1.5/30 oral tablet	Tier-1	
microgestin fe 1/20 oral tablet	Tier-1	
necon 0.5/35 (28) oral tablet	Tier-1	
NEXTSTELLIS ORAL TABLET	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nikki oral tablet</i>	Tier-1	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier-1	
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier-1	
<i>nortrel 1/35 (21) oral tablet</i>	Tier-1	
<i>nortrel 1/35 (28) oral tablet</i>	Tier-1	
<i>nortrel 7/7/7 oral tablet</i>	Tier-1	
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier-3	PA; QL (56 EA per 28 days); NEDS
<i>orsythia oral tablet</i>	Tier-1	
<i>portia-28 oral tablet</i>	Tier-1	
<i>sharobel oral tablet</i>	Tier-1	
<i>tarina fe 1/20 eq oral tablet</i>	Tier-1	
<i>tri-previfem oral tablet</i>	Tier-1	
<i>tri-sprintec oral tablet</i>	Tier-1	
<i>trivora (28) oral tablet</i>	Tier-1	
<i>velivet oral tablet</i>	Tier-1	
<i>vyfemla oral tablet</i>	Tier-1	
<i>zovia 1/35e (28) oral tablet</i>	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	Tier-1	
<i>alendronate sodium oral tablet</i>	Tier-1	
ANGELIQ ORAL TABLET	Tier-3	
<i>calcitonin (salmon) nasal solution</i>	Tier-1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	PA
CRINONE VAGINAL GEL	Tier-2	PA
DELESTROGEN INTRAMUSCULAR OIL	Tier-3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier-2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier-2	
DIVIGEL TRANSDERMAL GEL	Tier-3	
<i>dotti transdermal patch twice weekly</i>	Tier-1	PA
DUAVEE ORAL TABLET	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
<i>estradiol oral tablet</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch twice weekly</i>	Tier-1	PA
<i>estradiol transdermal patch weekly</i>	Tier-1	PA
<i>estradiol vaginal cream</i>	Tier-2	
<i>estradiol vaginal tablet</i>	Tier-2	
<i>estradiol valerate intramuscular oil</i>	Tier-1	
ESTRING VAGINAL RING	Tier-2	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	Tier-3	PA
FEMHRT ORAL TABLET	Tier-3	PA
FEMRING VAGINAL RING	Tier-2	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	Tier-2	PA
<i>ibandronate sodium oral tablet</i>	Tier-1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	Tier-3	
IMVEXXY STARTER PACK VAGINAL INSERT	Tier-3	
<i>jinteli oral tablet</i>	Tier-1	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier-1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier-1	
<i>medroxyprogesterone acetate oral tablet</i>	Tier-1	
MENEST ORAL TABLET	Tier-3	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	PA
<i>norethindrone acetate oral tablet</i>	Tier-1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier-1	PA
ORILISSA ORAL TABLET 150 MG	Tier-3	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	Tier-3	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	Tier-3	PA
PREMARIN VAGINAL CREAM	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	PA
PREMPRO ORAL TABLET	Tier-3	PA
<i>progesterone micronized oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone oral capsule</i>	Tier-1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA
<i>raloxifene hcl oral tablet</i>	Tier-1	
<i>risedronate sodium oral tablet</i>	Tier-2	
<i>risedronate sodium oral tablet delayed release</i>	Tier-2	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier-3	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier-3	PA; NEDS
<i>yuvafem vaginal tablet</i>	Tier-2	
PREGNANCY		
<i>prenatal oral tablet</i>	Tier-1	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate vaginal cream</i>	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
<i>metronidazole vaginal gel</i>	Tier-2	
<i>miconazole 3 vaginal suppository</i>	Tier-1	
SOLOSEC ORAL PACKET	Tier-3	
<i>terconazole vaginal cream</i>	Tier-1	
<i>terconazole vaginal suppository</i>	Tier-1	
<i>vandazole vaginal gel</i>	Tier-2	
WOMEN'S HEALTH, MISCELLANEOUS		
ADDYI ORAL TABLET	Tier-3	EC
INTRAROSA VAGINAL INSERT	Tier-3	
MYFEMBREE ORAL TABLET	Tier-3	PA; QL (28 EA per 28 days); NEDS
OSPHENA ORAL TABLET	Tier-3	

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

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

Index

abacavir sulfate	16	alosetron hcl	45	APOKYN	67
abacavir sulfate-lamivudine	16	ALPHAGAN P 0.1%	43	apraclonidine hcl	43
abacavir-lamivudine-zidovudine	16	alprazolam	76	aprepitant	45
ABELCET	48	alprazolam er	76	apri	92
ABILIFY MAINTENA	80	alprazolam intensol	76	APTIOM	68
ABILIFY MYCITE	80	ALREX	42	APTIVUS	16
abiraterone acetate	24	ALUNBRIG	24	aranelle	92
acamprosate calcium	76	alyq	85	ARCALYST	57
acarbose	38	amantadine hcl	16	arformoterol tartrate	83
accutane	86	AMBISOME	48	ARIKAYCE	14
acebutolol hcl	32	ambrisentan	85	aripiprazole	80, 81
acetaminophen-codeine	74	amcinonide	87	ARISTADA	81
acetaminophen-codeine #3	74	amethia	92	ARISTADA INITIO	81
acetazolamide	43	amikacin sulfate	48	armodafinil	80
acetazolamide er	43	amiloride hcl	33	ARMOUR THYROID	53
acetic acid	39	amiloride-hydrochlorothiazide	33	asenapine maleate	81
acetylcysteine	85	AMINOSYN II	51	ashlyna	92
acitretin	90	AMINOSYN-PF	51	aspirin-dipyridamole er	22
ACTHAR	52	amiodarone hcl	30	assure insulin safety syringe	36
ACTHIB	54	AMITIZA	47	ASTAGRAF XL	56
ACTIMMUNE	54	amitriptyline hcl	78	atazanavir sulfate	16
ACTIQ	74	amlodipine besy-benazepril hcl	31	atenolol	32
acyclovir	16, 92	amlodipine besylate	32	atenolol-chlorthalidone	31
acyclovir sodium	48	amlodipine besylate-valsartan	31	atomoxetine hcl	76, 77
ADACEL	54	amlodipine-atorvastatin	31	atorvastatin calcium	34
adapalene	86	amlodipine-olmesartan	31	atovaquone	15
adapalene-benzoyl peroxide	86	amlodipine-valsartan-hctz	31	atovaquone-proguanil hcl	15
ADDYI	96	ammonium lactate	91	ATRALIN	86
adefovir dipivoxil	16	amnesteem	86	ATRIPLA	16
ADEMPAS	85	amoxapine	78	atropine sulfate	44
ADIPEX-P	41	amoxicill-clarithro-lansopraz	47	ATROVENT HFA	83
ADVAIR HFA	83	amoxicillin	19	AUBAGIO	61
AEMCOLO	14	amoxicillin-pot clavulanate	19	aura	92
AFINITOR	24	amoxicillin-pot clavulanate er	19	AURYXIA	63
AFINITOR DISPERZ	24	amphetamine er	76	AUSTEDO	61
AIMOVIG	66	amphetamine sulfate	76	AVEED	52
ALA SCALP	87	amphetamine-dextroamphet er	76	aviane	92
ala-cort	87	amphetamine- dextroamphetamine	76	avita	86
albendazole	14	amphotericin b	48	AVONEX PEN	61
albuterol sulfate	83	ampicillin	19	AVONEX PREFILLED	61
albuterol sulfate hfa	83	ampicillin sodium	48	AVYCAZ	48
alclometasone dipropionate	87	ampicillin-sulbactam sodium	48	AYVAKIT	24
ALECENSA	24	anagrelide hcl	22	AZASAN	71
alendronate sodium	94	anastrozole	24	AZASITE	42
alfuzosin hcl er	64	ANGELIQ	94	azathioprine	71
aliskiren fumarate	33	ANNOVERA	92	azelaic acid	86
ALKERAN	24	ANORO ELLIPTA	83	azelastine hcl	40, 41
allopurinol	73	ANUSOL-HC	91	AZELEX	86
almotriptan malate	66	APEXICON E	87	azithromycin	20, 48
ALOCRIL	41	APLENZIN	78	AZOPT	43
ALOMIDE	41			aztreonam	48

bacitracin	42	bosentan	85	carbamazepine	68
bacitracin-polymyxin b	42	BOSULIF	24	carbamazepine er	68
bacitra-neomycin-polymyxin-hc	42	BRAFTOVI	24	carbidopa	67
baclofen	71	BREO ELLIPTA	83	carbidopa-levodopa	67
bactocill in dextrose	48	BREZTRI AEROSPHERE	83	carbidopa-levodopa er	67
BAFIERTAM	61	briellyn	93	carbidopa-levodopa-entacapone	67
balsalazide disodium	47	BRILINTA	22	CARDURA XL	30
BALVERSA	24	brimonidine tartrate	44	CAROSPIR	34
balziva	92	brinzolamide	44	carteolol hcl	44
BANZEL	68	BRIVIACT	68	cartia xt	32
BAXDELA	21	bromfenac sodium (once-daily)	42	carvedilol	32
BCG VACCINE	54	bromocriptine mesylate	67	carvedilol phosphate er	32
bd disp needle	36	BROMSITE	42	caspofungin acetate	48
bd insulin syringe	36	BRONCHITOL	58	CAVERJECT	40
bd insulin syringe u-500	36	BROVANA	83	CAVERJECT IMPULSE	40
BELBUCA	74	BRUKINSA	24	CAYSTON	58
benazepril hcl	29	budesonide	47, 83	cefaclor	20
benazepril-hydrochlorothiazide	31	budesonide er	47	cefaclor er	20
BENLYSTA	56	budesonide-formoterol fumarate	83	cefadroxil	20
BENZNIDAZOLE	15	bumetanide	34, 48	cefazolin sodium	48
benzonatate	40	buprenorphine	74	cefdinir	20
benzoyl peroxide-erythromycin	86	buprenorphine hcl	63	cefepime hcl	48
benztropine mesylate	67	buprenorphine hcl-naloxone hcl	63	cefixime	20
bepotastine besilate	41	bupropion	78	cefotetan disodium	48
BERINERT	60	bupropion hcl er (smoking det)	64	cefoxitin sodium	48
BESIVANCE	42	bupropion hcl er (sr)	78	cefpodoxime proxetil	20
betamethasone dipropionate	87	bupropion hcl er (xl)	78	ceprozil	20
betamethasone dipropionate		buspirone hcl	76	ceftazidime	48
aug	87	butorphanol tartrate	74	ceftriaxone sodium	49
betamethasone valerate	87, 88	BYDUREON BCISE	38	cefuroxime axetil	20
BETASERON	61	BYETTA 10 MCG PEN	38	cefuroxime sodium	49
betaxolol hcl	32, 43	BYETTA 5 MCG PEN	38	celecoxib	73
bethanechol chloride	65	BYSTOLIC	32	CELLCEPT	56
BETHKIS	58	cabergoline	67	CELONTIN	68
BETIMOL	44	CABLIVI	23	cephalexin	20
BETOPTIC-S	44	CABOMETYX	24	CERDELGA	59
BEVESPI AEROSPHERE	85	calcipotriene	90	cevimeline hcl	39
bexarotene	24	calcipotriene-betameth diprop	90	CHANTIX	64
BEXSERO	54	calcitonin (salmon)	94	CHANTIX CONTINUING	
bicalutamide	24	calcitriol	61, 90	MONTH PAK	64
BICILLIN C-R	19	calcium acetate (phos binder)		CHANTIX STARTING	
BICILLIN C-R 900/300	19		63, 64	MONTH PAK	64
BICILLIN L-A	19	CALQUEENCE	24	CHEMET	58
BIDIL	35	camila	93	chlordiazepoxide-amitriptyline	76
BIKTARVY	16	candesartan cilexetil	30	chlorhexidine gluconate	39
bimatoprost	44	candesartan cilexetil-hctz	31	chloroquine phosphate	15
bisoprolol fumarate	32	capecitabine	24	chlorpromazine hcl	81
bisoprolol-hydrochlorothiazide	31	CAPEX	88	chlorthalidone	34
BIVIGAM	54	CAPLYTA	81	CHOLBAM	45
BLEPHAMIDE	42	CAPRELSA	24	cholestyramine	34
BLEPHAMIDE S.O.P.	42	captopril	29	cholestyramine light	34
BOOSTRIX	54	CARBAGLU	45	ciclopirox	89, 90

ciclopirox olamine	90	clotrimazole-betamethasone	90	darifenacin hydrobromide er	65
cilostazol	22	clozapine	81	DAURISMO	25
CIMDUO	16	COARTEM	15	deblitane	93
cimetidine	47	codeine sulfate	74	deferasirox	59
cimetidine solution	47	colchicine	73	deferasirox granules	59
cinacalcet hcl	61	colchicine-probenecid	73	deferiprone	59
CINRYZE	60	colesevelam hcl	34	DELESTROGEN	94
CIPRODEX	39	colestipol hcl	34	DELSTRIGO	16
ciprofloxacin hcl	21, 39, 42	colistimethate sodium (cba)	49	demeclacycline hcl	22
ciprofloxacin in d5w	49	COMBIGAN	44	DEM SER	63
ciprofloxacin-dexamethasone	39	COMBIPATCH	94	DENAVIR	92
citalopram hydrobromide	78	COMBIVENT RESPIMAT	83	DEPO-ESTRADIOL	94
claravis	86	COMETRIQ (100 MG DAILY		DEPO-PROVERA	94
clarithromycin	20	DOSE)	24	DEPO-SUBQ PROVERA 104 ...	94
clarithromycin er	20	COMETRIQ (140 MG DAILY		DEPO-TESTOSTERONE	53
CLEOCIN	96	DOSE)	24	DESCOVY	16
clindamycin capsules	20	COMETRIQ (60 MG DAILY		desipramine hcl	78
clindamycin oral solution	20	DOSE)	25	desloratadine	40
clindamycin phos-benzoyl perox.	86	comfort assist insulin syringe	36	desmopressin ace spray refrigerated	65
clindamycin phosphate ...	49, 86, 96	COMPLERA	16	desmopressin acetate	65
clindamycin phosphate in d5w ...	49	CONDYLOX	92	desogestrel-ethynodiol estradiol	93
CLINIMIX E/DEXTROSE		constulose	45	desonide	88
(2.75/5)	51	COPAXONE	61	desoximetasone	88
CLINIMIX E/DEXTROSE		COPIKTRA	25	DESOXYN	77
(4.25/10)	51	CORDRAN	88	desvenlafaxine er	78
CLINIMIX E/DEXTROSE		CORLANOR	30	desvenlafaxine succinate er	78
(4.25/5)	51	COTELLIC	25	dexamethasone	52
CLINIMIX E/DEXTROSE		CREON	45	dexamethasone sodium	
(5/15)	51	CRESEMBA	14	phosphate	42
CLINIMIX E/DEXTROSE		CRINONE	94	DEXCOM G6 RECEIVER	36
(5/20)	51	cromolyn sodium	41, 46, 83	DEXCOM SENSOR	36
CLINIMIX/DEXTROSE		cvs gauze sterile	36	DEXCOM TRANSMITTER	36
(4.25/10)	51	cyanocobalamin (vitamin b12) ...	41	DEXEDRINE	77
CLINIMIX/DEXTROSE		cyclobenzaprine hcl	71	DEXILANT	47
(4.25/5)	51	cyclophosphamide	25	dexamethylphenidate hcl	77
CLINIMIX/DEXTROSE (5/15).	51	CYCLOSET	38	dexamethylphenidate hcl er	77
CLINIMIX/DEXTROSE (5/20).	52	cyclosporine	56	dextroamphetamine sulfate	77
CLINISOL SF	52	cyclosporine modified	56	dextroamphetamine sulfate er	77
clobazam	68	cyproheptadine hcl	40	dextrose	51
clobetasol propionate	88	CYSTADANE	58	dextrose-nacl	51
clobetasol propionate e	88	CYSTADROPS	44	DIACOMIT	69
clobetasol propionate emulsion ..	88	CYSTAGON	45	DIASTAT ACUDIAL	69
clocortolone pivalate	88	CYSTARAN	44	DIASTAT PEDIATRIC	69
clodan	88	dalfampridine er	61	diazepam	69
clomipramine hcl	78	DALIRESP	85	diazoxide	36
clonazepam	68, 69	DALVANCE	49	DIBENZYLINE	63
clonidine	33	danazol	53	diclofenac epolamine	91
clonidine hcl	33	dantrolene sodium	71	diclofenac potassium	73
clonidine hcl er	77	dapsone tablets	15	diclofenac sodium	42, 73, 91
clopidogrel bisulfate	22	DAPTACEL	54	diclofenac sodium er	73
clorazepate dipotassium	76	daptomycin	49	diclofenac-misoprostol	73
clotrimazole	14, 90	DARAPRIM	15	dicloxacillin sodium	20

dicyclomine hcl	46	dutasteride	64	ergoloid mesylates	66
diethylpropion hcl	41	dutasteride-tamsulosin hcl	64	ERIVEDGE	25
diethylpropion hcl er	41	e.e.s. 400	21	ERLEADA	25
DIFICID	20, 21	econazole nitrate	90	erlotinib hcl	25
diflorasone diacetate	88	EDEX	40	errin	93
diflunisal	73	EDURANT	16	ertapenem sodium	49
diluprednate	42	efavirenz	16	ery	86
digitek	30	efavirenz-emtricitab-tenofovir	16	ERYTHROCIN	
digox	30	efavirenz-lamivudine-tenofovir ...	16	LACTOBIONATE	49
digoxin	30	EGRIFTA SV	59	erythrocin stearate	21
dihydroergotamine mesylate	66	ELESTRIN	94	erythromycin	42, 86
DILANTIN	69	eletriptan hydrobromide	66	erythromycin base	21
DILANTIN INFATABS	69	ELIGARD	53	erythromycin ethylsuccinate	21
diltiazem hcl	33	ELIQUIS	23	ESBRIET	85
diltiazem hcl er	33	ELIQUIS DVT/PE STARTER		escitalopram oxalate	79
diltiazem hcl er beads	32	PACK	23	esomeprazole magnesium	47
diltiazem hcl er coated beads	32, 33	ELMIRON	65	estazolam	80
dilt-xr	33	eluryng	93	estradiol	94, 95
dimethyl fumarate	61	EMCYT	25	estradiol valerate	95
dimethyl fumarate starter pack	61	EMEND	45	estradiol-norethindrone acet	93
diphtheria-tetanus toxoids dt	54	EMFLAZA	59	ESTRING	95
dipyridamole	22	EMGALITY	66, 67	eszopiclone	80
disopyramide phosphate	31	EMGALITY (300 MG DOSE) ...	66	ethacrylic acid	34
disulfiram	76	emoquette	93	ethambutol hcl	21
divalproex sodium	69	EMSAM	79	ethosuximide	69
divalproex sodium er	69	emtricitabine	16	etodolac	73
DIVIGEL	94	emtricitabine-tenofovir df	16	etodolac er	73
dofetilide	31	EMTRIVA	16	etonogestrel-ethinyl estradiol	93
DOJOLVI	61	enalapril maleate	29	etoposide	25
donepezil hcl	66	enalapril-hydrochlorothiazide	31	etravirine	16
DOPTELET	22	ENBREL	71, 72	EUCRISA	91
dorzolamide hcl	44	ENBREL MINI	71	euthyrox	53
dorzolamide hcl-timolol mal	44	ENBREL SURECLICK	72	EVAMIST	95
dorzolamide hcl-timolol mal pf...	44	endocet	74	EVENITY	95
dotti	94	ENGERIX-B	54	everolimus	25, 56
DOVATO	16	enoxaparin sodium	23	EVOCLIN	86
doxazosin mesylate	30	ENSPRYNG	56	EVOTAZ	17
doxepin hcl	78, 80, 91	entacapone	67	EVRYSDI	64
doxercalciferol	61	entecavir	16	exel comfort point pen needle	36
DOXY 100	49	ENTRESTO	31	exemestane	25
doxycycline hyclate	22	enulose	46	EXSERVAN	57
doxycycline monohydrate	22	ENVARSUS XR	56	EXTAVIA	62
DRIZALMA SPRINKLE	78	EPCLUSA	16	EYLEA	44
dronabinol	45	EPIDIOLEX	69	ezetimibe	34
drospirenone-ethinyl estradiol	93	epinastine hcl	41	ezetimibe-simvastatin	34
DROXIA	25	epinephrine	57	FABIOR	86
droxidopa	33	epitol	69	falmina	93
DUAVEE	94	EPIVIR	16	famciclovir	17
duloxetine hcl	79	eplerenone	34	famotidine tablet	47
DUOPA	67	EQUETRO	77	FANAPT	81
DUPIXENT	83, 91	ERAXIS	49	FANAPT TITRATION PACK	81
DUREZOL	43	ergocalciferol (rx and otc)	41	FARXIGA	38

FARYDAK	25	fluvastatin sodium	34	GEODON	
FASENRA	83	fluvastatin sodium er	34	INTRAMUSCULAR	
FASENRA PEN	83	fluvoxamine maleate	79	INJECTION	81
febuxostat	73	fluvoxamine maleate er	79	GILENYA	62
felbamate	69	FML	43	GILOTrif	25
felodipine er	33	FML FORTE	43	glimepiride	38
FEMHRT	95	folic acid	41	glipizide	38
FEMHRT LOW DOSE	95	fondaparinux sodium	23	glipizide er	38
FEMRING	95	formoterol fumarate	84	glipizide-metformin hcl	38
fenofibrate	34	FORTEO	95	global alcohol prep ease	36
fenofibrate micronized	34	fosamprenavir calcium	17	GLOPERBA	73
fenofibric acid	34	fosfomycin tromethamine	14	GLUCAGEN HYPOKIT	36
fenoprofen calcium	73	fosinopril sodium	29	GLUCAGON EMERGENCY	36
fentanyl	74	fosinopril sodium-hctz	31	glyburide	38
fentanyl citrate	74	FOTIVDA	25	glyburide micronized	38
FERRIPROX	59	FRAGMIN	23	glyburide-metformin	38
FETZIMA	79	FREESTYLE LIBRE READER	36	glycopyrrolate	46
FETZIMA TITRATION	79	FREESTYLE LIBRE SENSOR		GLYXAMBI	38
finasteride	64	SYSTEM	36	granisetron hcl	45
FINTEPLA	69	frovatriptan succinate	67	griseofulvin microsize	14
FIRDAPSE	61	FULPHILA	22	griseofulvin ultramicrosize	14
FIRMAGON	53	furosemide	34, 49	guanfacine hcl er	77
FIRMAGON (240 MG DOSE)	53	FUZEON	17	GVOKE HYPOPEN 2-PACK	36
FIRVANQ	14	fyavolv	95	GVOKE PFS	36
flac	39	FYCOMPA	69	GYNAZOLE-1	96
FLAREX	43	gabapentin	69	HAEGARDA	60
flavoxate hcl	65	GALAFOLD	59	halcinonide	89
FLEBOGAMMA DIF	54	galantamine hydrobromide	66	halobetasol propionate	89
flecainide acetate	31	galantamine hydrobromide er	66	HALOG	89
FLOLIPID	34	GAMMAGARD	54	haloperidol	81
fluconazole	14	GAMMAGARD S/D LESS		haloperidol decanoate	81
fluconazole in sodium chloride	49	IGA	54	haloperidol lactate	81
flucytosine	14	GAMMAKED	54	HARVONI	17
fludrocortisone acetate	52	GAMMAPLEX	54	HAVRIX	55
flunisolide	40	GAMUNEX-C	54	heparin sodium (porcine)	49
fluocinolone acetonide	39, 88	GARDASIL 9	54, 55	HETLIOZ	80
fluocinolone acetonide scalp	88	gatifloxacin	42	HETLIOZ LQ	80
fluocinonide	88	GATTEX	46	HIBERIX	55
fluocinonide emulsified base	88	gauze pads	36	HORIZANT	69
fluorometholone	43	gavilyte-g	46	HUMALOG	37
fluorouracil	91	GAVRETO	25	HUMALOG JUNIOR	
fluoxetine hcl	79	gemfibrozil	34	KWIKPEN	37
fluoxetine hcl (pmdd)	79	generlac	46	HUMALOG KWIKPEN	37
fluphenazine decanoate	81	gengraf	56	HUMALOG MIX 50/50	37
fluphenazine hcl	81	GENOTROPIN	59	HUMALOG MIX 50/50	
flurandrenolide	88, 89	GENOTROPIN MINIQUICK	59	KWIKPEN	37
flurazepam hcl	80	gentak	42	HUMALOG MIX 75/25	37
flurbiprofen	73	gentamicin in saline	49	HUMALOG MIX 75/25	
flurbiprofen sodium	43	gentamicin sulfate	42, 49, 87	KWIKPEN	37
flutamide	25	GENVOYA	17	HUMATROPE	59
fluticasone propionate	40, 89			HUMIRA	72
fluticasone-salmeterol	84				

HUMIRA PEDIATRIC			
CROHNS START	72	<i>imipramine pamoate</i>	79
HUMIRA PEN	72	<i>imiquimod</i>	92
HUMIRA PEN-CD/UC/HS		<i>imiquimod pump</i>	92
STARTER	72	IMOVAX RABIES	55
HUMIRA PEN-PEDIATRIC		IMPAVIDO	15
UC START	72	IMVEXXY MAINTENANCE	
HUMIRA PEN-PS/UV/ADOL		PACK	95
HS START	72	IMVEXXY STARTER PACK	95
HUMIRA PEN-PSOR/UVEIT		INBRIJA	67
STARTER	72	INCRELEX	59
HUMULIN 70/30	37	<i>indapamide</i>	34
HUMULIN 70/30 KWIKPEN	37	INDOCIN ORAL	
HUMULIN N	37	SUSPENSION	73
HUMULIN N KWIKPEN	37	<i>indomethacin</i>	73
HUMULIN R	37	<i>indomethacin er</i>	73
HUMULIN R U-500 (CONCENTRATED)	37	INFANRIX	55
HUMULIN R U-500 KWIKPEN	37	INGREZZA	65
HYCAMTIN	25	INLYTA	25
<i>hydralazine hcl</i>	36	INQOVI	25
<i>hydrochlorothiazide</i>	34	INREBIC	25
<i>hydrocodone bitartrate er</i>	74	<i>insulin syringe</i>	36
<i>hydrocodone-acetaminophen</i>	74, 75	INTELENCE	17
<i>hydrocodone-homatropine</i>	40	INTRALIPID	52
<i>hydrocodone-ibuprofen</i>	75	INTRAROSA	96
<i>hydrocortisone</i>	47, 52, 89	INTRON A	17
<i>hydrocortisone ace-pramoxine</i>	91	<i>introvale</i>	93
<i>hydrocortisone butyrate</i>	89	INVANZ	49
<i>hydrocortisone valerate</i>	89	INVEGA SUSTENNA	81
<i>hydrocortisone-acetic acid</i>	39	INVEGA TRINZA	81
<i>hydromorphone hcl</i>	75	INVELTYS	43
<i>hydromorphone hcl er</i>	75	INVIRASE	17
<i>hydroxychloroquine sulfate</i>	15	IOPIDINE	44
<i>hydroxyurea</i>	25	IPOL	55
<i>hydroxyzine hcl</i>	40	<i>ipratropium bromide</i>	40, 84
<i>hydroxyzine pamoate</i>	40	<i>ipratropium-albuterol</i>	84
HYSINGLA ER	75	irbesartan	30
<i>ibandronate sodium</i>	95	<i>irbesartan-hydrochlorothiazide</i>	31
IBRANCE	25	IRESSA	25
<i>ibuprofen</i>	73	ISENTRESS	17
<i>icatibant acetate</i>	60	ISENTRESS HD	17
<i>iclevia</i>	93	ISOLYTE-P IN D5W	51
ICLUSIG	25	ISOLYTE-S	51
<i>icosapent ethyl</i>	35	<i>isoniazid</i>	21
IDHIFA	25	<i>isosorbide dinitrate</i>	30
ILEVRO	43	<i>isosorbide mononitrate</i>	30
<i>imatinib mesylate</i>	25	<i>isosorbide mononitrate er</i>	30
IMBRUVICA	25	<i>isotretinoin</i>	87
<i>imipenem-cilastatin</i>	49	<i>isradipine</i>	33
<i>imipramine hcl</i>	79	ISTURISA	58
		<i>itraconazole</i>	14
		<i>ivermectin</i>	14, 91
		IXIARO	55
		JAKAFI	25
		<i>jantoven</i>	23
		JANUMET	38
		JANUMET XR	38
		JANUVIA	39
		JARDIANCE	39
		JENTADUETO	39
		JENTADUETO XR	39
		<i>jinteli</i>	95
		JULUCA	17
		<i>junel 1.5/30</i>	93
		<i>junel 1/20</i>	93
		<i>junel fe 1.5/30</i>	93
		<i>junel fe 1/20</i>	93
		<i>junel fe 24</i>	93
		JUXTAPID	35
		JYNARQUE	65
		KALETRA	17
		KALYDECO	58
		KAPVAY	77
		<i>kariva</i>	93
		<i>kcl in dextrose-nacl</i>	51
		<i>kcl-lactated ringers-d5w</i>	51
		<i>kelnor 1/35</i>	93
		KENALOG	89
		KERENDIA	34
		KESIMPTA	62
		KETODAN	90
		<i>ketoprofen</i>	74
		<i>ketoprofen er</i>	74
		<i>ketorolac tromethamine</i>	43
		KEVEYIS	64
		KINERET	58
		KINRIX	55
		KISQALI (200 MG DOSE)	26
		KISQALI (400 MG DOSE)	26
		KISQALI (600 MG DOSE)	26
		KISQALI FEMARA (400 MG DOSE)	26
		KISQALI FEMARA (600 MG DOSE)	26
		KLISYRI	91
		<i>klor-con</i>	35
		<i>klor-con 10</i>	35
		<i>klor-con m10</i>	35
		KLOR-CON M15	35
		<i>klor-con m20</i>	35
		KORLYM	58
		KOSELUGO	26

KRINTAFEL	15	levalbuterol hcl	84	LUPRON DEPOT (1-MONTH)	53
KRISTALOSE	46	levalbuterol tartrate	84	LUPRON DEPOT (3-MONTH)	53
K-TAB	35	LEVEMIR	37	LUPRON DEPOT (4-MONTH)	53
KUVAN	63	LEVEMIR FLEXTOUCH	37	LUPRON DEPOT (6-MONTH)	53
KYNMOBI	68	levetiracetam	70	LYNPARZA	26
<i>labetalol hcl</i>	32	levetiracetam er	70	LYRICA CR	70
<i>lactulose</i>	46	levobunolol hcl	44	LYSODREN	26
<i>lamivudine</i>	17	levocarnitine	46	<i>mafenide acetate</i>	91
<i>lamivudine-zidovudine</i>	17	levocetirizine dihydrochloride	40	<i>magnesium sulfate</i>	51
<i>lamotrigine</i>	69	levofloxacin	21, 42, 49	<i>malathion</i>	91
<i>lamotrigine er</i>	69	levofloxacin in d5w	49	<i>marlissa</i>	93
<i>lamotrigine starter kit-blue</i>	69	levonest	93	MARPLAN	79
<i>lamotrigine starter kit-green</i>	70	levonorgest-eth estrad 91-day	93	MATULANE	26
<i>lamotrigine starter kit-orange</i>	70	levonorgestrel-ethinyl estradiol	93	<i>matzim la</i>	33
LAMPIT	15	levora 0.15/30 (28)	93	MAVENCLAD (10 TABS)	62
<i>lancets</i>	36	levorphanol tartrate	75	MAVENCLAD (4 TABS)	62
LANOXIN	31	levo-t	53	MAVENCLAD (5 TABS)	62
<i>lansoprazole</i>	47	levothyroxine sodium	53, 54	MAVENCLAD (6 TABS)	62
LANTUS	37	levoxyl	54	MAVENCLAD (7 TABS)	62
LANTUS SOLOSTAR	37	LEXIVA	17	MAVENCLAD (8 TABS)	62
<i>lapatinib ditosylate</i>	26	lidocaine	91	MAVENCLAD (9 TABS)	62
<i>larin 1.5/30</i>	93	lidocaine hcl	91	MAVYRET	17
<i>larin 1/20</i>	93	lidocaine viscous hcl	91	MAXIDEX	43
<i>larin fe 1.5/30</i>	93	lidocaine-prilocaine	91	MAYZENT	62
<i>larin fe 1/20</i>	93	lindane	91	MAYZENT STARTER PACK	62
LASTACAFT	41	linezolid	14, 49	meclizine hcl	45
<i>latanoprost</i>	44	LINZESS	47	<i>meclofenamate sodium</i>	74
LATUDA	81	liothyronine sodium	54	MEDROL	52
LAZANDA	75	lisinopril	29	<i>medroxyprogesterone acetate</i>	95
<i>leflunomide</i>	72	lisinopril-hydrochlorothiazide	31	<i>mefenamic acid</i>	74
LENVIMA (10 MG DAILY DOSE)	26	lithium carbonate	78	<i>mefloquine hcl</i>	15
LENVIMA (12 MG DAILY DOSE)	26	lithium carbonate er	78	<i>megestrol acetate</i>	26, 46
LENVIMA (14 MG DAILY DOSE)	26	LO LOESTRIN FE	93	MEKINIST	26
LENVIMA (18 MG DAILY DOSE)	26	LOKELMA	64	MEKTOVI	27
LENVIMA (20 MG DAILY DOSE)	26	LONSURF	26	<i>meloxicam</i>	74
LENVIMA (24 MG DAILY DOSE)	26	loperamide hcl	46	<i>melphalan</i>	27
LENVIMA (4 MG DAILY DOSE)	26	lopinavir-ritonavir	17	<i>memantine hcl</i>	66
LENVIMA (8 MG DAILY DOSE)	26	lorazepam	76	<i>memantine hcl er</i>	66
<i>lessina</i>	93	lorazepam intensol	76	MENACTRA	55
<i>letrozole</i>	26	LORBRENA	26	MENEST	95
<i>leucovorin calcium</i>	29	losartan potassium	30	MENOSTAR	95
LEUKERAN	26	losartan potassium-hctz	31	MENQUADFI	55
LEUKINE	22	loteprednol etabonate	41, 43	MENTAX	90
<i>leuprolide acetate</i>	53	lovastatin	35	MENVEO	55
LEVEMYRA		loxapine succinate	81	<i>mercaptopurine</i>	27
LUCENTIS		lubiprostone	47	<i>meropenem</i>	49
<i>luliconazole</i>		LUCEMYRA	63	<i>mesalamine</i>	48
LUMAKRAS		LUCENTIS	44	<i>mesalamine er</i>	47
LUMIGAN		luliconazole	90	MESNEX	29
LUPKYNIS		LUMAKRAS	26	<i>metformin hcl</i>	39
		LUMIGAN	44	<i>metformin hcl er</i>	39
		LUPKYNIS	56	<i>methadone hcl</i>	75

<i>methamphetamine hcl</i>	77	<i>morphine sulfate er</i>	75	NEXLETOL	35
<i>methazolamide</i>	44	<i>morphine sulfate er beads</i>	75	NEXLIZET	35
<i>methenamine hippurate</i>	14	MOVANTIK	46	NEXTSTELLIS	93
<i>methimazole</i>	54	MOVIPREP	46	<i>niacin er</i>	35
METHITEST	53	<i>moxifloxacin hcl</i>	21, 42	<i>niacor</i>	35
<i>methotrexate</i>	72	<i>moxifloxacin hcl in nacl</i>	50	<i>nicardipine hcl</i>	33
<i>methotrexate sodium</i>	50	MULPLETA	22	NICOTROL	64
<i>methotrexate sodium (pf)</i>	49	MULTAQ	31	NICOTROL NS	64
<i>methoxsalen rapid</i>	90	<i>mupirocin</i>	87	<i>nifedipine</i>	33
<i>methscopolamine bromide</i>	47	<i>mupirocin calcium</i>	87	<i>nifedipine er</i>	33
METHYLIN	77	MUSE	40	<i>nifedipine er osmotic release</i>	33
<i>methylphenidate hcl</i>	77	MYCAMINE	50	<i>nikki</i>	94
<i>methylphenidate hcl er</i>	77	MYCAPSSA	57	<i>nilutamide</i>	27
<i>methylphenidate hcl er (cd)</i>	77	<i>mycophenolate mofetil</i>	56	<i>nimodipine</i>	33
<i>methylphenidate hcl er (la)</i>	77	<i>mycophenolate sodium</i>	57	NINLARO	27
<i>methylprednisolone</i>	52	MYFEMBREE	96	<i>nisoldipine er</i>	33
<i>methyltestosterone</i>	53	MYLERAN	27	<i>nitazoxanide</i>	15
<i>metoclopramide hcl</i>	45	MYRBETRIQ	65	<i>nitisinone</i>	60
<i>metolazone</i>	34	MYTESI	46	NITRO-BID	30
<i>metoprolol succinate er</i>	32	<i>nabumetone</i>	74	<i>nitrofurantoin macrocrystal</i>	15
<i>metoprolol tartrate</i>	32	<i>nadolol</i>	32	<i>nitrofurantoin monohyd macro</i>	15
<i>metoprolol-hydrochlorothiazide</i>	31	<i>nafcillin sodium</i>	50	<i>nitroglycerin</i>	30
<i>metronidazole</i>	14, 15, 86, 96	<i>naftifine hcl</i>	90	NITROSTAT	30
<i>metronidazole in nacl</i>	50	<i>naloxone hcl</i>	63	NITYR	60
<i>metyrosine</i>	63	<i>naltrexone hcl</i>	76	<i>nizatidine</i>	47
<i>mexiletine hcl</i>	31	NAMZARIC	66	<i>nolix</i>	89
<i>micafungin sodium</i>	14	<i>naproxen</i>	74	NORDITROPIN FLEXPRO	59
<i>miconazole 3</i>	96	<i>naproxen dr</i>	74	<i>norethindrone acetate</i>	95
<i>microgestin 1.5/30</i>	93	<i>naproxen sodium</i>	74	<i>norethindrone-eth estradiol</i>	95
<i>microgestin 1/20</i>	93	<i>naproxen sodium er</i>	74	<i>norethin-eth estradiol-fe</i>	94
<i>microgestin fe 1.5/30</i>	93	<i>naratriptan hcl</i>	67	NORPACE CR	31
<i>microgestin fe 1/20</i>	93	NARCAN	63	NORTHERA	33
<i>midodrine hcl</i>	33	NASCOBAL	41	<i>nortrel 0.5/35 (28)</i>	94
MIGERGOT	67	NATACYN	44	<i>nortrel 1/35 (21)</i>	94
<i> miglitol</i>	39	<i>nateglinide</i>	39	<i>nortrel 1/35 (28)</i>	94
<i> miglustat</i>	59	NATPARA	61	<i>nortrel 7/7/7</i>	94
MILLIPRED	52	NAYZILAM	67	<i>nortriptyline hcl</i>	79
<i> minocycline hcl</i>	22	<i>nebivolol hcl</i>	32	NORVIR	17
<i> minocycline hcl er</i>	22	<i>necon 0.5/35 (28)</i>	93	NOURIANZ	68
<i> minoxidil</i>	36	<i>nefazodone hcl</i>	79	NOXAFILE	14
<i> mirtazapine</i>	79	<i>neomycin sulfate</i>	15	NUBEQA	27
<i> misoprostol</i>	47	<i>neomycin-bacitracin zn-</i>		NUCALA	85
M-M-R II	55	<i>polymyx</i>	42	NUEDEXTA	68
<i> modafinil</i>	80	<i>neomycin-polymyxin-dexameth</i>	43	NUPLAZID	82
<i> moexipril hcl</i>	29	<i>neomycin-polymyxin-gramicidin</i>	43	NUTRILIPID	52
<i> molindone hcl</i>	81	<i>neomycin-polymyxin-hc</i>	42, 43	NUTROPIN AQ NUSPIN 10	59
<i> mometasone furoate</i>	40, 89	NERLYNX	27	NUTROPIN AQ NUSPIN 20	59
<i> monodoxine nl</i>	22	NEULASTA	22	NUTROPIN AQ NUSPIN 5.59, 60	
<i> montelukast sodium</i>	84	NEUPRO	68	NUZYRA	22
MONUROL	15	<i>nevirapine</i>	17	<i>nyamyc</i>	90
<i> morphine sulfate</i>	75	<i>nevirapine er</i>	17	NYMALIZE	33
<i> morphine sulfate (concentrate)</i>	75	NEXAVAR	27	<i>nystatin</i>	14, 90

<i>nystatin-triamcinolone</i>	90	OXYCONTIN	75	<i>phytonadione</i>	41
<i>nystop</i>	90	<i>oxymorphone hcl</i>	76	PIFELTRO	18
OCALIVA	46	<i>oxymorphone hcl er</i>	75	<i>pilocarpine hcl</i>	39, 44
OCTAGAM	55	OZEMPIC (0.25 OR 0.5		<i>pimecrolimus</i>	92
<i>octreotide acetate</i>	57	MG/DOSE)	38	<i>pimozone</i>	82
ODEFSEY	17	OZEMPIC (1 MG/DOSE)	38	<i>pindolol</i>	32
ODOMZO	27	<i>paliperidone er</i>	82	<i>pioglitazone hcl</i>	39
OFEV	85	PALYNZIQ	63	<i>pioglitazone hcl-glimepiride</i>	39
<i>ofloxacin</i>	21, 39, 42	PANDEL	89	<i>pioglitazone hcl-metformin hcl</i>	39
<i>olanzapine</i>	82	PANRETIN	91	<i>piperacillin sod-tazobactam so</i>	50
<i>olanzapine-fluoxetine hcl</i>	78	<i>pantoprazole sodium</i>	47	PIQRAY (200 MG DAILY	
<i>olmesartan medoxomil</i>	30	PANZYGA	55	DOSE)	27
<i>olmesartan medoxomil-hctz</i>	31	<i>paricalcitol</i>	61	PIQRAY (250 MG DAILY	
<i>olmesartanamlodipine-hctz</i>	31	<i>paromomycin sulfate</i>	15	DOSE)	27
<i>olopatadine hcl</i>	40, 41	<i>paroxetine hcl</i>	79	PIQRAY (300 MG DAILY	
<i>omega-3-acid ethyl esters</i>	35	<i>paroxetine hcl er</i>	79	DOSE)	27
<i>omeprazole</i>	47	<i>paroxetine mesylate</i>	79	<i>piroxicam</i>	74
<i>omeprazole-sodium bicarbonate</i>	47	PASER	21	PLASMA-LYTE 148	51
OMNITROPE	60	PAXIL ORAL SUSPENSION	79	PLASMA-LYTE A	51
<i>ondansetron</i>	45	PEDIARIX	55	PLEGRIDY	62
<i>ondansetron hcl</i>	45	PEDVAX HIB	55	PLENAMINE	52
ONETOUCH TEST STRIPS	36	<i>peg 3350-kcl-na bicarb-nacl</i>	46	PNEUMOVAX 23	55
ONGENTYS	68	<i>peg-3350/electrolytes</i>	46	<i>podofilox</i>	92
ONUREG	27	PEGASYS	18	<i>polymyxin b sulfate</i>	50
OPSUMIT	85	<i>peg-kcl-nacl-nasulf-na asc-c</i>	46	<i>polymyxin b-trimethoprim</i>	42
ORALAIR	86	PEMAZYRE	27	POMALYST	27
ORAPRED ODT	52	<i>penicillamine</i>	66	<i>portia-28</i>	94
ORENITRAM	85	<i>penicillin g pot in dextrose</i>	50	<i>posaconazole</i>	14
ORFADIN	60	<i>penicillin g potassium</i>	50	<i>potassium chloride</i>	35, 51
ORGOVYXX	27	<i>penicillin g procaine</i>	50	<i>potassium chloride crys er</i>	35
ORIAHNN	94	<i>penicillin g sodium</i>	50	<i>potassium chloride er</i>	35
ORILISSA	95	<i>penicillin v potassium</i>	20	<i>potassium chloride in dextrose</i>	51
ORKAMBI	58	PENTACEL	55	<i>potassium chloride in nacl</i>	51
ORLADEYO	60	PENTAM	15	<i>potassium citrate er</i>	65
<i>orsythia</i>	94	<i>pentamidine isethionate</i>	15	PRADAXA	23
<i>oseltamivir phosphate</i>	18	<i>pentoxifylline er</i>	23	PRALUENT	35
OSMOPREP	46	PERFOROMIST	84	<i>pramipexole dihydrochloride</i>	68
OSPHENA	96	<i>perindopril erbumine</i>	29	<i>pramipexole dihydrochloride er</i>	68
<i>oxacillin sodium</i>	50	<i>periogard</i>	39	<i>prasugrel hcl</i>	22
<i>oxacillin sodium in dextrose</i>	50	<i>permethrin</i>	91	<i>pravastatin sodium</i>	35
<i>oxandrolone</i>	53	<i>perphenazine</i>	82	<i>praziquantel</i>	15
<i>oxaprozin</i>	74	<i>perphenazine-amitriptyline</i>	82	<i>prazosin hcl</i>	30
<i>oxazepam</i>	76	PERSERIS	82	PRED MILD	43
OXBRYTA	23	PEXEVA	79	PRED-G	43
<i>oxcarbazepine</i>	70	<i>phendimetrazine tartrate</i>	41	PRED-G S.O.P.	43
OXERVATE	44	<i>phendimetrazine tartrate er</i>	41	<i>prednicarbate</i>	89
<i>oxiconazole nitrate</i>	90	<i>phenelzine sulfate</i>	79	<i>prednisolone</i>	52
<i>oxybutynin chloride</i>	65	<i>phenobarbital</i>	70	<i>prednisolone acetate</i>	43
<i>oxybutynin chloride er</i>	65	<i>phenoxybenzamine hcl</i>	63	<i>prednisolone sodium phosphate</i>	43, 52
<i>oxycodone hcl</i>	75	<i>phentermine hcl</i>	41	<i>prednisone</i>	52
<i>oxycodone hcl er</i>	75	<i>phenytoin</i>	70	PREDNISONE INTENSOL	52
<i>oxycodone-acetaminophen</i>	75	<i>phenytoin sodium extended</i>	70		

<i>preferred plus insulin syringe</i>	36	pyridostigmine bromide	63	RIDAURA	72
<i>pregabalin</i>	70	pyridostigmine bromide er	62	rifabutin	21
<i>pregabalin er</i>	70	pyrimethamine	15	rifampin	21, 50
PREMARIN	95	QELBREE	77	riluzole	57
PREMASOL	52	QINLOCK	27	rimantadine hcl	18
PREMPHASE	95	QSYMIA	41	RINVOQ	72
PREMPRO	95	QUADRACEL	55	RIOMET	39
<i>prenatal</i>	96	QUDEXY XR	70	risedronate sodium	96
<i>pretomanid</i>	21	quetiapine fumarate	82	RISPERDAL CONSTA	78
<i>prevalite</i>	35	quetiapine fumarate er	82	risperidone	78
PREVNAR 13	55	QUILLIVANT XR	77	ritonavir	18
PREVYMIS	18	quinapril hcl	29	rivastigmine	66
PREZCOBIX	18	quinapril-hydrochlorothiazide	32	rivastigmine tartrate	66
PREZISTA	18	quinidine gluconate er	31	rizatriptan benzoate	67
PRIFTIN	21	quinidine sulfate	31	ROCKLATAN	44
<i>primaquine phosphate</i>	15	quinine sulfate	16	ropinirole hcl	68
<i>primidone</i>	70	QVAR REDIHALER	84	ropinirole hcl er	68
PRIVIGEN	55	RABAVERT	55	rosuvastatin calcium	35
PROAIR RESPICLICK	84	rabeprazole sodium	47	ROTARIX	55
<i>probenecid</i>	73	raloxifene hcl	96	ROTATEQ	55
PROCALAMINE	52	ramelteon	80	ROWASA	48
<i>prochlorperazine</i>	45	ramipril	29	roweepra	70
<i>prochlorperazine maleate</i>	45	ranolazine er	30	ROZLYTREK	27
<i>procto-med hc</i>	92	rasagiline mesylate	68	RUBRACA	27
<i>procto-pak</i>	92	RASUVO	72	RUCONEST	60
<i>proctosol hc</i>	92	RAVICTI	65	rufinamide	70
<i>proctozone-hc</i>	92	REBIF	62	RUKOBIA	18
<i>progesterone</i>	96	REBIF REBIDOSE	62	RUZURGI	61
<i>progesterone micronized</i>	95	REBIF REBIDOSE		RYBELSUS	39
PROGRAF INJECTION	57	TITRATION PACK	62	RYDAPT	27
PROLASTIN-C	86	REBIF TITRATION PACK	62	RYTARY	68
PROLENSA	43	RECOMBIVAX HB	55	SAIZEN	60
PROLIA	96	RECTIV	92	SAIZENPREP	60
PROMACTA	23	REGRANEX	92	SAMSCA	65
<i>promethazine hcl</i>	45	RELENZA DISKHALER	18	SANCUSO	45
<i>promethazine vc/codeine</i>	40	relexxii	77	SANTYL	92
<i>promethazine-codeine</i>	40	reli-on insulin syringe	36	SAPHRIS	82
<i>promethazine-dm</i>	40	RELISTOR	46	sapropterin dihydrochloride	63
<i>propafenone hcl</i>	31	REMICADE	72	SAXENDA	41
<i>propafenone hcl er</i>	31	repaglinide	39	scopolamine	45
<i>propranolol hcl</i>	32	RESTASIS	45	SECUADO	82
<i>propranolol hcl er</i>	32	RETACRIT	23	selegiline hcl	68
<i>propylthiouracil</i>	54	RETEVMO	27	.selenium sulfide	92
PROQUAD	55	RETIN-A	87	SELZENTRY	18
PROSOL	52	RETIN-A MICRO	87	SEREVENT DISKUS	84
<i>protriptyline hcl</i>	79	RETIN-A MICRO PUMP	87	SEROSTIM	60
PRUDOXIN	92	REVLIMID	27	sertraline hcl	79
<i>pseudoeph-chlorphen-hydrocod.</i>	40	REXULTI	82	sevelamer carbonate oral	
PULMOZYME	58	REYATAZ	18	packets	64
PURIXAN	27	REZUROCK	57	sevelamer hcl	64
PYLERA	47	RHOPRESSA	44	sharobel	94
<i>pyrazinamide</i>	21	ribavirin	18	SHINGRIX	56

SIGNIFOR	58	sumatriptan-naproxen sodium	67	TEPMETKO	28
sildenafil citrate	40, 85	sunitinib malate	27	terazosin hcl	30
silodosin	64	SUNOSI	80	terbinafine hcl	14
silver sulfadiazine	87	SUPRAX	20	terbutaline sulfate	84
SIMBRINZA	44	SUPREP BOWEL PREP KIT	46	terconazole	96
simvastatin	35	SUTENT	27	teriparatide (recombinant)	96
sirolimus	57	SYMDEKO	58	testosterone	53
SIRTURO	21	SYMFI	18	testosterone cypionate	53
SIVEXTRO	15, 50	SYMFI LO	18	testosterone enanthate	53
SKYRIZI	72	SYMLINPEN 120	38	tetraabenazine	61
SKYRIZI (150 MG DOSE)	72	SYMLINPEN 60	38	tetracycline hcl	22
SKYRIZI PEN	72	SYMPAZAN	70	THALOMID	28
sodium chloride	51, 92	SYMTUZA	18	theophylline	84
sodium phenylbutyrate	65	SYNAREL	53	theophylline er	84
sodium polystyrene sulfonate	64	SYNJARDY	39	THIOLA EC	58
solifenacin succinate	65	SYNJARDY XR	39	thioridazine hcl	82
SOLOSEC	96	SYNRIBO	24	thiothixene	82
SOLTAMOX	27	SYNTHROID	54	THYQUIDITY	54
SOMAVERT	57	TABLOID	27	tiadylt er	33
sorine	31	TABRECTA	28	tiagabine hcl	70
sotalol hcl	31	tacrolimus	57, 92	TIBSOVO	28
sotalol hcl (af)	31	tadalafil	40, 64	tigecycline	50
SOTYLIZE	31	tadalafil (pah)	85	TIGLUTIK	57
SPIRIVA HANDIHALER	84	TAFINLAR	28	timolol maleate	32, 44
SPIRIVA RESPIMAT	84	TAGRISSO	28	timolol maleate pf	44
spironolactone	34	TAKHYRO	60	tinidazole	16
spironolactone-hctz	34	TALTZ	73	tiopronin	58
SPRITAM	70	TALZENNA	28	TIROSINT	54
SPRYCEL	27	tamoxifen citrate	28	TIROSINT-SOL	54
sps	64	tamsulosin hcl	64	TIVICAY	18
ssd	87	TARGETIN	28, 92	TIVICAY PD	18
STAMARIL	56	tarina fe 1/20 eq	94	tizanidine hcl	71
STELARA	72	TASIGNA	28	TOBI PODHALER	58
STIVARGA	27	TAVALISSE	24	TOBRADEX	42
streptomycin sulfate	50	tazarotene	87, 90	TOBRADEX ST	42
STRIBILD	18	TAZORAC	91	tobramycin	42, 58
STRIVERDI RESPIMAT	84	taztia xt	33	tobramycin sulfate	50
STROMECTOL	15	TAZVERIK	28	tobramycin-dexamethasone	42
SUBSYS	76	tdvax	56	tolcapone	68
SUCRAID	64	techlite insulin syringe	36	tolterodine tartrate	65
sucralfate	47	techlite pen needles	36	tolterodine tartrate er	65
sulfacetamide sodium	42	TEFLARO	50	tolvaptan	65
sulfacetamide sodium (acne)	92	TEGSEDI	57	topiramate	70
sulfacetamide-prednisolone	42	TEKTURNA HCT	32	topiramate er	70
sulfadiazine	21	telmisartan	30	toremifene citrate	28
sulfamethoxazole-trimethoprim	21	telmisartan-amlodipine	32	torsemide	34
SULFAMYLYON	92	telmisartan-hctz	32	TOUJEO MAX SOLOSTAR	37
sulfasalazine	48	temazepam	80	TOUJEO SOLOSTAR	38
sulindac	74	TEMIXYS	18	TOVET	89
sumatriptan	67	temozolomide	28	TOVIAZ	65
sumatriptan succinate	67	TENIVAC	56	tpn electrolytes	52
sumatriptan succinate refill	67	tenofovir disoproxil fumarate	18	TRACLEER	85

TRADJENTA	39	TRUVADA	18	VIBRAMYCIN	22
<i>tramadol hcl</i>	76	TUKYSA	28	VICTOZA	38
<i>tramadol hcl er</i>	76	TURALIO	28	VIDEX	19
<i>tramadol hcl er (biphasic)</i>	76	TWINRIX	56	VIDEX EC	19
<i>tramadol-acetaminophen</i>	76	TYBOST	19	<i>vigabatrin</i>	71
<i>trandolapril</i>	30	TYKERB	28	<i>vigadronе</i>	71
<i>trandolapril-verapamil hcl er</i>	32	TYMLOS	96	VIIBRYD	80
<i>tranexamic acid</i>	24	TYPHIM VI	56	VIIBRYD STARTER PACK	80
<i>tranylcyprromine sulfate</i>	79	UCERIS	46	VIMPAT	71
TRAVASOL	52	UDENYCA	23	VIRACEPT	19
<i>travoprost (bak free)</i>	44	UKONIQ	28	VIREAD	19
<i>trazodone hcl</i>	79	<i>unithroid</i>	54	<i>vitamin d (ergocalciferol)</i>	41
TRECATOR	21	UPTRAVI	85	VITRAKVI	28
TRELEGY ELLIPTA	84	UROCIT-K 10	66	VIVITROL	76
TRELSTAR MIXJECT	53	UROCIT-K 15	66	VIZIMPRO	28
TRESIBA	38	UROCIT-K 5	66	<i>voriconazole</i>	14, 50
TRESIBA FLEXTOUCH	38	<i>ursodiol</i>	46	VOSEVI	19
<i>tretinoiin</i>	28, 87	VABOMERE	50	VOTRIENT	28
<i>tretinoiin microsphere</i>	87	<i>valacyclovir hcl</i>	19	VRAYLAR	82
TREXALL	73	VALCHLOR	92	<i>vyfemla</i>	94
<i>triamcinolone acetonide</i>	40, 89	<i>valganciclovir hcl</i>	19	VYNDAMAX	57
<i>triamterene-hctz</i>	34	<i>valproic acid</i>	70	VYNDAQEL	57
TRIANEX	89	<i>valsartan</i>	30	VYVANSE	77
<i>triazolam</i>	80	<i>valsartan-hydrochlorothiazide</i>	32	VYZULTA	44
triderm	89	VALTOCO 10 MG DOSE	70	WAKIX	80
<i>trientine hcl</i>	66	VALTOCO 15 MG DOSE	70	<i>warfarin sodium</i>	23
<i>trifluoperazine hcl</i>	82	VALTOCO 20 MG DOSE	71	WEGOVY	41
<i>trifluridine</i>	43	VALTOCO 5 MG DOSE	71	WELIREG	28
<i>trihexyphenidyl hcl</i>	68	<i>vancomycin hcl</i>	15, 50	<i>wixela inhub</i>	84
TRIKAFTA	58	<i>vandazole</i>	96	XALKORI	28
<i>trimethoprim</i>	15	VAQTA	56	XARELTO	23
<i>trimipramine maleate</i>	80	<i>vardenafil hcl</i>	40, 41	XARELTO STARTER PACK	23
TRINTELLIX	80	<i>varenicline tartrate</i>	64	XATMEP	73
<i>tri-previfem</i>	94	VARIVAX	56	XCOPRI	71
<i>tri-sprintec</i>	94	VARIZIG	56	XCOPRI (250 MG DAILY	
TRIUMEQ	18	VARUBI	45	DOSE)	71
<i>trivora (28)</i>	94	VARUBI (180 MG DOSE)	45	XCOPRI (350 MG DAILY	
TROPHAMINE	52	VASCEPA	35	DOSE)	71
<i>trospium chloride</i>	65	<i>velivet</i>	94	XELJANZ	73
<i>trospium chloride er</i>	65	VELTASSA	64	XELJANZ XR	73
<i>trueplus insulin syringe</i>	36	VEMLIDY	19	XENICAL	41
<i>trueplus pen needles</i>	36	VENCLEXTA	28	XENLETA	15
TRULICITY	38	VENCLEXTA STARTING		XEPI	87
TRUMENBA	56	PACK	28	XERMELO	46
TRUSELTIQ (100MG DAILY		<i>venlafaxine hcl</i>	80	XGEVA	96
DOSE)	28	<i>venlafaxine hcl er</i>	80	XIFAXAN	15
TRUSELTIQ (125MG DAILY		VENTAVIS	85	XIGDUO XR	39
DOSE)	28	<i>verapamil hcl</i>	33	XOFLUZA (40 MG DOSE)	19
TRUSELTIQ (50MG DAILY		<i>verapamil hcl er</i>	33	XOFLUZA (80 MG DOSE)	19
DOSE)	28	VERQUVO	33	XOLAIR	86
TRUSELTIQ (75MG DAILY		VERSACLOZ	82	XOSPATA	29
DOSE)	28	VERZENIO	28		

XPOVIO (100 MG ONCE WEEKLY).....	29
XPOVIO (40 MG ONCE WEEKLY).....	29
XPOVIO (40 MG TWICE WEEKLY).....	29
XPOVIO (60 MG ONCE WEEKLY).....	29
XPOVIO (60 MG TWICE WEEKLY).....	29
XPOVIO (80 MG ONCE WEEKLY).....	29
XPOVIO (80 MG TWICE WEEKLY).....	29
XTANDI.....	29
XURIDEN.....	29
XYOSTED.....	53
XYREM.....	80
XYWAV.....	80
YF-VAX.....	56
YONSA.....	29
<i>yuvafem</i>	96
<i>zafirlukast</i>	84
<i>zaleplon</i>	80
ZARXIO.....	23
ZEJULA.....	29
ZELBORAF.....	29
ZENPEP.....	45
ZERBAXA.....	51
ZIAGEN.....	19
<i>zidovudine</i>	19
ZIEXTENZO.....	23
<i>zileuton er</i>	84
<i>ziprasidone hcl</i>	82
<i>ziprasidone mesylate</i>	82
ZIRGAN.....	43
ZOLINZA.....	29
<i>zolmitriptan</i>	67
<i>zolpidem tartrate</i>	80
<i>zolpidem tartrate er</i>	80
ZOMACTON.....	60
<i>zonisamide</i>	71
ZORBTIVE.....	60
ZORTRESS.....	57
ZOSYN.....	51
<i>zovia 1/35e (28)</i>	94
ZYDELIG.....	29
ZYKADIA.....	29
ZYLET.....	43
ZYPREXA.....	82
ZYPREXA RELPREVV	83



This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30.

Or visit **www.thpmp.org**.



705 Mount Auburn Street
Watertown, MA 02472