



CarePartners of Connecticut PPO 2022 Formulary (List of Covered Drugs)

CarePartners of Connecticut PPO Plans

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

22470 Version 18

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact CarePartners of Connecticut Customer Service at **1-888-341-1507** (TTY users should call 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.carepartnersct.com**.

CarePartners of Connecticut PPO 2022 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 CarePartners of Connecticut.

When it refers to “plan” or “our plan,” it means CarePartners of Connecticut PPO.

This document includes a list of the drugs (formulary) for our plan which is current as of December 2022. 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, 2023, and from time to time during the year.

What is the CarePartners of Connecticut Formulary?

A formulary is a list of covered drugs selected by CarePartners of Connecticut 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. CarePartners of Connecticut will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CarePartners of Connecticut 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 find information in the section titled “*How do I request an exception to the CarePartners of Connecticut Formulary?*”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or 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 CarePartners of Connecticut Formulary?*”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 October 2022. To get updated information about the drugs covered by CarePartners of Connecticut, 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 12. 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 10. 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 90. 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?

CarePartners of Connecticut 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:** CarePartners of Connecticut requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CarePartners of Connecticut before you fill your prescriptions. If you don't get approval, CarePartners of Connecticut may not cover the drug.
- **Quantity Limits:** For certain drugs, CarePartners of Connecticut limits the amount of the drug that CarePartners of Connecticut will cover. For example, CarePartners of Connecticut provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CarePartners of Connecticut 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, CarePartners of Connecticut may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePartners of Connecticut 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 12. 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 CarePartners of Connecticut 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 CarePartners of Connecticut 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 Service and ask if your drug is covered.

If you learn that CarePartners of Connecticut does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CarePartners of Connecticut. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CarePartners of Connecticut.
- You can ask CarePartners of Connecticut 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 CarePartners of Connecticut Formulary?

You can ask CarePartners of Connecticut 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, unless the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CarePartners of Connecticut 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, CarePartners of Connecticut 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 CarePartners of Connecticut Customer Service department.

For more information

For more detailed information about your CarePartners of Connecticut prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about CarePartners of Connecticut, 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**.

CarePartners of Connecticut Formulary

The formulary that begins on page 12 provides coverage information about the drugs covered by CarePartners of Connecticut. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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 CarePartners of Connecticut has any special requirements for coverage of your drug.

B vs D: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, CarePartners of Connecticut 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 CarePartners of Connecticut to make an exception to our coverage rules. See the section, “*How do I request an exception to the CarePartners of Connecticut Formulary?*” on page 5 for information about how to request an exception.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call CarePartners of Connecticut Customer Service at **1-888-341-1507** (TTY users should call 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.carepartnersct.com**.

LA: Limited Access Drug

This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call CarePartners of Connecticut Customer Service at **1-888-341-1507** (TTY users should call 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.carepartnersct.com**.

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 CarePartners of Connecticut 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 CarePartners of Connecticut to make an exception to our coverage rules. See the section, *"How do I request an exception to the CarePartners of Connecticut 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. Some Part B drugs may require a 20% coinsurance.

Part B Drug:

No copayment is required, and the cost of the medication does not apply to your Part D benefit. Some Part B drugs may require a 20% coinsurance.

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**

	CarePartners Access		
Copays	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Copays	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
Tier 1	\$10	\$20	\$30
Tier 2	\$15	\$30	\$45
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Copays	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$47	\$94	\$94
Tier 4	\$100	\$200	\$200
Tier 5	33%	N/A	N/A
Tier 6	N/A	N/A	N/A

Coverage Gap Stage After your total prescription drug costs reach \$4,430, and until your payments reach \$7,050, you pay:	• 25% of costs for Part D generic drugs • 25% of costs for Part D brand drugs
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$7,050, you pay the greater of:	5% per prescription, or \$3.95 per prescription for Part D generic drugs, \$9.85 per prescription for Part D brand drugs.

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE	12
BLOOD MODIFYING AGENTS	20
CANCER DRUGS	22
CARDIOVASCULAR AGENTS	27
DIABETES MELLITUS	34
EAR, NOSE AND THROAT	37
EYE	38
GASTROINTESTINAL DRUGS	41
HOME INFUSION THERAPY	44
HORMONES	48
IMMUNOLOGIC AGENTS	50
MISCELLANEOUS DRUGS	54
NEUROLOGICAL DRUGS	62
PAIN AND INFLAMMATORY DISEASES	67
PSYCHIATRIC	71
RESPIRATORY DRUGS	78
SKIN	81
WOMEN'S HEALTH	87

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat troche</i>	Tier-2	
CRESEMBA ORAL CAPSULE	Tier-5	NEDS
<i>fluconazole oral suspension reconstituted</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-2	
<i>flucytosine oral capsule</i>	Tier-5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier-4	
<i>griseofulvin microsize oral tablet</i>	Tier-4	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier-4	
<i>itraconazole oral capsule</i>	Tier-2	
<i>itraconazole oral solution</i>	Tier-3	
<i>ketoconazole oral tablet</i>	Tier-2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier-3	
NOXAFIL ORAL SUSPENSION	Tier-5	NEDS
<i>nystatin oral tablet</i>	Tier-2	
<i>posaconazole oral tablet delayed release</i>	Tier-5	NEDS
<i>terbinafine hcl oral tablet</i>	Tier-2	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-5	NEDS
<i>voriconazole oral tablet</i>	Tier-4	
ANTI-INFECTIVES, MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier-4	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	Tier-5	NEDS
ARIKAYCE INHALATION SUSPENSION	Tier-5	PA; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	Tier-4	
<i>fosfomycin tromethamine oral packet</i>	Tier-3	
<i>ivermectin oral tablet</i>	Tier-3	
<i>linezolid oral suspension reconstituted</i>	Tier-5	NEDS
<i>linezolid oral tablet</i>	Tier-4	
<i>methenamine hippurate oral tablet</i>	Tier-4	
<i>metronidazole oral tablet</i>	Tier-2	
<i>neomycin sulfate oral tablet</i>	Tier-2	
<i>nitazoxanide oral tablet</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>nitrofurantoin macrocrystal oral capsule</i>	Tier-3	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier-3	
<i>praziquantel oral tablet</i>	Tier-3	
SIVEXTRO ORAL TABLET	Tier-5	NEDS
STROMECTOL ORAL TABLET	Tier-3	
<i>trimethoprim oral tablet</i>	Tier-2	
<i>vancomycin hcl oral capsule</i>	Tier-4	
<i>vancomycin hcl oral solution reconstituted</i>	Tier-4	
XENLETA ORAL TABLET	Tier-5	NEDS
XIFAXAN ORAL TABLET 200 MG	Tier-5	NEDS
XIFAXAN ORAL TABLET 550 MG	Tier-5	PA; NEDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone oral suspension</i>	Tier-5	NEDS
<i>atovaquone-proguanil hcl oral tablet</i>	Tier-4	
BENZNIDAZOLE ORAL TABLET	Tier-4	
<i>chloroquine phosphate oral tablet</i>	Tier-2	
COARTEM ORAL TABLET	Tier-3	QL (24 EA per 3 days)
<i>dapsone oral tablet</i>	Tier-4	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier-2	
IMPAVIDO ORAL CAPSULE	Tier-5	NEDS
KRINTAFEL ORAL TABLET	Tier-3	
LAMPIT ORAL TABLET	Tier-4	
<i>mefloquine hcl oral tablet</i>	Tier-2	
<i>paromomycin sulfate oral capsule</i>	Tier-4	
PENTAM INJECTION SOLUTION RECONSTITUTED	Tier-3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier-3	B vs D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier-3	
<i>primaquine phosphate oral tablet</i>	Tier-2	
<i>pyrimethamine oral tablet</i>	Tier-3	
<i>quinine sulfate oral capsule</i>	Tier-4	
<i>tinidazole oral tablet</i>	Tier-4	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	Tier-4	
<i>abacavir sulfate oral tablet</i>	Tier-4	

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>abacavir sulfate-lamivudine oral tablet</i>	Tier-4	
<i>acyclovir external ointment</i>	Tier-4	
<i>acyclovir oral capsule</i>	Tier-2	
<i>acyclovir oral suspension</i>	Tier-3	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil oral tablet</i>	Tier-5	NEDS
<i>amantadine hcl oral capsule</i>	Tier-3	
<i>amantadine hcl oral solution</i>	Tier-2	
<i>amantadine hcl oral tablet</i>	Tier-3	
APTIVUS ORAL CAPSULE	Tier-5	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier-4	
BIKTARVY ORAL TABLET	Tier-5	NEDS
CIMDUO ORAL TABLET	Tier-5	NEDS
COMPLERA ORAL TABLET	Tier-5	NEDS
DELSTRIGO ORAL TABLET	Tier-3	
DESCOVY ORAL TABLET	Tier-5	NEDS
DOVATO ORAL TABLET	Tier-5	NEDS
EDURANT ORAL TABLET	Tier-5	NEDS
<i>efavirenz oral capsule</i>	Tier-3	
<i>efavirenz oral tablet</i>	Tier-4	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier-5	NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier-5	NEDS
<i>emtricitabine oral capsule</i>	Tier-3	
<i>emtricitabine-tenofovir df oral tablet</i>	Tier-5	NEDS
EMTRIVA ORAL SOLUTION	Tier-3	
<i>entecavir oral tablet</i>	Tier-4	
EPCLUSA ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
EPCLUSA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	Tier-3	
<i>etravirine oral tablet 100 mg</i>	Tier-3	
<i>etravirine oral tablet 200 mg</i>	Tier-5	NEDS
EVOTAZ ORAL TABLET	Tier-5	NEDS
<i>famciclovir oral tablet</i>	Tier-4	
<i>fosamprenavir calcium oral tablet</i>	Tier-5	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	Tier-5	NEDS
HARVONI ORAL PACKET	Tier-5	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
HARVONI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	NEDS
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty
ISENTRESS HD ORAL TABLET	Tier-5	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-5	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-5	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-3	QL (720 EA per 30 days)
JULUCA ORAL TABLET	Tier-5	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	NEDS
<i>lamivudine oral solution</i>	Tier-3	
<i>lamivudine oral tablet</i>	Tier-3	
<i>lamivudine-zidovudine oral tablet</i>	Tier-4	
LEXIVA ORAL SUSPENSION	Tier-3	
LIVTENCITY ORAL TABLET	Tier-5	PA; QL (112 EA per 28 days); NEDS
<i>lopinavir-ritonavir oral solution</i>	Tier-3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier-3	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier-4	
<i>maraviroc oral tablet 150 mg</i>	Tier-5	QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Tier-5	QL (120 EA per 30 days); NEDS
MAVYRET ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
MAVYRET ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier-4	
<i>nevirapine oral suspension</i>	Tier-4	
<i>nevirapine oral tablet</i>	Tier-3	
NORVIR ORAL PACKET	Tier-3	
NORVIR ORAL SOLUTION	Tier-3	
ODEFSEY ORAL TABLET	Tier-5	NEDS
<i>oseltamivir phosphate oral capsule</i>	Tier-3	
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier-3	
PEGASYS SUBCUTANEOUS SOLUTION	Tier-5	SP-CVS specialty; QL (4 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
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	Tier-5	NEDS
PREVYMIS ORAL TABLET	Tier-5	PA; NEDS
PREZCOBIX ORAL TABLET	Tier-5	NEDS
PREZISTA ORAL SUSPENSION	Tier-5	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier-5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier-4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	Tier-5	NEDS
<i>ribavirin oral tablet</i>	Tier-3	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	Tier-4	
<i>ritonavir oral tablet</i>	Tier-3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-5	NEDS
SELZENTRY ORAL SOLUTION	Tier-3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	Tier-3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	Tier-3	QL (60 EA per 30 days)
STRIBILD ORAL TABLET	Tier-5	NEDS
SYMTUZA ORAL TABLET	Tier-5	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier-4	
TIVICAY ORAL TABLET 10 MG	Tier-3	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-5	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier-4	
TRIUMEQ ORAL TABLET	Tier-5	NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier-5	NEDS
TRIZIVIR ORAL TABLET	Tier-5	NEDS
TYBOST ORAL TABLET	Tier-3	
<i>valacyclovir hcl oral tablet</i>	Tier-3	
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-5	NEDS
<i>valganciclovir hcl oral tablet</i>	Tier-3	
VEMLIDY ORAL TABLET	Tier-5	NEDS
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	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
VIREAD ORAL POWDER	Tier-5	NEDS
VIREAD ORAL TABLET	Tier-5	NEDS
VOSEVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	QL (1 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	QL (1 EA per 7 days)
ZIAGEN ORAL TABLET	Tier-3	
<i>zidovudine oral capsule</i>	Tier-3	
<i>zidovudine oral syrup</i>	Tier-3	
<i>zidovudine oral tablet</i>	Tier-3	
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-4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier-2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	Tier-3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier-3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	Tier-3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
<i>cefaclor oral capsule</i>	Tier-2	
<i>cefadroxil oral capsule</i>	Tier-2	
<i>cefadroxil oral suspension reconstituted</i>	Tier-2	
<i>cefдинir oral capsule</i>	Tier-3	
<i>cefдинir oral suspension reconstituted</i>	Tier-3	
<i>cefixime oral capsule</i>	Tier-3	
<i>cefixime oral suspension reconstituted</i>	Tier-4	

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>cefpodoxime proxetil oral suspension reconstituted</i>	Tier-4	
<i>cefpodoxime proxetil oral tablet</i>	Tier-4	
<i>cefprozil oral suspension reconstituted</i>	Tier-3	
<i>cefprozil oral tablet</i>	Tier-3	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin oral capsule</i>	Tier-2	
<i>cephalexin oral suspension reconstituted</i>	Tier-2	
<i>dicloxacillin sodium oral capsule</i>	Tier-2	
<i>penicillin v potassium oral solution reconstituted</i>	Tier-2	
<i>penicillin v potassium oral tablet</i>	Tier-2	
SUPRAX ORAL SUSPENSION RECONSTITUTED	Tier-4	
SUPRAX ORAL TABLET CHEWABLE	Tier-4	
MACROLIDES AND CLINDAMYCIN		
<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-3	
<i>clarithromycin oral suspension reconstituted</i>	Tier-4	
<i>clarithromycin oral tablet</i>	Tier-3	
<i>clindamycin hcl oral capsule</i>	Tier-2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier-2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier-5	PA; NEDS
DIFICID ORAL TABLET	Tier-5	PA; NEDS
ERYTHROCIN STEARATE ORAL TABLET	Tier-3	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-4	
<i>erythromycin base oral tablet</i>	Tier-4	
<i>erythromycin base oral tablet delayed release</i>	Tier-4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier-4	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-4	
<i>erythromycin oral tablet delayed release</i>	Tier-4	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	Tier-3	
<i>isoniazid oral syrup</i>	Tier-4	

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>isoniazid oral tablet</i>	Tier-2	
PASER ORAL PACKET	Tier-4	
<i>pretomanid oral tablet</i>	Tier-4	
PRIFTIN ORAL TABLET	Tier-3	
<i>pyrazinamide oral tablet</i>	Tier-2	
<i>rifabutin oral capsule</i>	Tier-2	
<i>rifampin oral capsule</i>	Tier-3	
SIRTURO ORAL TABLET	Tier-5	PA; NEDS
TRECTOR ORAL TABLET	Tier-4	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	HI; NEDS
BAXDELA ORAL TABLET	Tier-5	NEDS
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier-3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier-2	
<i>levofloxacin oral solution</i>	Tier-3	
<i>levofloxacin oral tablet</i>	Tier-1	
<i>moxifloxacin hcl oral tablet</i>	Tier-3	
<i>ofloxacin oral tablet</i>	Tier-3	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	Tier-3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-2	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	Tier-4	
<i>doxycycline hyclate oral capsule</i>	Tier-3	
<i>doxycycline hyclate oral tablet</i>	Tier-3	
<i>doxycycline monohydrate oral capsule</i>	Tier-3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier-4	
<i>doxycycline monohydrate oral tablet</i>	Tier-3	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier-3	
<i>minocycline hcl oral capsule</i>	Tier-2	
<i>minocycline hcl oral tablet</i>	Tier-4	
NUZYRA ORAL TABLET	Tier-5	NEDS
<i>tetracycline hcl oral capsule</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
VIBRAMYCIN ORAL SYRUP	Tier-4	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	Tier-3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier-3	
BRILINTA ORAL TABLET	Tier-3	
<i>cilostazol oral tablet</i>	Tier-2	
<i>clopidogrel bisulfate oral tablet</i>	Tier-2	
<i>dipyridamole oral tablet</i>	Tier-3	
<i>prasugrel hcl oral tablet</i>	Tier-3	
BLOOD CELL STIMULATORS		
DOPTLET ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	SP-CVS specialty
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	Tier-5	SP-CVS specialty; NEDS
PROMACTA ORAL PACKET	Tier-5	PA; SP-CVS specialty; NEDS
PROMACTA ORAL TABLET	Tier-5	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-3	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier-5	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	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
BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule</i>	Tier-3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier-3	
ELIQUIS ORAL TABLET	Tier-3	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier-4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier-4	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML	Tier-5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-3	
<i>jantoven oral tablet</i>	Tier-1	
PRADAXA ORAL CAPSULE	Tier-4	
<i>warfarin sodium oral tablet</i>	Tier-1	
XARELTO ORAL SUSPENSION RECONSTITUTED	Tier-3	
XARELTO ORAL TABLET	Tier-3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-3	
BLOOD, MISCELLANEOUS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
CABLIVI INJECTION KIT	Tier-5	NEDS
OXBRYTA ORAL TABLET	Tier-5	SP-CVS specialty; NEDS
OXBRYTA ORAL TABLET SOLUBLE	Tier-5	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier-2	
PYRUKYND ORAL TABLET	Tier-5	PA; NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
TAVALISSE ORAL TABLET	Tier-5	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</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
CANCER DRUGS		
INJECTABLE AGENTS		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
ORAL AGENTS		
<i>abiraterone acetate oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Tier-3	Part B
ALUNBRIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	Tier-1	
AYVAKIT ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	Tier-5	PA; NEDS
<i>bexarotene oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	Tier-2	
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	Tier-5	PA; NEDS
BRUKINSA ORAL CAPSULE	Tier-5	PA; NEDS
CABOMETYX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	Tier-5	PA; NEDS
CALQUENCE ORAL TABLET	Tier-5	PA; NEDS
<i>capecitabine oral tablet</i>	Tier-5	Part B; SP-CVS specialty; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-5	PA; SP-CVS specialty; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-5	PA; SP-CVS specialty; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-5	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
COPIKTRA ORAL CAPSULE	Tier-5	PA; NEDS
COTELLIC ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>cyclophosphamide oral capsule</i>	Tier-4	B vs D; SP-CVS specialty
<i>cyclophosphamide oral tablet</i>	Tier-4	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	Tier-3	
EMCYT ORAL CAPSULE	Tier-3	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	Tier-5	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	Tier-5	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	Tier-2	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	Tier-4	
EXKIVITY ORAL CAPSULE	Tier-5	PA; NEDS
FOTIVDA ORAL CAPSULE	Tier-5	PA; NEDS
GAVRETO ORAL CAPSULE	Tier-5	PA; NEDS
GILOTRIF ORAL TABLET	Tier-5	PA; NEDS
HYCAMTIN ORAL CAPSULE	Tier-3	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	Tier-2	
IBRANCE ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	Tier-5	PA; NEDS
IDHIFA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier-5	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	Tier-5	PA; NEDS
IMBRUVICA ORAL SUSPENSION	Tier-5	PA; NEDS
IMBRUVICA ORAL TABLET	Tier-5	PA; NEDS
INLYTA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	Tier-5	PA; NEDS
JAKAFI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS

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-5	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	Tier-5	PA; NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier-5	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier-5	PA; LA; SP-CVS specialty; NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
<i>letrozole oral tablet</i>	Tier-2	
LEUKERAN ORAL TABLET	Tier-3	
LONSURF ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LUMAKRAS ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
LYSODREN 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
MATULANE ORAL CAPSULE	Tier-5	NEDS
<i>megestrol acetate oral tablet</i>	Tier-3	
MEKINIST ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	Tier-5	PA; NEDS
<i>melphalan oral tablet</i>	Tier-2	Part B
<i>mercaptopurine oral tablet</i>	Tier-3	
MYLERAN ORAL TABLET	Tier-3	Part B
NERLYNX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	Tier-5	NEDS
NINLARO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ODOMZO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ONUREG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ORGOVYX ORAL TABLET	Tier-5	PA; NEDS
PEMAZYRE ORAL TABLET	Tier-5	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	Tier-5	NEDS
QINLOCK ORAL TABLET	Tier-5	PA; NEDS
RETEVMO ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
REVLIMID ORAL CAPSULE	Tier-5	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
SCEMBLIX ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	Tier-3	
<i>sorafenib tosylate oral tablet</i>	Tier-5	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
SPRYCEL ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
STIVARGA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 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
<i>sunitinib malate oral capsule</i>	Tier-5	PA; SP-CVS specialty; NEDS
SUTENT ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	Tier-3	SP-CVS specialty
TABRECTA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
TAFINLAR ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TAGRISSE ORAL TABLET	Tier-5	PA; NEDS
TALZENNA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier-2	
TARGRETIN ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	Tier-5	PA; NEDS
<i>temozolomide oral capsule</i>	Tier-3	Part B; SP-CVS specialty
TEPMETKO ORAL TABLET	Tier-5	PA; NEDS
THALOMID ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	Tier-5	PA; NEDS
<i>toremifene citrate oral tablet</i>	Tier-3	
<i>tretinoin oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
TUKYSA ORAL TABLET	Tier-5	PA; NEDS
TURALIO ORAL CAPSULE	Tier-5	PA; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-3	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-5	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
VERZENIO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
VIJOICE ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
VONJO ORAL CAPSULE	Tier-5	PA; NEDS
VOTRIENT ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 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
WELIREG ORAL TABLET	Tier-5	PA; NEDS
XALKORI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	Tier-5	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
XTANDI ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
XTANDI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
YONSA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	Tier-5	PA; NEDS
ZELBORAF ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	Tier-3	
<i>leucovorin calcium oral tablet 25 mg</i>	Tier-4	
MESNEX ORAL TABLET	Tier-5	NEDS
XURIDEN ORAL PACKET	Tier-5	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-1	
<i>enalapril maleate oral tablet</i>	Tier-1	
<i>fosinopril sodium oral tablet</i>	Tier-1	
<i>lisinopril 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>moexipril hcl oral tablet</i>	Tier-1	
<i>perindopril erbumine oral tablet</i>	Tier-1	
<i>quinapril hcl oral tablet</i>	Tier-1	
<i>ramipril oral capsule</i>	Tier-1	
<i>trandolapril oral tablet</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>doxazosin mesylate oral tablet</i>	Tier-2	
<i>prazosin hcl oral capsule</i>	Tier-2	
<i>terazosin hcl oral capsule</i>	Tier-2	
ANGINA		
<i>isosorbide dinitrate oral tablet</i>	Tier-2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier-2	
<i>isosorbide mononitrate oral tablet</i>	Tier-2	
NITRO-BID TRANSDERMAL OINTMENT	Tier-4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual solution</i>	Tier-3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	Tier-3	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier-3	
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-1	
<i>telmisartan oral tablet</i>	Tier-1	
<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-2	
<i>digoxin oral solution</i>	Tier-3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier-2	
<i>digoxin oral tablet 62.5 mcg</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>disopyramide phosphate oral capsule</i>	Tier-4	
<i>dofetilide oral capsule</i>	Tier-4	
<i>flecainide acetate oral tablet</i>	Tier-2	
LANOXIN ORAL TABLET	Tier-4	
<i>mexiletine hcl oral capsule</i>	Tier-3	
MULTAQ ORAL TABLET	Tier-4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-4	
<i>pacerone oral tablet</i>	Tier-1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier-4	
<i>propafenone hcl oral tablet</i>	Tier-2	
<i>quinidine gluconate er oral tablet extended release</i>	Tier-4	
<i>quinidine sulfate oral tablet</i>	Tier-2	
<i>sotalol hcl (af) oral tablet</i>	Tier-2	
<i>sotalol hcl oral tablet</i>	Tier-2	
SOTYLIZE ORAL SOLUTION	Tier-4	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier-1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier-2	
<i>amlodipine-atorvastatin oral tablet</i>	Tier-2	
<i>amlodipine-olmesartan 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-2	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier-1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<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-2	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier-1	
<i>olmesartan-amlodipine-hctz oral tablet</i>	Tier-2	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier-1	
<i>telmisartan-amlodipine 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>telmisartan-hctz oral tablet</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-3	
<i>labetalol hcl oral tablet</i>	Tier-2	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	Tier-2	
<i>atenolol oral tablet</i>	Tier-1	
<i>betaxolol hcl oral tablet</i>	Tier-3	
<i>bisoprolol fumarate oral tablet</i>	Tier-2	
BYSTOLIC ORAL TABLET	Tier-4	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier-1	
<i>metoprolol tartrate oral tablet</i>	Tier-1	
<i>nadolol oral tablet</i>	Tier-4	
<i>nebivolol hcl oral tablet</i>	Tier-3	
<i>pindolol oral tablet</i>	Tier-3	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>propranolol hcl oral solution</i>	Tier-2	
<i>propranolol hcl oral tablet</i>	Tier-2	
<i>timolol maleate oral tablet</i>	Tier-3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	Tier-1	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	Tier-2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-2	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier-2	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier-2	
<i>isradipine oral capsule</i>	Tier-4	

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>matzim la oral tablet extended release 24 hour</i>	Tier-2	
<i>nicardipine hcl oral capsule</i>	Tier-4	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier-2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier-2	
<i>nimodipine oral capsule</i>	Tier-4	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier-4	
NYMALIZE ORAL SOLUTION	Tier-5	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	Tier-2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	Tier-2	
<i>tiadylt er oral capsule extended release 24 hour 360 mg</i>	Tier-3	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>verapamil hcl er oral tablet extended release</i>	Tier-2	
<i>verapamil hcl oral tablet</i>	Tier-2	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CAMZYOS ORAL CAPSULE	Tier-5	PA; NEDS
CORLANOR ORAL SOLUTION	Tier-4	
CORLANOR ORAL TABLET	Tier-4	
ENTRESTO ORAL TABLET	Tier-3	
VERQUVO ORAL TABLET	Tier-4	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>clonidine transdermal patch weekly</i>	Tier-4	
<i>droxidopa oral capsule</i>	Tier-5	PA; NEDS
<i>midodrine hcl oral tablet</i>	Tier-3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	Tier-1	
DIURETICS		
<i>amiloride hcl oral tablet</i>	Tier-2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier-2	
<i>bumetanide oral tablet</i>	Tier-1	
CAROSPIR ORAL SUSPENSION	Tier-4	
<i>chlorthalidone 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>eplerenone oral tablet</i>	Tier-3	
<i>ethacrynic acid oral tablet</i>	Tier-4	
<i>furosemide oral solution</i>	Tier-2	
<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-2	
KERENDIA ORAL TABLET	Tier-4	PA
<i>metolazone oral tablet</i>	Tier-3	
<i>spironolactone oral tablet</i>	Tier-2	
<i>spironolactone-hctz oral tablet</i>	Tier-2	
<i>toremide oral tablet</i>	Tier-2	
<i>triamterene oral capsule</i>	Tier-4	
<i>triamterene-hctz oral capsule</i>	Tier-2	
<i>triamterene-hctz oral tablet</i>	Tier-2	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	Tier-1	
<i>cholestyramine light oral powder</i>	Tier-4	
<i>cholestyramine oral packet</i>	Tier-4	
<i>colesevelam hcl oral packet</i>	Tier-3	
<i>colesevelam hcl oral tablet</i>	Tier-3	
<i>colestipol hcl oral packet</i>	Tier-4	
<i>colestipol hcl oral tablet</i>	Tier-3	
<i>ezetimibe oral tablet</i>	Tier-2	
<i>ezetimibe-simvastatin oral tablet</i>	Tier-1	
<i>fenofibrate micronized oral capsule</i>	Tier-2	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tier-2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid oral capsule delayed release</i>	Tier-3	
FLOLIPID ORAL SUSPENSION	Tier-3	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier-2	
<i>fluvastatin sodium oral capsule</i>	Tier-2	
<i>gemfibrozil oral tablet</i>	Tier-2	
<i>icosapent ethyl oral capsule</i>	Tier-3	
JUXTAPID ORAL CAPSULE	Tier-5	PA; NEDS
<i>lovastatin 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
NEXLETOL ORAL TABLET	Tier-3	PA
NEXLIZET ORAL TABLET	Tier-3	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier-2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier-4	
<i>niacor oral tablet</i>	Tier-2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier-4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	PA
<i>pravastatin sodium oral tablet</i>	Tier-1	
PREVALITE ORAL PACKET	Tier-3	
<i>rosuvastatin calcium oral tablet</i>	Tier-1	
<i>simvastatin oral tablet</i>	Tier-1	
VASCEPA 0.5 MG ORAL CAPSULE	Tier-4	
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-4	
<i>klor-con m20 oral tablet extended release</i>	Tier-1	
<i>klor-con oral packet</i>	Tier-1	
<i>klor-con oral tablet extended release</i>	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE	Tier-4	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier-2	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Tier-4	
<i>potassium chloride er oral capsule extended release</i>	Tier-2	
<i>potassium chloride er oral tablet extended release</i>	Tier-2	
<i>potassium chloride oral packet</i>	Tier-3	
<i>potassium chloride oral solution</i>	Tier-3	
VASODILATORS		
BIDIL ORAL TABLET	Tier-3	
<i>hydralazine hcl oral tablet</i>	Tier-2	
<i>isosorb dinitrate-hydralazine oral tablet</i>	Tier-3	
<i>minoxidil 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
DIABETES MELLITUS		
DIABETIC SUPPLIES		
ASSURE INSULIN SAFETY SYRINGE	Tier-3	
BD DISP NEEDLE	Tier-3	
BD INSULIN SYRINGE	Tier-3	
BD INSULIN SYRINGE U-500	Tier-3	
COMFORT ASSIST INSULIN SYRINGE	Tier-3	
<i>cvs gauze sterile pad</i>	Tier-3	
DEXCOM RECEIVER DEVICE	Tier-3	Part B; PA
DEXCOM SENSOR	Tier-3	Part B; PA
DEXCOM TRANSMITTER	Tier-3	Part B; PA
EXEL COMFORT POINT PEN NEEDLE	Tier-3	
FREESTYLE LIBRE READER DEVICE	Tier-4	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	Tier-4	Part B; PA
<i>gauze pads pad</i>	Tier-2	
<i>global alcohol prep ease pad</i>	Tier-3	
<i>insulin syringe</i>	Tier-3	
INSULIN SYRINGE	Tier-3	
<i>lancets</i>	Tier-2	Part B
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier-4	
OMNIPOD 5 G6 POD (GEN 5)	Tier-4	
OMNIPOD CLASSIC PDM (GEN 3) KIT	Tier-4	
OMNIPOD CLASSIC PODS (GEN 3)	Tier-4	
OMNIPOD DASH PDM (GEN 4) KIT	Tier-4	
OMNIPOD DASH PODS (GEN 4)	Tier-4	
ONETOUCH TEST STRIPS	Tier-3	Part B
<i>preferred plus insulin syringe</i>	Tier-3	
RELI-ON INSULIN SYRINGE	Tier-3	
TECHLITE INSULIN SYRINGE	Tier-3	
TECHLITE PEN NEEDLES	Tier-3	
TRUEPLUS INSULIN SYRINGE	Tier-3	
TRUEPLUS PEN NEEDLES	Tier-3	
GLUCOSE ELEVATING		
<i>diazoxide oral suspension</i>	Tier-4	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-3	
GLUCAGON EMERGENCY INJECTION KIT	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
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier-3	
GVOKE KIT SUBCUTANEOUS SOLUTION	Tier-3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	
INSULINS		
HUMALOG INJECTION SOLUTION	Tier-3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier-3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier-3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier-3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-3	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-3	
HUMULIN R INJECTION SOLUTION	Tier-3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LANTUS SUBCUTANEOUS 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
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
LEVEMIR SUBCUTANEOUS SOLUTION	Tier-3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRESIBA SUBCUTANEOUS SOLUTION	Tier-3	
NON-INSULIN INJECTABLES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier-3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-4	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	
ORAL AGENTS		
<i>acarbose oral tablet</i>	Tier-1	
CYCLOSET ORAL TABLET	Tier-3	
FARXIGA ORAL TABLET	Tier-3	
<i>glimepiride oral tablet</i>	Tier-1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier-1	
<i>glipizide oral tablet</i>	Tier-1	
<i>glipizide-metformin hcl oral tablet</i>	Tier-1	
<i>glyburide micronized oral tablet</i>	Tier-1	

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>glyburide oral tablet</i>	Tier-1	
<i>glyburide-metformin oral tablet</i>	Tier-1	
GLYXAMBI ORAL TABLET	Tier-3	
JANUMET ORAL TABLET	Tier-3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
JANUVIA ORAL TABLET	Tier-3	
JARDIANCE ORAL TABLET	Tier-3	
JENTADUETO ORAL TABLET	Tier-3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	Tier-1	
<i>metformin hcl oral solution</i>	Tier-1	
<i>metformin hcl oral tablet</i>	Tier-1	
<i>miglitol oral tablet</i>	Tier-1	
<i>nateglinide oral tablet</i>	Tier-1	
<i>pioglitazone hcl oral tablet</i>	Tier-1	
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier-2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier-1	
<i>repaglinide oral tablet</i>	Tier-1	
RYBELSUS ORAL TABLET	Tier-3	
SYNJARDY ORAL TABLET	Tier-3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
TRADJENTA ORAL TABLET	Tier-3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	

EAR, NOSE AND THROAT

EAR

<i>acetic acid otic solution</i>	Tier-2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier-3	
<i>flac otic oil</i>	Tier-4	
<i>fluocinolone acetonide otic oil</i>	Tier-4	
<i>hydrocortisone-acetic acid otic solution</i>	Tier-3	
<i>neomycin-polymyxin-hc</i>	Tier-3	
<i>neomycin-polymyxin-hc</i>	Tier-3	
<i>ofloxacin otic solution</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
MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-2	
<i>periogard mouth/throat solution</i>	Tier-2	
<i>pilocarpine hcl oral tablet</i>	Tier-4	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier-3	
NOSE		
<i>azelastine hcl nasal solution</i>	Tier-3	QL (120 ML per 90 days)
<i>cyproheptadine hcl oral syrup</i>	Tier-4	
<i>cyproheptadine hcl oral tablet</i>	Tier-4	
<i>flunisolide nasal solution</i>	Tier-1	QL (150 ML per 90 days)
<i>fluticasone propionate nasal suspension</i>	Tier-2	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral syrup</i>	Tier-3	PA
<i>hydroxyzine hcl oral tablet</i>	Tier-3	PA
<i>hydroxyzine pamoate oral capsule</i>	Tier-3	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride oral tablet</i>	Tier-1	
<i>mometasone furoate nasal suspension</i>	Tier-4	QL (102 GM per 90 days)
EYE		
ALLERGY		
ALOCRIL OPHTHALMIC SOLUTION	Tier-4	
ALOMIDE OPHTHALMIC SOLUTION	Tier-4	
<i>azelastine hcl ophthalmic solution</i>	Tier-3	
<i>bepotastine besilate ophthalmic solution</i>	Tier-3	
<i>cromolyn sodium ophthalmic solution</i>	Tier-2	
<i>epinastine hcl ophthalmic solution</i>	Tier-4	
<i>olopatadine hcl ophthalmic solution</i>	Tier-3	
ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION	Tier-4	
<i>bacitracin ophthalmic ointment</i>	Tier-2	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier-2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier-3	
BESIVANCE OPHTHALMIC SUSPENSION	Tier-4	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier-4	
<i>ciprofloxacin 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
<i>erythromycin ophthalmic ointment</i>	Tier-2	
<i>gatifloxacin ophthalmic solution</i>	Tier-3	
<i>gentak ophthalmic ointment</i>	Tier-2	
<i>gentamicin sulfate ophthalmic solution</i>	Tier-2	
<i>levofloxacin ophthalmic solution</i>	Tier-3	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier-4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier-3	
<i>ofloxacin ophthalmic solution</i>	Tier-2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier-2	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier-2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier-2	
TOBRADEX OPHTHALMIC OINTMENT	Tier-3	
TOBRADEX ST OPHTHALMIC SUSPENSION	Tier-3	
<i>tobramycin ophthalmic solution</i>	Tier-2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier-3	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION	Tier-3	
BROMSITE OPHTHALMIC SOLUTION	Tier-4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier-2	
<i>diclofenac sodium ophthalmic solution</i>	Tier-2	
<i>difluprednate ophthalmic emulsion</i>	Tier-3	
DUREZOL OPHTHALMIC EMULSION	Tier-3	
FLAREX OPHTHALMIC SUSPENSION	Tier-4	
<i>fluorometholone ophthalmic suspension</i>	Tier-3	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier-2	
FML FORTE OPHTHALMIC SUSPENSION	Tier-4	
ILEVRO OPHTHALMIC SUSPENSION	Tier-3	
INVELTYS OPHTHALMIC SUSPENSION	Tier-4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier-3	
<i>loteprednol etabonate ophthalmic gel</i>	Tier-3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier-3	
MAXIDEX OPHTHALMIC SUSPENSION	Tier-4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</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>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier-3	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier-4	
PRED MILD OPHTHALMIC SUSPENSION	Tier-3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier-3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier-3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier-2	
PROLENSA OPHTHALMIC SOLUTION	Tier-3	
ZYLET OPHTHALMIC SUSPENSION	Tier-3	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	Tier-3	
ZIRGAN OPHTHALMIC GEL	Tier-4	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier-4	
<i>acetazolamide oral tablet</i>	Tier-3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	Tier-3	
<i>apraclonidine hcl ophthalmic solution</i>	Tier-3	
<i>betaxolol hcl ophthalmic solution</i>	Tier-3	
BETIMOL OPHTHALMIC SOLUTION	Tier-4	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier-3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier-4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier-2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier-3	
<i>brinzolamide ophthalmic suspension</i>	Tier-3	
<i>carteolol hcl ophthalmic solution</i>	Tier-2	
COMBIGAN OPHTHALMIC SOLUTION	Tier-3	
<i>dorzolamide hcl ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier-2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier-3	
IOPIDINE OPHTHALMIC SOLUTION	Tier-4	
<i>latanoprost ophthalmic solution</i>	Tier-1	
<i>levobunolol hcl ophthalmic solution</i>	Tier-2	
LUMIGAN OPHTHALMIC 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>methazolamide oral tablet</i>	Tier-4	
<i>pilocarpine hcl ophthalmic solution</i>	Tier-3	
RHOPRESSA OPHTHALMIC SOLUTION	Tier-3	
ROCKLATAN OPHTHALMIC SOLUTION	Tier-4	
SIMBRINZA OPHTHALMIC SUSPENSION	Tier-3	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-3	
<i>timolol maleate ophthalmic solution</i>	Tier-2	
<i>timolol maleate pf ophthalmic solution</i>	Tier-3	
<i>travoprost (bak free) ophthalmic solution</i>	Tier-3	
VYZULTA OPHTHALMIC SOLUTION	Tier-3	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution</i>	Tier-3	
CYSTADROPS OPHTHALMIC SOLUTION	Tier-3	
CYSTARAN OPHTHALMIC SOLUTION	Tier-3	
NATACYN OPHTHALMIC SUSPENSION	Tier-4	
OXERVATE OPHTHALMIC SOLUTION	Tier-5	PA; NEDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	Tier-3	
RESTASIS OPHTHALMIC EMULSION	Tier-3	
GASTROINTESTINAL DRUGS		
EMESIS		
ANZEMET ORAL TABLET	Tier-3	B vs D
<i>aprepitant oral capsule 125 mg</i>	Tier-5	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	Tier-3	B vs D
<i>dronabinol oral capsule</i>	Tier-4	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	Tier-3	B vs D
<i>granisetron hcl oral tablet</i>	Tier-4	B vs D
<i>meclizine hcl oral tablet</i>	Tier-2	
<i>metoclopramide hcl oral solution</i>	Tier-2	
<i>metoclopramide hcl oral tablet</i>	Tier-1	
<i>ondansetron hcl oral solution</i>	Tier-4	B vs D
<i>ondansetron hcl oral tablet</i>	Tier-2	B vs D
<i>ondansetron oral tablet dispersible</i>	Tier-2	B vs D
<i>prochlorperazine maleate oral tablet</i>	Tier-2	
<i>prochlorperazine rectal suppository</i>	Tier-4	

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>promethazine hcl oral syrup</i>	Tier-3	PA
<i>promethazine hcl oral tablet</i>	Tier-3	PA
SANCUSO TRANSDERMAL PATCH	Tier-5	NEDS
<i>scopolamine transdermal patch 72 hour</i>	Tier-3	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier-4	B vs D
VARUBI ORAL TABLET	Tier-4	B vs D
ENZYMES		
CARBAGLU ORAL TABLET SOLUBLE	Tier-5	PA; NEDS
<i>carglumic acid oral tablet soluble</i>	Tier-5	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-3	
CYSTAGON ORAL CAPSULE	Tier-4	
REVCovi INTRAMUSCULAR SOLUTION	Tier-5	NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl oral tablet</i>	Tier-5	NEDS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	Tier-5	PA; NEDS
BYLVAY ORAL CAPSULE	Tier-5	PA; NEDS
CHOLBAM ORAL CAPSULE	Tier-5	PA; NEDS
<i>constulose oral solution</i>	Tier-2	
<i>cromolyn sodium oral concentrate</i>	Tier-4	
<i>dicyclomine hcl oral capsule</i>	Tier-2	
<i>dicyclomine hcl oral solution</i>	Tier-2	
<i>dicyclomine hcl oral tablet</i>	Tier-2	
<i>diphenoxylate-atropine oral liquid</i>	Tier-4	
<i>diphenoxylate-atropine oral tablet</i>	Tier-4	
<i>enulose oral solution</i>	Tier-2	
GATTEX SUBCUTANEOUS KIT	Tier-5	PA; SP-CVS specialty; NEDS
<i>gavilyte-c oral solution reconstituted</i>	Tier-2	
<i>gavilyte-g oral solution reconstituted</i>	Tier-2	
<i>generlac oral solution</i>	Tier-2	
<i>glycopyrrolate oral solution</i>	Tier-3	
KRISTALOSE ORAL PACKET	Tier-3	
<i>lactulose oral packet</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>lactulose oral solution</i>	Tier-2	
<i>levocarnitine oral solution</i>	Tier-3	
<i>levocarnitine oral tablet</i>	Tier-3	
LIVMARLI ORAL SOLUTION	Tier-5	PA; NEDS
<i>loperamide hcl oral capsule</i>	Tier-2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier-3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier-4	
MOVANTIK ORAL TABLET	Tier-3	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-3	PA
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier-3	
OICALIVA ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier-4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier-2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier-2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier-3	
RELISTOR ORAL TABLET	Tier-5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier-5	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-4	
UCERIS RECTAL FOAM	Tier-4	
<i>ursodiol oral capsule</i>	Tier-3	
<i>ursodiol oral tablet</i>	Tier-4	
XERMELO ORAL TABLET	Tier-5	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier-3	
<i>cimetidine hcl oral solution</i>	Tier-2	
<i>cimetidine oral tablet</i>	Tier-2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-4	
<i>dexlansoprazole oral capsule delayed release</i>	Tier-3	
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier-3	
<i>esomeprazole magnesium oral packet</i>	Tier-4	
<i>famotidine oral suspension reconstituted</i>	Tier-4	

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>famotidine oral tablet</i>	Tier-2	
<i>lansoprazole oral capsule delayed release</i>	Tier-2	
<i>methscopolamine bromide oral tablet</i>	Tier-4	
<i>misoprostol oral tablet</i>	Tier-3	
<i>omeprazole oral capsule delayed release</i>	Tier-2	
<i>pantoprazole sodium oral packet</i>	Tier-4	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier-1	
PYLERA ORAL CAPSULE	Tier-3	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier-3	
<i>sucralfate oral suspension</i>	Tier-3	
<i>sucralfate oral tablet</i>	Tier-2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	Tier-4	
<i>budesonide er oral tablet extended release 24 hour</i>	Tier-5	NEDS
<i>budesonide 3 mg oral capsule delayed release</i>	Tier-4	
<i>hydrocortisone rectal enema</i>	Tier-4	
LINZESS ORAL CAPSULE	Tier-4	
<i>lubiprostone oral capsule</i>	Tier-3	
<i>mesalamine er oral capsule extended release</i>	Tier-4	
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier-3	
<i>mesalamine oral tablet delayed release</i>	Tier-3	
<i>mesalamine rectal enema</i>	Tier-4	
<i>mesalamine rectal suppository</i>	Tier-4	
ROWASA RECTAL KIT	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfasalazine oral tablet delayed release</i>	Tier-2	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	Tier-4	PA
<i>acyclovir sodium intravenous solution</i>	Tier-4	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier-5	PA; NEDS
<i>amikacin sulfate injection solution</i>	Tier-4	HI
<i>amphotericin b intravenous solution reconstituted</i>	Tier-4	PA
<i>ampicillin sodium injection solution reconstituted</i>	Tier-4	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>ampicillin sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier-4	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier-4	HI
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>azithromycin intravenous solution reconstituted</i>	Tier-4	HI
<i>aztreonam injection solution reconstituted</i>	Tier-4	HI
<i>bumetanide injection solution</i>	Tier-4	
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	Tier-5	NEDS
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	Tier-4	
<i>cefazolin sodium injection solution reconstituted</i>	Tier-4	HI
<i>cefepime hcl injection solution reconstituted</i>	Tier-4	HI
<i>cefotetan disodium injection solution reconstituted</i>	Tier-4	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>ceftazidime injection solution reconstituted</i>	Tier-4	HI
<i>ceftazidime intravenous solution reconstituted</i>	Tier-4	HI
<i>ceftriaxone sodium injection solution reconstituted</i>	Tier-4	HI
<i>ceftriaxone sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>cefuroxime sodium injection solution reconstituted</i>	Tier-4	HI
<i>cefuroxime sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>ciprofloxacin in d5w intravenous solution</i>	Tier-4	HI
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier-4	HI
<i>clindamycin phosphate injection solution</i>	Tier-4	HI
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier-5	HI; NEDS
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier-5	HI; 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
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	
<i>ertapenem sodium injection solution reconstituted</i>	Tier-4	HI
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>fluconazole in sodium chloride intravenous solution</i>	Tier-4	
<i>furosemide injection solution</i>	Tier-4	
<i>gentamicin in saline intravenous solution</i>	Tier-4	HI
<i>gentamicin sulfate injection solution</i>	Tier-4	HI
<i>heparin sodium (porcine) injection solution</i>	Tier-3	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier-4	HI
INVANZ INJECTION SOLUTION RECONSTITUTED	Tier-3	HI
<i>levofloxacin in d5w intravenous solution</i>	Tier-4	HI
<i>levofloxacin intravenous solution</i>	Tier-4	HI
<i>linezolid intravenous solution</i>	Tier-4	HI
<i>meropenem intravenous solution reconstituted</i>	Tier-4	HI
<i>methotrexate sodium (pf) injection solution</i>	Tier-2	B vs D; SP-CVS specialty
<i>methotrexate sodium injection solution</i>	Tier-2	B vs D; SP-CVS specialty
<i>metronidazole intravenous solution</i>	Tier-4	HI
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier-4	HI
<i>nafcillin sodium injection solution reconstituted</i>	Tier-4	HI
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier-4	HI
<i>oxacillin sodium injection solution reconstituted</i>	Tier-4	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier-4	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier-4	HI
<i>penicillin g procaine intramuscular suspension</i>	Tier-4	
<i>penicillin g sodium injection solution reconstituted</i>	Tier-5	HI; NEDS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier-4	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>polymyxin b sulfate injection solution reconstituted</i>	Tier-4	HI
<i>rifampin intravenous solution reconstituted</i>	Tier-4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier-5	NEDS
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>tigecycline intravenous solution reconstituted</i>	Tier-5	HI; NEDS
<i>tobramycin sulfate injection solution</i>	Tier-4	HI
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI
<i>vancomycin hcl intravenous solution reconstituted</i>	Tier-4	HI
<i>voriconazole intravenous solution reconstituted</i>	Tier-4	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	HI; NEDS
ZOSYN INTRAVENOUS SOLUTION	Tier-4	HI
ELECTROLYTES		
<i>dextrose intravenous solution</i>	Tier-4	
<i>dextrose-nacl intravenous solution</i>	Tier-4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier-3	
<i>kcl in dextrose-nacl intravenous solution</i>	Tier-4	
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier-4	
<i>magnesium sulfate injection solution</i>	Tier-4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier-3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier-3	
<i>potassium chloride in dextrose intravenous solution</i>	Tier-4	
<i>potassium chloride in nacl intravenous solution</i>	Tier-4	
<i>potassium chloride intravenous solution</i>	Tier-4	
<i>sodium chloride intravenous solution</i>	Tier-4	
IV NUTRITION		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D

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 E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-3	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	Tier-3	B vs D
INTRALIPID INTRAVENOUS EMULSION	Tier-3	B vs D
NUTRILIPID INTRAVENOUS EMULSION	Tier-3	B vs D
PLENAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
PREMASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
PROSOL INTRAVENOUS SOLUTION	Tier-3	B vs D
<i>tpn electrolytes intravenous concentrate</i>	Tier-4	B vs D
TRAVASOL INTRAVENOUS SOLUTION	Tier-3	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	Tier-3	B vs D
HORMONES		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	Tier-5	PA; SP-CVS specialty; NEDS
CORTROPHIN INJECTION GEL	Tier-5	PA; SP-CVS specialty; NEDS
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-2	
<i>fludrocortisone acetate oral tablet</i>	Tier-2	
<i>hydrocortisone oral tablet</i>	Tier-3	
MEDROL ORAL TABLET	Tier-4	Transplant
<i>methylprednisolone oral tablet</i>	Tier-2	Transplant
<i>methylprednisolone oral tablet therapy pack</i>	Tier-2	Transplant
MILLIPRED ORAL TABLET	Tier-4	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	Tier-4	Transplant
<i>prednisolone oral solution</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral solution</i>	Tier-2	Transplant

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
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier-4	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
<i>prednisone oral tablet therapy pack</i>	Tier-1	Transplant
ANDROGENS		
AVEED INTRAMUSCULAR SOLUTION	Tier-4	
<i>danazol oral capsule</i>	Tier-4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Tier-4	
METHITEST ORAL TABLET	Tier-4	
<i>methyltestosterone oral capsule</i>	Tier-5	NEDS
<i>oxandrolone oral tablet</i>	Tier-2	
<i>testosterone cypionate intramuscular solution</i>	Tier-2	
<i>testosterone enanthate intramuscular solution</i>	Tier-3	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier-3	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier-4	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD SUBCUTANEOUS KIT	Tier-3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	
<i>leuprolide acetate injection kit</i>	Tier-4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	Tier-5	NEDS
SYNAREL NASAL SOLUTION	Tier-5	NEDS

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
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-5	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID ORAL TABLET	Tier-4	
<i>euthyrox oral tablet</i>	Tier-1	
LEVO-T ORAL TABLET	Tier-3	
<i>levothyroxine sodium oral capsule</i>	Tier-3	
<i>levothyroxine sodium oral tablet</i>	Tier-1	
LEVOXYL ORAL TABLET	Tier-3	
<i>liothyronine sodium oral tablet</i>	Tier-2	
<i>methimazole oral tablet</i>	Tier-2	
<i>propylthiouracil oral tablet</i>	Tier-2	
SYNTHROID ORAL TABLET	Tier-4	
THYQUIDITY ORAL SOLUTION	Tier-4	
TIROSINT ORAL CAPSULE	Tier-4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier-4	
<i>tirosint-sol oral solution 37.5 mcg/ml, 44 mcg/ml, 62.5 mcg/ml</i>	Tier-4	
<i>unithroid oral tablet</i>	Tier-3	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-6	
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-5	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	Tier-6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier-6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
BIVIGAM INTRAVENOUS SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	Tier-6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	

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
DAPTACEL INTRAMUSCULAR SUSPENSION	Tier-6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier-6	
ENGERIX-B INJECTION SUSPENSION	Tier-6	B vs D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier-6	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier-6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier-6	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier-6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier-6	
IPOL INJECTION INJECTABLE	Tier-6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier-6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
MENACTRA INTRAMUSCULAR SOLUTION	Tier-6	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier-6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier-6	
OCTAGAM INTRAVENOUS SOLUTION	Tier-3	B vs D; HI; 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
PANZYGA INTRAVENOUS SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier-6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-6	Part B
PREHEVBRIO INTRAMUSCULAR SUSPENSION	Tier-6	B vs D
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier-6	Part B
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-6	
PRIVIGEN INTRAVENOUS SOLUTION	Tier-5	B vs D; HI; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier-6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier-6	B vs D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier-6	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier-6	
ROTATEQ ORAL SOLUTION	Tier-6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-6	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier-6	
<i>tdvax intramuscular suspension</i>	Tier-6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier-6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	

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
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier-6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier-6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier-6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier-6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier-6	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Tier-5	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	Tier-3	B vs D
<i>cyclosporine modified oral solution</i>	Tier-3	B vs D
<i>cyclosporine oral capsule</i>	Tier-3	B vs D
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	Tier-5	B vs D; QL (60 EA per 30 days); NEDS
GENGRAF ORAL CAPSULE	Tier-3	B vs D
GENGRAF ORAL SOLUTION	Tier-3	B vs D
LUPKYNIS ORAL CAPSULE	Tier-5	PA; NEDS
<i>mycophenolate mofetil oral capsule</i>	Tier-3	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier-5	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier-3	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	Tier-4	B vs D
PROGRAF ORAL PACKET 0.2 MG	Tier-4	B vs D
PROGRAF ORAL PACKET 1 MG	Tier-5	B vs D; NEDS
REZUROCK ORAL TABLET	Tier-5	PA; NEDS
<i>sirolimus oral solution</i>	Tier-5	B vs D; NEDS
<i>sirolimus oral tablet</i>	Tier-4	B vs D
<i>tacrolimus oral capsule</i>	Tier-3	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
TAVNEOS ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
ZORTRESS ORAL TABLET	Tier-5	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS		
ACROMEGALY		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	Tier-5	PA; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier-4	SP-CVS specialty
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier-5	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAMAX ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
EXSERVAN ORAL FILM	Tier-5	NEDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	Tier-5	PA; SP-CVS specialty; NEDS
<i>riluzole oral tablet</i>	Tier-3	
TIGLUTIK ORAL SUSPENSION	Tier-5	NEDS
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection solution</i>	Tier-3	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	Tier-3	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; QL (20.1 ML per 28 days); NEDS

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
CUSHING'S SYNDROME		
ISTURISA ORAL TABLET 1 MG	Tier-5	PA; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 10 MG	Tier-5	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	Tier-5	PA; QL (120 EA per 30 days); NEDS
RECORLEV ORAL TABLET	Tier-5	PA; QL (240 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier-5	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE	Tier-5	QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	Tier-5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier-5	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	Tier-5	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier-5	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	Tier-5	NEDS
<i>tobramycin inhalation nebulization solution</i>	Tier-5	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier-5	PA; QL (84 EA per 28 days); NEDS
CYSTINURIA		
<i>betaine oral powder</i>	Tier-5	NEDS
CYSTADANE ORAL POWDER	Tier-5	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier-5	NEDS
<i>tiopronin oral tablet</i>	Tier-5	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	Tier-4	
<i>deferasirox granules oral packet</i>	Tier-5	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>deferasirox oral tablet</i>	Tier-5	NEDS
<i>deferasirox oral tablet soluble</i>	Tier-5	NEDS
<i>deferiprone oral tablet</i>	Tier-5	NEDS
FERRIPROX ORAL SOLUTION	Tier-5	NEDS
FERRIPROX ORAL TABLET	Tier-5	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	Tier-5	PA; NEDS
EMFLAZA ORAL TABLET	Tier-5	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	Tier-5	PA; NEDS
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; NEDS
<i>miglustat oral capsule</i>	Tier-5	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier-3	PA; SP-CVS specialty
HUMATROPE INJECTION CARTRIDGE	Tier-5	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML	Tier-5	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	Tier-3	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS

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
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-5	PA; SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	Tier-5	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
ORLADEYO ORAL CAPSULE	Tier-5	PA; QL (30 EA per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
SAJAZIR SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
<i>nitisinone oral capsule</i>	Tier-5	PA; NEDS
NITYR ORAL TABLET	Tier-5	PA; NEDS
ORFADIN ORAL CAPSULE	Tier-5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier-5	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	Tier-2	
<i>calcitriol oral solution</i>	Tier-2	
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier-4	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier-5	NEDS
<i>doxercalciferol oral capsule</i>	Tier-4	
<i>paricalcitol oral capsule</i>	Tier-4	

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
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	Tier-4	
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	Tier-5	PA; NEDS
LONG-CHAIN FATTY ACID OXIDATION DISORDERS		
DOJOLVI ORAL LIQUID	Tier-5	NEDS
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	Tier-5	SP-CVS specialty; NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-5	SP-CVS specialty; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-5	SP-CVS specialty; NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier-5	SP-CVS specialty; NEDS
BETASERON SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier-5	SP-CVS specialty; NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Tier-5	SP-CVS specialty; NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier-5	SP-CVS specialty; NEDS
EXTAVIA SUBCUTANEOUS KIT	Tier-5	SP-CVS specialty; NEDS
<i>fingolimod hcl oral capsule</i>	Tier-5	SP-CVS specialty; NEDS
GILENYA ORAL CAPSULE	Tier-5	SP-CVS specialty; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-5	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
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-5	SP-CVS specialty; NEDS
MAYZENT ORAL TABLET	Tier-5	SP-CVS specialty; NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	Tier-4	SP-CVS specialty; NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Tier-5	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	SP-CVS specialty; NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	SP-CVS specialty; NEDS
VUMERITY ORAL CAPSULE DELAYED RELEASE	Tier-5	SP-CVS specialty; NEDS
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier-4	
<i>pyridostigmine bromide oral solution</i>	Tier-5	NEDS
<i>pyridostigmine bromide oral tablet</i>	Tier-3	
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier-2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	Tier-4	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier-4	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier-4	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier-2	QL (360 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>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier-2	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	Tier-5	QL (224 EA per 14 days); NEDS
<i>naloxone hcl injection solution</i>	Tier-2	
<i>naloxone hcl injection solution cartridge</i>	Tier-2	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier-2	
<i>naloxone hcl nasal liquid</i>	Tier-3	QL (4 EA per 30 days)
NARCAN NASAL LIQUID	Tier-3	QL (4 EA per 30 days)
PHENYLKETONURIA		
<i>javygtor oral packet</i>	Tier-4	PA; SP-CVS specialty
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
PHEOCHROMOCYTOMA		
DIBENZYLINE ORAL CAPSULE	Tier-4	
<i>metirosine oral capsule</i>	Tier-5	NEDS
<i>phenoxybenzamine hcl oral capsule</i>	Tier-3	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	Tier-5	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier-3	
<i>lanthanum carbonate oral tablet chewable</i>	Tier-5	NEDS
<i>sevelamer carbonate oral packet</i>	Tier-5	NEDS
<i>sevelamer carbonate oral tablet</i>	Tier-4	
POTASSIUM BINDER		
LOKELMA ORAL PACKET	Tier-3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier-3	
SPS ORAL SUSPENSION	Tier-3	
VELTASSA ORAL PACKET	Tier-3	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	Tier-5	PA; NEDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier-2	
NICOTROL INHALATION INHALER	Tier-3	
NICOTROL NS NASAL SOLUTION	Tier-4	
<i>varenicline tartrate oral tablet</i>	Tier-3	QL (60 EA per 30 days)
<i>varenicline tartrate oral tablet therapy pack</i>	Tier-3	QL (53 EA per 28 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
SPINAL MUSCULAR ATROPHY		
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier-5	PA; NEDS
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	Tier-5	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier-2	
<i>dutasteride oral capsule</i>	Tier-1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier-3	
<i>finasteride oral tablet</i>	Tier-1	
<i>silodosin oral capsule</i>	Tier-3	
<i>tadalafil oral tablet</i>	Tier-3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier-1	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	Tier-5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-5	PA; NEDS
TOPICAL, MISCELLANEOUS		
PANRETIN EXTERNAL GEL	Tier-5	NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	Tier-5	PA; SP-CVS specialty; NEDS
<i>sodium phenylbutyrate oral powder</i>	Tier-5	NEDS
<i>sodium phenylbutyrate oral tablet</i>	Tier-5	NEDS
UROLOGIC DISORDERS		
<i>bethanechol chloride oral tablet</i>	Tier-2	
<i>desmopressin acetate oral tablet</i>	Tier-3	
<i>desmopressin acetate spray nasal solution</i>	Tier-4	
ELMIRON ORAL CAPSULE	Tier-4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	Tier-3	
JYNARQUE ORAL TABLET THERAPY PACK	Tier-5	NEDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier-4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-4	
<i>oxybutynin chloride er oral tablet 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>oxybutynin chloride oral syrup</i>	Tier-2	
<i>oxybutynin chloride oral tablet</i>	Tier-2	
<i>potassium citrate er oral tablet extended release</i>	Tier-3	
<i>solifenacin succinate oral tablet</i>	Tier-3	
<i>tolvaptan oral tablet</i>	Tier-5	NEDS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	Tier-4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	Tier-4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	Tier-4	
WILSON'S DISEASE		
<i>penicillamine oral capsule</i>	Tier-5	NEDS
<i>penicillamine oral tablet</i>	Tier-3	
<i>trientine hcl oral capsule</i>	Tier-5	NEDS
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	Tier-1	
<i>donepezil hcl oral tablet dispersible</i>	Tier-2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier-4	
<i>galantamine hydrobromide oral solution</i>	Tier-4	
<i>galantamine hydrobromide oral tablet</i>	Tier-4	
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>memantine hcl oral solution</i>	Tier-3	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier-2	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier-3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	
<i>rivastigmine tartrate oral capsule</i>	Tier-3	
<i>rivastigmine transdermal patch 24 hour</i>	Tier-4	
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (1 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
<i>almotriptan malate oral tablet</i>	Tier-4	
<i>butalbital-apap-caffeine oral tablet</i>	Tier-3	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier-3	
<i>dihydroergotamine mesylate nasal solution</i>	Tier-5	NEDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier-4	
MIGERGOT RECTAL SUPPOSITORY	Tier-5	NEDS
<i>naratriptan hcl oral tablet</i>	Tier-4	
NAYZILAM NASAL SOLUTION	Tier-4	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier-3	
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier-3	
<i>sumatriptan nasal solution</i>	Tier-4	
<i>sumatriptan succinate oral tablet</i>	Tier-2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier-4	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-4	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier-4	
UBRELVY ORAL TABLET	Tier-4	PA
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	NEDS
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier-5	NEDS
<i>benztropine mesylate oral tablet</i>	Tier-2	PA
<i>bromocriptine mesylate oral capsule</i>	Tier-3	
<i>bromocriptine mesylate oral tablet</i>	Tier-3	
<i>cabergoline oral tablet</i>	Tier-3	
<i>carbidopa oral tablet</i>	Tier-4	
<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-2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier-4	

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
DUOPA ENTERAL SUSPENSION	Tier-4	
<i>entacapone oral tablet</i>	Tier-4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	PA
INBRIJA INHALATION CAPSULE	Tier-5	NEDS
KYNMOBI SUBLINGUAL FILM	Tier-5	NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-4	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	Tier-5	QL (30 EA per 30 days); NEDS
ONGENTYS ORAL CAPSULE	Tier-4	
<i>pramipexole dihydrochloride oral tablet</i>	Tier-2	
<i>rasagiline mesylate oral tablet</i>	Tier-4	
<i>ropinirole hcl oral tablet</i>	Tier-2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier-4	
<i>selegiline hcl oral capsule</i>	Tier-3	
<i>selegiline hcl oral tablet</i>	Tier-3	
<i>tolcapone oral tablet</i>	Tier-5	NEDS
<i>trihexyphenidyl hcl oral solution</i>	Tier-2	PA
<i>trihexyphenidyl hcl oral tablet</i>	Tier-2	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	Tier-3	PA
SEIZURES		
APTIOM ORAL TABLET	Tier-4	
BANZEL ORAL TABLET	Tier-4	
BRIVIACT ORAL SOLUTION	Tier-5	NEDS
BRIVIACT ORAL TABLET	Tier-5	NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-3	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier-3	
<i>carbamazepine oral suspension</i>	Tier-3	
<i>carbamazepine oral tablet</i>	Tier-3	
<i>carbamazepine oral tablet chewable</i>	Tier-3	
CELONTIN ORAL CAPSULE	Tier-4	
<i>clobazam oral suspension</i>	Tier-3	
<i>clobazam oral tablet</i>	Tier-3	QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	Tier-2	
<i>clonazepam oral tablet dispersible</i>	Tier-4	

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
DIACOMIT ORAL CAPSULE	Tier-5	PA; NEDS
DIACOMIT ORAL PACKET	Tier-5	PA; NEDS
DIASTAT ACUDIAL RECTAL GEL	Tier-3	
DIASTAT PEDIATRIC RECTAL GEL	Tier-3	
<i>diazepam intensol oral concentrate</i>	Tier-2	
<i>diazepam oral solution</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-2	
<i>diazepam rectal gel</i>	Tier-4	
DILANTIN INFATABS ORAL TABLET CHEWABLE	Tier-3	
DILANTIN ORAL CAPSULE	Tier-3	
DILANTIN ORAL SUSPENSION	Tier-3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier-2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier-2	
<i>divalproex sodium oral tablet delayed release</i>	Tier-2	
EPIDIOLEX ORAL SOLUTION	Tier-4	PA; SP-CVS specialty
EPITOL ORAL TABLET	Tier-3	
EPRONTIA ORAL SOLUTION	Tier-3	
<i>ethosuximide oral capsule</i>	Tier-3	
<i>ethosuximide oral solution</i>	Tier-3	
<i>felbamate oral suspension</i>	Tier-5	NEDS
<i>felbamate oral tablet</i>	Tier-4	
FINTEPLA ORAL SOLUTION	Tier-5	PA; NEDS
FYCOMPA ORAL SUSPENSION	Tier-4	
FYCOMPA ORAL TABLET	Tier-4	
<i>gabapentin oral capsule</i>	Tier-1	
<i>gabapentin oral solution</i>	Tier-2	
<i>gabapentin oral tablet</i>	Tier-1	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-4	
<i>lacosamide oral solution</i>	Tier-3	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	Tier-4	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>lamotrigine oral tablet</i>	Tier-2	
<i>lamotrigine oral tablet chewable</i>	Tier-3	
<i>levetiracetam er oral tablet extended release 24 hour</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>levetiracetam oral solution</i>	Tier-2	
<i>levetiracetam oral tablet</i>	Tier-2	
<i>oxcarbazepine oral suspension</i>	Tier-4	
<i>oxcarbazepine oral tablet</i>	Tier-3	
<i>phenobarbital oral elixir</i>	Tier-2	PA
<i>phenobarbital oral tablet</i>	Tier-2	PA
<i>phenytoin oral suspension</i>	Tier-2	
<i>phenytoin oral tablet chewable</i>	Tier-2	
<i>phenytoin sodium extended oral capsule</i>	Tier-2	
<i>pregabalin er oral tablet extended release 24 hour</i>	Tier-3	
<i>pregabalin oral capsule</i>	Tier-3	
<i>pregabalin oral solution</i>	Tier-3	
<i>primidone oral tablet</i>	Tier-2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Tier-4	
<i>roweepra oral tablet</i>	Tier-2	
<i>rufinamide oral suspension</i>	Tier-3	
<i>rufinamide oral tablet</i>	Tier-3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier-4	
SYMPAZAN ORAL FILM	Tier-4	
<i>tiagabine hcl oral tablet</i>	Tier-4	
<i>topiramate oral capsule sprinkle</i>	Tier-2	
<i>topiramate oral tablet</i>	Tier-2	
<i>valproic acid oral capsule</i>	Tier-2	
<i>valproic acid oral solution</i>	Tier-2	
VALTOCO 10 MG DOSE NASAL LIQUID	Tier-4	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Tier-4	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier-4	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	Tier-4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	Tier-5	NEDS
<i>vigabatrin oral tablet</i>	Tier-5	NEDS
<i>vigadrone oral packet</i>	Tier-5	NEDS
VIMPAT ORAL SOLUTION	Tier-4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier-5	QL (60 EA per 30 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
VIMPAT ORAL TABLET 50 MG	Tier-4	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-4	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-5	NEDS
XCOPRI ORAL TABLET	Tier-5	NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier-4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier-5	NEDS
<i>zonisamide oral capsule</i>	Tier-2	
SPASTICITY		
<i>baclofen oral tablet</i>	Tier-2	
<i>chlorzoxazone oral tablet</i>	Tier-3	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier-2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Tier-4	PA
<i>dantrolene sodium oral capsule</i>	Tier-4	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	Tier-4	
<i>tizanidine hcl oral capsule 6 mg</i>	Tier-3	
<i>tizanidine hcl oral tablet</i>	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	Tier-4	B vs D
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Tier-3	B vs D
<i>azathioprine oral tablet 50 mg</i>	Tier-2	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-5	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; NEDS

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
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier-5	PA; SP-CVS specialty; QL (4 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-5	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>infliximab intravenous solution reconstituted</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>leflunomide oral tablet</i>	Tier-2	
<i>methotrexate oral tablet</i>	Tier-2	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	Tier-5	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-5	PA; SP-CVS specialty; QL (1 EA per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-5	PA; SP-CVS specialty; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	Tier-5	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	Tier-4	B vs D
XATMEP ORAL SOLUTION	Tier-4	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
XELJANZ ORAL SOLUTION	Tier-5	PA; SP-CVS specialty; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-5	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-3	
<i>colchicine oral tablet</i>	Tier-3	
<i>colchicine-probenecid oral tablet</i>	Tier-2	
<i>febuxostat oral tablet</i>	Tier-3	STPA
<i>probenecid oral tablet</i>	Tier-2	
PAIN, NSAID ANALGESICS		
<i>celecoxib oral capsule</i>	Tier-3	
<i>diclofenac potassium 50mg oral tablet</i>	Tier-2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier-2	
<i>diclofenac sodium oral tablet delayed release</i>	Tier-2	
<i>diflunisal oral tablet</i>	Tier-3	
<i>etodolac er oral tablet extended release 24 hour</i>	Tier-4	
<i>etodolac oral capsule</i>	Tier-3	
<i>etodolac oral tablet</i>	Tier-3	
<i>fenoprofen calcium oral capsule</i>	Tier-4	
<i>flurbiprofen oral tablet</i>	Tier-2	
<i>ibuprofen oral suspension</i>	Tier-2	
<i>ibuprofen oral tablet</i>	Tier-2	
INDOCIN ORAL SUSPENSION	Tier-4	
<i>indomethacin er oral capsule extended release</i>	Tier-3	
<i>indomethacin oral capsule</i>	Tier-2	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier-4	
<i>ketoprofen oral capsule</i>	Tier-3	
<i>meclofenamate sodium oral capsule</i>	Tier-4	
<i>meloxicam oral capsule</i>	Tier-3	
<i>meloxicam oral tablet</i>	Tier-1	
<i>nabumetone oral tablet</i>	Tier-2	
<i>naproxen oral suspension</i>	Tier-4	

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>naproxen oral tablet</i>	Tier-2	
<i>naproxen oral tablet delayed release</i>	Tier-2	
<i>naproxen sodium oral tablet</i>	Tier-2	
<i>oxaprozin oral tablet</i>	Tier-4	
<i>piroxicam oral capsule</i>	Tier-3	
<i>sulindac oral tablet</i>	Tier-2	
PAIN, OPIOID AND OTHER ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	Tier-2	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	Tier-2	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	Tier-5	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	Tier-4	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	Tier-3	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	Tier-3	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	Tier-3	QL (180 EA per 30 days)
ENDOCET ORAL TABLET	Tier-3	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier-5	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier-4	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	Tier-5	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-4	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	Tier-3	QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-3	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-3	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier-3	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	Tier-4	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier-4	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	Tier-5	QL (240 EA per 30 days); NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier-3	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-3	QL (1200 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
<i>methadone hcl oral tablet</i>	Tier-3	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	Tier-3	QL (180 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 200 mg</i>	Tier-4	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	Tier-3	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	Tier-3	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	Tier-3	QL (60 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	Tier-4	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	Tier-3	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	Tier-3	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier-3	QL (60 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier-3	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	Tier-3	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier-3	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	Tier-4	
<i>disulfiram oral tablet</i>	Tier-3	
<i>naltrexone hcl oral tablet</i>	Tier-3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-5	SP-CVS specialty; NEDS
ANXIETY		
<i>alprazolam oral tablet</i>	Tier-1	
<i>alprazolam oral tablet dispersible</i>	Tier-3	
<i>buspirone hcl oral tablet</i>	Tier-2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier-2	
<i>clorazepate dipotassium oral tablet</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>lorazepam intensol oral concentrate</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-1	
<i>oxazepam oral capsule</i>	Tier-3	
ATTENTION DEFICIT DISORDER		
<i>amphetamine sulfate oral tablet</i>	Tier-3	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	Tier-3	
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier-3	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-4	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier-4	
DESOXYN ORAL TABLET	Tier-4	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Tier-3	
<i>dexmethylphenidate hcl oral tablet</i>	Tier-2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier-3	
<i>dextroamphetamine sulfate oral tablet</i>	Tier-3	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier-3	QL (90 EA per 90 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-4	
<i>methamphetamine hcl oral tablet</i>	Tier-3	PA
METHYLIN ORAL SOLUTION	Tier-3	
<i>methylphenidate hcl er oral tablet extended release</i>	Tier-2	
<i>methylphenidate hcl oral solution</i>	Tier-2	
<i>methylphenidate hcl oral tablet</i>	Tier-2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Tier-4	
VYVANSE ORAL CAPSULE	Tier-4	PA
VYVANSE ORAL TABLET CHEWABLE	Tier-4	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
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-4	
<i>lithium carbonate er oral tablet extended release</i>	Tier-2	
<i>lithium carbonate oral capsule</i>	Tier-2	
<i>lithium carbonate oral tablet</i>	Tier-2	
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier-3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-3	
<i>risperidone oral solution</i>	Tier-4	
<i>risperidone oral tablet</i>	Tier-2	
<i>risperidone oral tablet dispersible</i>	Tier-3	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	Tier-4	PA
<i>amoxapine oral tablet</i>	Tier-3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-4	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-5	STPA; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier-2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier-2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier-3	
<i>bupropion hcl oral tablet</i>	Tier-2	
<i>citalopram hydrobromide oral capsule</i>	Tier-3	
<i>citalopram hydrobromide oral solution</i>	Tier-3	
<i>citalopram hydrobromide oral tablet</i>	Tier-1	
<i>clomipramine hcl oral capsule</i>	Tier-4	PA
<i>desipramine hcl oral tablet</i>	Tier-3	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Tier-3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier-3	
<i>doxepin hcl oral capsule</i>	Tier-3	
<i>doxepin hcl oral concentrate</i>	Tier-3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-4	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
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	Tier-3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-5	STPA; NEDS
<i>escitalopram oxalate oral solution</i>	Tier-2	
<i>escitalopram oxalate oral tablet</i>	Tier-1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-4	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-4	STPA
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier-4	
<i>fluoxetine hcl oral capsule</i>	Tier-2	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-4	
<i>fluoxetine hcl oral solution</i>	Tier-2	
<i>fluoxetine hcl oral tablet</i>	Tier-4	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier-4	
<i>fluvoxamine maleate oral tablet</i>	Tier-3	
<i>imipramine hcl oral tablet</i>	Tier-4	PA
<i>imipramine pamoate oral capsule</i>	Tier-4	PA
MARPLAN ORAL TABLET	Tier-4	
<i>mirtazapine oral tablet</i>	Tier-2	
<i>mirtazapine oral tablet dispersible</i>	Tier-2	
<i>nefazodone hcl oral tablet</i>	Tier-4	
<i>nortriptyline hcl oral capsule</i>	Tier-2	
<i>nortriptyline hcl oral solution</i>	Tier-2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier-4	
<i>paroxetine hcl oral suspension</i>	Tier-3	
<i>paroxetine hcl oral tablet</i>	Tier-2	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA ORAL TABLET	Tier-4	STPA
<i>phenelzine sulfate oral tablet</i>	Tier-3	
<i>protriptyline hcl oral tablet</i>	Tier-2	
<i>sertraline hcl oral concentrate</i>	Tier-4	

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>sertraline hcl oral tablet</i>	Tier-1	
<i>tranylcypromine sulfate oral tablet</i>	Tier-4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier-1	
<i>trazodone hcl oral tablet 300 mg</i>	Tier-2	
<i>trimipramine maleate oral capsule</i>	Tier-4	PA
TRINTELLIX ORAL TABLET	Tier-4	
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier-4	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier-2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	Tier-3	
<i>venlafaxine hcl oral tablet</i>	Tier-3	
VIIBRYD ORAL TABLET	Tier-4	
VIIBRYD STARTER PACK ORAL KIT	Tier-4	
<i>vilazodone hcl oral tablet</i>	Tier-3	
INSOMNIA		
BELSOMRA ORAL TABLET	Tier-4	
DAYVIGO ORAL TABLET	Tier-4	
<i>doxepin hcl oral tablet</i>	Tier-3	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	Tier-5	PA; NEDS
HETLIOZ ORAL CAPSULE	Tier-5	PA; NEDS
<i>ramelteon oral tablet</i>	Tier-3	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier-2	
<i>zaleplon oral capsule</i>	Tier-3	
<i>zolpidem tartrate oral tablet</i>	Tier-2	
NARCOLEPSY		
<i>armodafinil oral tablet</i>	Tier-3	PA
<i>modafinil oral tablet</i>	Tier-4	PA
SUNOSI ORAL TABLET	Tier-4	PA
WAKIX ORAL TABLET	Tier-5	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	Tier-5	LA; NEDS
XYWAV ORAL SOLUTION	Tier-5	NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-5	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
ABILIFY MYCITE ORAL TABLET	Tier-5	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	Tier-3	
<i>aripiprazole oral tablet</i>	Tier-3	
<i>aripiprazole oral tablet dispersible</i>	Tier-3	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Tier-5	NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier-3	STPA
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	Tier-5	PA; NEDS
CAPLYTA ORAL CAPSULE 42 MG	Tier-5	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral concentrate</i>	Tier-4	
<i>chlorpromazine hcl oral tablet</i>	Tier-4	
<i>clozapine oral tablet</i>	Tier-3	
<i>clozapine oral tablet dispersible</i>	Tier-4	
FANAPT ORAL TABLET	Tier-4	STPA
FANAPT TITRATION PACK ORAL TABLET	Tier-4	STPA
<i>fluphenazine decanoate injection solution</i>	Tier-4	
<i>fluphenazine hcl injection solution</i>	Tier-4	
<i>fluphenazine hcl oral concentrate</i>	Tier-3	
<i>fluphenazine hcl oral elixir</i>	Tier-4	
<i>fluphenazine hcl oral tablet</i>	Tier-2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-4	
<i>haloperidol decanoate intramuscular solution</i>	Tier-4	
<i>haloperidol lactate injection solution</i>	Tier-4	
<i>haloperidol lactate oral concentrate</i>	Tier-2	
<i>haloperidol oral tablet</i>	Tier-2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier-3	

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
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	Tier-2	
LYBALVI ORAL TABLET	Tier-5	PA; NEDS
<i>molindone hcl oral tablet</i>	Tier-3	
NUPLAZID ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier-4	
<i>olanzapine oral tablet</i>	Tier-2	
<i>olanzapine oral tablet dispersible</i>	Tier-2	
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier-3	
<i>perphenazine oral tablet</i>	Tier-4	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier-5	NEDS
<i>pimozide oral tablet</i>	Tier-4	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	Tier-3	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-2	QL (60 EA per 30 days)
REXULTI ORAL TABLET	Tier-5	NEDS
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-5	NEDS
<i>thioridazine hcl oral tablet</i>	Tier-3	PA
<i>thiothixene oral capsule</i>	Tier-3	
<i>trifluoperazine hcl oral tablet</i>	Tier-3	
VERSACLOZ ORAL SUSPENSION	Tier-5	NEDS
VRAYLAR ORAL CAPSULE	Tier-5	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-4	
<i>ziprasidone hcl oral capsule</i>	Tier-2	
<i>ziprasidone mesylate intramuscular solution reconstituted</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
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-3	
RESPIRATORY DRUGS		
ASTHMA		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier-1	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-2	B vs D
<i>albuterol sulfate oral syrup</i>	Tier-4	
<i>albuterol sulfate oral tablet</i>	Tier-3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	Tier-3	B vs D
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier-3	QL (32.1 GM per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-4	B vs D
<i>budesonide inhalation suspension</i>	Tier-4	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier-3	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	Tier-3	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	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/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier-3	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier-3	QL (3 EA per 90 days)
<i>formoterol fumarate inhalation nebulization solution</i>	Tier-3	B vs D
<i>ipratropium bromide inhalation solution</i>	Tier-2	B vs D
<i>ipratropium-albuterol inhalation solution</i>	Tier-1	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier-4	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	Tier-3	QL (90 GM per 90 days)
<i>montelukast sodium oral packet</i>	Tier-2	
<i>montelukast sodium oral tablet</i>	Tier-1	
<i>montelukast sodium oral tablet chewable</i>	Tier-2	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (6 EA per 90 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-3	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
SPIRIVA HANDHALER INHALATION CAPSULE	Tier-3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier-3	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier-4	QL (180 GM per 90 days)
<i>theophylline er oral tablet extended release 12 hour</i>	Tier-2	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier-2	
<i>theophylline oral solution</i>	Tier-2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-3	QL (180 EA per 90 days)
YUPELRI INHALATION SOLUTION	Tier-5	B vs D; NEDS
<i>zafirlukast oral tablet</i>	Tier-3	
<i>zileuton er oral tablet extended release 12 hour</i>	Tier-5	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-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	Tier-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Tier-5	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	Tier-5	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	Tier-5	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
<i>alyq oral tablet</i>	Tier-5	PA; NEDS
<i>ambrisentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-4	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-5	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier-5	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	Tier-3	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	Tier-5	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier-5	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	Tier-5	PA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier-5	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	Tier-5	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	Tier-2	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier-3	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	Tier-4	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	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
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier-5	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; SP-CVS specialty; NEDS
SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	Tier-3	
<i>metronidazole external cream</i>	Tier-4	
<i>metronidazole external gel 0.75 %</i>	Tier-3	
<i>metronidazole external gel 1 %</i>	Tier-4	
<i>metronidazole external lotion</i>	Tier-4	
ACNE VULGARIS		
<i>acutane oral capsule</i>	Tier-4	
<i>adapalene external cream</i>	Tier-4	PA
<i>adapalene external gel</i>	Tier-4	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier-3	PA
ATRALIN EXTERNAL GEL	Tier-4	PA
AVITA EXTERNAL CREAM	Tier-3	PA
AVITA EXTERNAL GEL	Tier-3	PA
AZELEX EXTERNAL CREAM	Tier-4	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier-4	
<i>claravis oral capsule</i>	Tier-4	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier-4	
<i>clindamycin phosphate external gel</i>	Tier-3	
<i>clindamycin phosphate external lotion</i>	Tier-3	
<i>clindamycin phosphate external solution</i>	Tier-3	
<i>clindamycin phosphate external swab</i>	Tier-3	
<i>ery external pad</i>	Tier-3	
<i>erythromycin external gel</i>	Tier-4	
<i>erythromycin external solution</i>	Tier-2	
EVOCLIN EXTERNAL FOAM	Tier-4	
FABIOR EXTERNAL FOAM	Tier-4	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-4	
RETIN-A EXTERNAL CREAM	Tier-4	PA
RETIN-A EXTERNAL GEL	Tier-4	PA
RETIN-A MICRO EXTERNAL GEL	Tier-4	PA
RETIN-A MICRO PUMP EXTERNAL GEL	Tier-4	PA
<i>tazarotene external foam</i>	Tier-4	PA
<i>tretinoin external cream</i>	Tier-4	PA
<i>tretinoin external gel</i>	Tier-4	PA
<i>tretinoin microsphere external gel</i>	Tier-4	PA
WINLEVI EXTERNAL CREAM	Tier-4	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-3	QL (180 GM per 30 days)
<i>mupirocin external ointment</i>	Tier-2	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	Tier-3	
SSD EXTERNAL CREAM	Tier-3	
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	Tier-4	
<i>ala-cort external cream</i>	Tier-1	
<i>alclometasone dipropionate external cream</i>	Tier-4	
<i>alclometasone dipropionate external ointment</i>	Tier-2	
<i>amcinonide external cream</i>	Tier-4	
<i>amcinonide external ointment</i>	Tier-4	
APEXICON E EXTERNAL CREAM	Tier-4	
<i>betamethasone dipropionate aug external cream</i>	Tier-2	
<i>betamethasone dipropionate aug external gel</i>	Tier-4	
<i>betamethasone dipropionate aug external lotion</i>	Tier-4	
<i>betamethasone dipropionate aug external ointment</i>	Tier-2	
<i>betamethasone dipropionate external cream</i>	Tier-4	
<i>betamethasone dipropionate external lotion</i>	Tier-2	
<i>betamethasone dipropionate external ointment</i>	Tier-4	
<i>betamethasone valerate external cream</i>	Tier-2	
<i>betamethasone valerate external lotion</i>	Tier-2	
<i>betamethasone valerate external ointment</i>	Tier-2	
CAPEX EXTERNAL SHAMPOO	Tier-4	

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>clobetasol propionate e external cream</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier-4	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	Tier-4	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier-4	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	Tier-3	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	Tier-4	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	Tier-4	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	Tier-4	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier-4	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	Tier-3	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier-4	
CLODAN EXTERNAL SHAMPOO	Tier-3	
CORDRAN EXTERNAL TAPE	Tier-4	
<i>desonide external cream</i>	Tier-4	
<i>desonide external gel</i>	Tier-4	
<i>desonide external lotion</i>	Tier-4	
<i>desonide external ointment</i>	Tier-4	
<i>desoximetasone external cream</i>	Tier-4	
<i>desoximetasone external gel</i>	Tier-4	
<i>desoximetasone external liquid</i>	Tier-4	
<i>desoximetasone external ointment</i>	Tier-4	
DESRX EXTERNAL GEL	Tier-4	
<i>diflorasone diacetate external cream</i>	Tier-4	
<i>diflorasone diacetate external ointment</i>	Tier-4	
<i>fluocinolone acetonide external cream</i>	Tier-3	
<i>fluocinolone acetonide external ointment</i>	Tier-3	
<i>fluocinolone acetonide external solution</i>	Tier-4	
<i>fluocinolone acetonide scalp external oil</i>	Tier-3	
<i>fluocinonide emulsified base external cream</i>	Tier-4	
<i>fluocinonide external cream</i>	Tier-4	
<i>fluocinonide external gel</i>	Tier-4	
<i>fluocinonide external ointment</i>	Tier-4	
<i>fluocinonide external solution</i>	Tier-4	
<i>flurandrenolide external cream</i>	Tier-3	
<i>flurandrenolide external lotion</i>	Tier-3	
<i>fluticasone propionate external cream</i>	Tier-2	
<i>fluticasone propionate external lotion</i>	Tier-4	

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 propionate external ointment</i>	Tier-2	
<i>halcinonide external cream</i>	Tier-3	
<i>halobetasol propionate external cream</i>	Tier-4	
<i>halobetasol propionate external ointment</i>	Tier-4	
HALOG EXTERNAL OINTMENT	Tier-4	
<i>hydrocortisone butyrate external cream</i>	Tier-4	
<i>hydrocortisone butyrate external ointment</i>	Tier-4	
<i>hydrocortisone butyrate external solution</i>	Tier-4	
<i>hydrocortisone external cream</i>	Tier-1	
<i>hydrocortisone external lotion</i>	Tier-1	
<i>hydrocortisone external ointment</i>	Tier-1	
<i>hydrocortisone valerate external cream</i>	Tier-4	
<i>hydrocortisone valerate external ointment</i>	Tier-4	
KENALOG EXTERNAL AEROSOL SOLUTION	Tier-4	
<i>mometasone furoate external cream</i>	Tier-1	
<i>mometasone furoate external ointment</i>	Tier-1	
<i>mometasone furoate external solution</i>	Tier-2	
PANDEL EXTERNAL CREAM	Tier-4	
TOVET EXTERNAL FOAM	Tier-4	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier-4	
<i>triamcinolone acetonide external cream</i>	Tier-2	
<i>triamcinolone acetonide external lotion</i>	Tier-2	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	Tier-2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier-3	
TRIANEX EXTERNAL OINTMENT	Tier-3	
<i>triderm external cream</i>	Tier-2	
TRITOCIN EXTERNAL OINTMENT	Tier-3	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	Tier-3	
<i>ciclopirox external shampoo</i>	Tier-4	
<i>ciclopirox external solution</i>	Tier-3	
<i>ciclopirox olamine external cream</i>	Tier-3	
<i>ciclopirox olamine external suspension</i>	Tier-3	
<i>clotrimazole external cream</i>	Tier-2	
<i>clotrimazole external solution</i>	Tier-2	
<i>clotrimazole-betamethasone external cream</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>clotrimazole-betamethasone external lotion</i>	Tier-4	
<i>econazole nitrate external cream</i>	Tier-4	
<i>ketoconazole external cream</i>	Tier-3	QL (120 GM per 30 days)
<i>ketoconazole external foam</i>	Tier-4	
<i>ketoconazole external shampoo</i>	Tier-2	
KETODAN EXTERNAL FOAM	Tier-4	
<i>luliconazole external cream</i>	Tier-3	
MENTAX EXTERNAL CREAM	Tier-4	
<i>naftifine hcl external cream 1 %</i>	Tier-4	
<i>naftifine hcl external cream 2 %</i>	Tier-3	
<i>nyamyc external powder</i>	Tier-2	
<i>nystatin external cream</i>	Tier-2	
<i>nystatin external ointment</i>	Tier-2	
<i>nystatin external powder</i>	Tier-2	
<i>nystatin mouth/throat suspension</i>	Tier-2	
<i>nystop external powder</i>	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule</i>	Tier-4	
<i>calcipotriene external cream</i>	Tier-3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier-4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier-4	QL (120 ML per 30 days)
<i>calcitriol external ointment</i>	Tier-4	
<i>methoxsalen rapid oral capsule</i>	Tier-5	NEDS
<i>tazarotene external cream</i>	Tier-3	PA
<i>tazarotene external gel</i>	Tier-3	PA
TAZORAC EXTERNAL CREAM	Tier-4	PA
TAZORAC EXTERNAL GEL	Tier-4	PA
SCABIES AND PEDICULOSIS		
CROTAN EXTERNAL LOTION	Tier-3	
<i>ivermectin external cream</i>	Tier-4	
<i>malathion external lotion</i>	Tier-4	
<i>permethrin external cream</i>	Tier-3	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate external cream</i>	Tier-3	
<i>ammonium lactate external lotion</i>	Tier-3	
ANUSOL-HC EXTERNAL CREAM	Tier-4	
<i>bexarotene external gel</i>	Tier-5	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>diclofenac epolamine external patch</i>	Tier-4	PA; QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Tier-3	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier-4	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier-5	QL (90 GM per 30 days); NEDS
EUCRISA EXTERNAL OINTMENT	Tier-4	PA
<i>fluorouracil external cream</i>	Tier-4	
<i>fluorouracil external solution</i>	Tier-3	
HYFTOR EXTERNAL GEL	Tier-5	PA; NEDS
KLISYRI EXTERNAL OINTMENT	Tier-5	PA; NEDS
<i>lidocaine external ointment</i>	Tier-4	QL (100 GM per 30 days)
<i>lidocaine external patch</i>	Tier-4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	Tier-2	QL (100 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier-2	
<i>lidocaine-prilocaine external cream</i>	Tier-3	QL (60 GM per 30 days)
<i>mafenide acetate external packet</i>	Tier-3	
<i>pimecrolimus external cream</i>	Tier-3	
<i>procto-med hc external cream</i>	Tier-2	
<i>procto-pak external cream</i>	Tier-2	
<i>proctosol hc external cream</i>	Tier-2	
<i>proctozone-hc external cream</i>	Tier-2	
PRUDOXIN EXTERNAL CREAM	Tier-4	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	Tier-4	QL (30 GM per 30 days)
REGRANEX EXTERNAL GEL	Tier-3	
SANTYL EXTERNAL OINTMENT	Tier-3	
<i>selenium sulfide external lotion</i>	Tier-2	
<i>sodium chloride irrigation solution</i>	Tier-3	
SULFAMYLON EXTERNAL CREAM	Tier-4	
<i>tacrolimus external ointment</i>	Tier-3	
TARGRETIN EXTERNAL GEL	Tier-5	PA; SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	Tier-5	NEDS
VIRAL INFECTIONS, TOPICAL		
CONDYLOX EXTERNAL GEL	Tier-4	
DENAVIR EXTERNAL CREAM	Tier-5	NEDS
<i>imiquimod external cream</i>	Tier-4	
<i>podofilox external solution</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
WOMEN'S HEALTH		
CONTRACEPTIVES		
<i>amethia oral tablet</i>	Tier-4	
ANNOVERA VAGINAL RING	Tier-4	QL (1 EA per 365 days)
<i>apri oral tablet</i>	Tier-4	
<i>aranelle oral tablet</i>	Tier-4	
<i>ashlyna oral tablet</i>	Tier-4	
<i>aviane oral tablet</i>	Tier-4	
<i>balziva oral tablet</i>	Tier-4	
<i>briellyn oral tablet</i>	Tier-4	
CAMILA ORAL TABLET	Tier-3	
DEBLITANE ORAL TABLET	Tier-3	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier-4	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier-4	
ELURYNG VAGINAL RING	Tier-3	
<i>emoquette oral tablet</i>	Tier-4	
ERRIN ORAL TABLET	Tier-3	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier-3	
<i>falmina oral tablet</i>	Tier-4	
<i>iclevia oral tablet</i>	Tier-4	
<i>introvale oral tablet</i>	Tier-4	
<i>junel 1.5/30 oral tablet</i>	Tier-4	
<i>junel 1/20 oral tablet</i>	Tier-4	
<i>junel fe 1.5/30 oral tablet</i>	Tier-4	
<i>junel fe 1/20 oral tablet</i>	Tier-4	
<i>junel fe 24 oral tablet</i>	Tier-4	
<i>kariva oral tablet</i>	Tier-4	
<i>kelnor 1/35 oral tablet</i>	Tier-4	
<i>larin 1.5/30 oral tablet</i>	Tier-4	
<i>larin 1/20 oral tablet</i>	Tier-4	
<i>larin fe 1.5/30 oral tablet</i>	Tier-4	
<i>larin fe 1/20 oral tablet</i>	Tier-4	
<i>lessina oral tablet</i>	Tier-4	
<i>levonest oral tablet</i>	Tier-4	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier-4	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier-4	
<i>levora 0.15/30 (28) oral tablet</i>	Tier-4	

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
LO LOESTRIN FE ORAL TABLET	Tier-4	
<i>marlissa oral tablet</i>	Tier-4	
<i>microgestin 1.5/30 oral tablet</i>	Tier-4	
<i>microgestin 1/20 oral tablet</i>	Tier-4	
<i>microgestin fe 1.5/30 oral tablet</i>	Tier-4	
<i>microgestin fe 1/20 oral tablet</i>	Tier-4	
<i>necon 0.5/35 (28) oral tablet</i>	Tier-4	
NEXTSTELLIS ORAL TABLET	Tier-4	
<i>nikki oral tablet</i>	Tier-4	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier-4	
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier-4	
<i>nortrel 1/35 (21) oral tablet</i>	Tier-4	
<i>nortrel 1/35 (28) oral tablet</i>	Tier-4	
<i>nortrel 7/7/7 oral tablet</i>	Tier-4	
<i>portia-28 oral tablet</i>	Tier-4	
SHAROBEL ORAL TABLET	Tier-3	
<i>tarina fe 1/20 eq oral tablet</i>	Tier-4	
<i>tri-sprintec oral tablet</i>	Tier-4	
<i>trivora (28) oral tablet</i>	Tier-4	
<i>velivet oral tablet</i>	Tier-4	
<i>vyfemla oral tablet</i>	Tier-4	
<i>zovia 1/35 (28) oral tablet</i>	Tier-4	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	Tier-4	
<i>alendronate sodium oral tablet</i>	Tier-1	
ANGELIQ ORAL TABLET	Tier-4	
<i>calcitonin (salmon) nasal solution</i>	Tier-3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-4	
CRINONE VAGINAL GEL	Tier-3	PA
DELESTROGEN INTRAMUSCULAR OIL	Tier-4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	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
DIVIGEL TRANSDERMAL GEL	Tier-4	
<i>dotti transdermal patch twice weekly</i>	Tier-3	
DUAVEE ORAL TABLET	Tier-4	
ELESTRIN TRANSDERMAL GEL	Tier-4	
<i>estradiol oral tablet</i>	Tier-1	
<i>estradiol transdermal patch twice weekly</i>	Tier-3	
<i>estradiol transdermal patch weekly</i>	Tier-3	
<i>estradiol vaginal cream</i>	Tier-4	
<i>estradiol vaginal tablet</i>	Tier-4	
<i>estradiol valerate intramuscular oil</i>	Tier-4	
ESTRING VAGINAL RING	Tier-3	
EVAMIST TRANSDERMAL SOLUTION	Tier-4	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NEDS
FEMRING VAGINAL RING	Tier-3	
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	Tier-3	
<i>ibandronate sodium oral tablet</i>	Tier-2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	Tier-4	
IMVEXXY STARTER PACK VAGINAL INSERT	Tier-4	
<i>jinteli oral tablet</i>	Tier-4	
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier-4	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier-4	
<i>medroxyprogesterone acetate oral tablet</i>	Tier-2	
MENEST ORAL TABLET	Tier-4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-4	
<i>norethindrone acetate oral tablet</i>	Tier-2	
<i>norethindrone-eth estradiol oral tablet</i>	Tier-4	
PREMARIN ORAL TABLET	Tier-4	
PREMARIN VAGINAL CREAM	Tier-3	
PREMPHASE ORAL TABLET	Tier-4	
PREMPRO ORAL TABLET	Tier-4	
<i>progesterone 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
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA
<i>raloxifene hcl oral tablet</i>	Tier-3	
<i>risedronate sodium oral tablet</i>	Tier-3	
<i>risedronate sodium oral tablet delayed release</i>	Tier-3	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier-5	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier-5	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier-5	PA; NEDS
YUVAFEM VAGINAL TABLET	Tier-3	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	Tier-2	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate vaginal cream</i>	Tier-3	
GYNAZOLE-1 VAGINAL CREAM	Tier-4	
<i>metronidazole vaginal gel</i>	Tier-3	
<i>miconazole 3 vaginal suppository</i>	Tier-3	
SOLOSEC ORAL PACKET	Tier-4	
<i>terconazole vaginal cream</i>	Tier-3	
<i>terconazole vaginal suppository</i>	Tier-3	
VANDAZOLE VAGINAL GEL	Tier-3	
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	Tier-4	
MYFEMBREE ORAL TABLET	Tier-5	PA; QL (28 EA per 28 days); NEDS
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier-5	PA; QL (56 EA per 28 days); NEDS
ORILISSA ORAL TABLET 150 MG	Tier-5	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	Tier-5	PA; QL (60 EA per 30 days); NEDS
OSPHENA ORAL TABLET	Tier-4	

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

Index

<i>abacavir sulfate</i>	13	ALUNBRIG.....	22	<i>aripiprazole</i>	76
<i>abacavir sulfate-lamivudine</i>	14	<i>alyq</i>	80	ARISTADA.....	76
ABELCET.....	44	<i>amantadine hcl</i>	14	ARISTADA INITIO.....	76
ABILIFY MAINTENA.....	75	AMBISOME.....	44	<i>armodafinil</i>	75
ABILIFY MYCITE.....	76	<i>ambrisentan</i>	80	ARMOUR THYROID.....	50
<i>abiraterone acetate</i>	22	<i>amcinonide</i>	82	<i>asenapine maleate</i>	76
<i>acamprosate calcium</i>	71	<i>amethia</i>	87	<i>ashlyna</i>	87
<i>acarbose</i>	36	<i>amikacin sulfate</i>	44	<i>aspirin-dipyridamole er</i>	20
<i>accutane</i>	81	<i>amiloride hcl</i>	31	ASSURE INSULIN SAFETY	
<i>acebutolol hcl</i>	30	<i>amiloride-hydrochlorothiazide</i> ...	31	SYRINGE.....	34
<i>acetaminophen-codeine</i>	70	<i>amiodarone hcl</i>	28	ASTAGRAF XL.....	53
<i>acetaminophen-codeine #3</i>	70	<i>amitriptyline hcl</i>	73	<i>atazanavir sulfate</i>	14
<i>acetazolamide</i>	40	<i>amlodipine besy-benazepril hcl</i> ..	29	<i>atenolol</i>	30
<i>acetazolamide er</i>	40	<i>amlodipine besylate</i>	30	<i>atenolol-chlorthalidone</i>	29
<i>acetic acid</i>	37	<i>amlodipine besylate-valsartan</i> ...	29	<i>atomoxetine hcl</i>	72
<i>acetylcysteine</i>	80	<i>amlodipine-atorvastatin</i>	29	<i>atorvastatin calcium</i>	32
<i>acitretin</i>	85	<i>amlodipine-olmesartan</i>	29	<i>atovaquone</i>	13
ACTHAR.....	48	<i>ammonium lactate</i>	85	<i>atovaquone-proguanil hcl</i>	13
ACTHIB.....	50	<i>amoxapine</i>	73	ATRALIN.....	81
ACTIMMUNE.....	50	<i>amoxicill-clarithro-lansopraz</i>	43	<i>atropine sulfate</i>	41
ACTIQ.....	70	<i>amoxicillin</i>	17	ATROVENT HFA.....	78
<i>acyclovir</i>	14	<i>amoxicillin-pot clavulanate</i>	17	AUBAGIO.....	58
<i>acyclovir sodium</i>	44	<i>amoxicillin-pot clavulanate er</i> ...	17	AURYXIA.....	60
ADACEL.....	50	<i>amphetamine sulfate</i>	72	AUSTEDO.....	57
<i>adapalene</i>	81	<i>amphetamine-dextroamphet er</i> ...	72	AVEED.....	49
<i>adapalene-benzoyl peroxide</i>	81	<i>amphetamine-</i>		<i>aviane</i>	87
<i>adefovir dipivoxil</i>	14	<i>dextroamphetamine</i>	72	AVITA.....	81
ADEMPAS.....	80	<i>amphotericin b</i>	44	AVONEX PEN.....	58
AEMCOLO.....	12	<i>ampicillin</i>	17	AVONEX PREFILLED.....	58
AFINITOR.....	22	<i>ampicillin sodium</i>	44, 45	AVYCAZ.....	45
AFINITOR DISPERZ.....	22	<i>ampicillin-sulbactam sodium</i>	45	AYVAKIT.....	22
AIMOVIG.....	62	<i>anagrelide hcl</i>	20	AZASAN.....	67
ALA SCALP.....	82	<i>anastrozole</i>	22	AZASITE.....	38
<i>ala-cort</i>	82	ANGELIQ.....	88	<i>azathioprine</i>	67
<i>albendazole</i>	12	ANNOVERA.....	87	<i>azelaic acid</i>	81
<i>albuterol sulfate</i>	78	ANORO ELLIPTA.....	78	<i>azelastine hcl</i>	38
<i>albuterol sulfate hfa</i>	78	ANUSOL-HC.....	85	AZELEX.....	81
<i>alclometasone dipropionate</i>	82	ANZEMET.....	41	<i>azithromycin</i>	18, 45
ALECENSA.....	22	APEXICON E.....	82	<i>aztreonam</i>	45
<i>alendronate sodium</i>	88	APLENZIN.....	73	<i>bacitracin</i>	38
<i>alfuzosin hcl er</i>	61	APOKYN.....	63	<i>bacitracin-polymyxin b</i>	38
<i>aliskiren fumarate</i>	31	<i>apomorphine hcl</i>	63	<i>bacitra-neomycin-polymyxin-hc</i> ..	38
ALKERAN.....	22	<i>apraclonidine hcl</i>	40	<i>baclofen</i>	67
<i>allopurinol</i>	69	<i>aprepitant</i>	41	BAFIERTAM.....	58
<i>almotriptan malate</i>	63	<i>apri</i>	87	<i>balsalazide disodium</i>	44
ALOCRIIL.....	38	APTIOM.....	64	BALVERSA.....	22
ALOMIDE.....	38	APTIVUS.....	14	<i>balziva</i>	87
<i>alosetron hcl</i>	42	<i>aranelle</i>	87	BANZEL.....	64
ALPHAGAN P 0.1%.....	40	ARCALYST.....	54	BAXDELA.....	19
<i>alprazolam</i>	71	<i>arformoterol tartrate</i>	78	BCG VACCINE.....	50
ALREX.....	39	ARIKAYCE.....	12	BD DISP NEEDLE.....	34

BD INSULIN SYRINGE.....	34	BROVANA.....	78	cartia xt.....	30
BD INSULIN SYRINGE U-500	34	BRUKINSA.....	22	carvedilol.....	30
BELBUCA.....	70	budesonide.....	44, 78	carvedilol phosphate er.....	30
BELSOMRA.....	75	budesonide er.....	44	caspofungin acetate.....	45
benazepril hcl.....	27	budesonide-formoterol fumarate	78	CAYSTON.....	55
benazepril-hydrochlorothiazide..	29	bumetanide.....	31, 45	cefaclor.....	17
BENLYSTA.....	53	buprenorphine.....	70	cefadroxil.....	17
BENZNIDAZOLE.....	13	buprenorphine hcl.....	59	cefazolin sodium.....	45
benzoyl peroxide-erythromycin...	81	buprenorphine hcl-naloxone hcl		cefdinir.....	17
benztropine mesylate.....	63		59, 60	cefepime hcl.....	45
bepotastine besilate.....	38	bupropion hcl.....	73	cefixime.....	17
BERINERT.....	57	bupropion hcl er (smoking det)...	60	cefotetan disodium.....	45
BESIVANCE.....	38	bupropion hcl er (sr).....	73	cefoxitin sodium.....	45
BESREMI.....	21	bupropion hcl er (xl).....	73	cefpodoxime proxetil.....	18
betaine.....	55	buspirone hcl.....	71	cefprozil.....	18
betamethasone dipropionate.....	82	butalbital-apap-caffeine.....	63	ceftazidime.....	45
betamethasone dipropionate		butalbital-aspirin-caffeine.....	63	ceftriaxone sodium.....	45
aug.....	82	butorphanol tartrate.....	70	cefuroxime axetil.....	18
betamethasone valerate.....	82	BYDUREON BCISE.....	36	cefuroxime sodium.....	45
BETASERON.....	58	BYETTA 10 MCG PEN.....	36	celecoxib.....	69
betaxolol hcl.....	30, 40	BYETTA 5 MCG PEN.....	36	CELLCEPT.....	53
bethanechol chloride.....	61	BYLVAY.....	42	CELONTIN.....	64
BETIMOL.....	40	BYLVAY (PELLETS).....	42	cephalexin.....	18
BETOPTIC-S.....	40	BYSTOLIC.....	30	CERDELGA.....	56
BEVESPI AEROSPHERE.....	80	cabergoline.....	63	CHEMET.....	55
bexarotene.....	22, 85	CABLIVI.....	21	chlordiazepoxide hcl.....	71
BEXSERO.....	50	CABOMETYX.....	22	chlorhexidine gluconate.....	38
bicalutamide.....	22	calcipotriene.....	85	chloroquine phosphate.....	13
BICILLIN C-R.....	17	calcitonin (salmon).....	88	chlorpromazine hcl.....	76
BICILLIN C-R 900/300.....	17	calcitriol.....	57, 85	chlorthalidone.....	31
BICILLIN L-A.....	17	calcium acetate (phos binder)....	60	chlorzoxazone.....	67
BIDIL.....	33	CALQUENCE.....	22	CHOLBAM.....	42
BIKTARVY.....	14	CAMILA.....	87	cholestyramine.....	32
bisoprolol fumarate.....	30	CAMZYOS.....	31	cholestyramine light.....	32
bisoprolol-hydrochlorothiazide..	29	candesartan cilexetil.....	28	ciclopirox.....	84
BIVIGAM.....	50	candesartan cilexetil-hctz.....	29	ciclopirox olamine.....	84
BLEPHAMIDE S.O.P.....	38	capecitabine.....	22	cilostazol.....	20
BOOSTRIX.....	50	CAPEX.....	82	CIMDUO.....	14
bosentan.....	80	CAPLYTA.....	76	cimetidine.....	43
BOSULIF.....	22	CAPRELSA.....	22	cimetidine solution.....	43
BRAFTOVI.....	22	captopril.....	27	cinacalcet hcl.....	57
BREO ELLIPTA.....	78	CARBAGLU.....	42	CINRYZE.....	57
BREZTRI AEROSPHERE.....	78	carbamazepine.....	64	ciprofloxacin hcl.....	19, 38
briellyn.....	87	carbamazepine er.....	64	ciprofloxacin in d5w.....	45
BRILINTA.....	20	carbidopa.....	63	ciprofloxacin-dexamethasone....	37
brimonidine tartrate.....	40	carbidopa-levodopa.....	63	citalopram hydrobromide.....	73
brimonidine tartrate-timolol.....	40	carbidopa-levodopa er.....	63	claravis.....	81
brinzolamide.....	40	carbidopa-levodopa-entacapone	63	clarithromycin.....	18
BRIVIACT.....	64	CARDURA XL.....	28	clarithromycin er.....	18
bromocriptine mesylate.....	63	carglumic acid.....	42	CLEOCIN.....	90
BROMSITE.....	39	CAROSPIR.....	31	clindamycin capsules.....	18
BRONCHITOL.....	55	carteolol hcl.....	40	clindamycin oral solution.....	18

<i>clindamycin phos-benzoyl perox.</i> 81	COMFORT ASSIST INSULIN	<i>desmopressin acetate</i> 61
<i>clindamycin phosphate</i> ... 45, 81, 90	SYRINGE 34	<i>desmopressin acetate spray</i> 61
<i>clindamycin phosphate in d5w</i> ... 45	COMPLERA 14	<i>desogestrel-ethinyl estradiol</i> 87
CLINIMIX E/DEXTROSE	CONDYLOX 86	<i>desonide</i> 83
(2.75/5) 47	<i>constulose</i> 42	<i>desoximetasone</i> 83
CLINIMIX E/DEXTROSE	COPAXONE 58	DESODYN 72
(4.25/10) 47	COPIKTRA 23	DESRX 83
CLINIMIX E/DEXTROSE	CORDRAN 83	<i>desvenlafaxine er</i> 73
(4.25/5) 48	CORLANOR 31	<i>desvenlafaxine succinate er</i> 73
CLINIMIX E/DEXTROSE	CORTROPHIN 48	<i>dexamethasone</i> 48
(5/15) 48	COTELLIC 23	<i>dexamethasone sodium</i>
CLINIMIX E/DEXTROSE	CREON 42	<i>phosphate</i> 39
(5/20) 48	CRESEMBA 12	DEXCOM G6 RECEIVER 34
CLINIMIX/DEXTROSE	CRINONE 88	DEXCOM SENSOR 34
(4.25/10) 48	<i>cromolyn sodium</i> 38, 42, 78	DEXCOM TRANSMITTER 34
CLINIMIX/DEXTROSE	CROTAN 85	DEXEDRINE 72
(4.25/5) 48	<i>cvs gauze sterile</i> 34	DEXILANT 43
CLINIMIX/DEXTROSE (5/15). 48	<i>cyclobenzaprine hcl</i> 67	<i>dexlansoprazole</i> 43
CLINIMIX/DEXTROSE (5/20). 48	<i>cyclophosphamide</i> 23	<i>dexmethylphenidate hcl</i> 72
CLINISOL SF 48	CYCLOSET 36	<i>dexmethylphenidate hcl er</i> 72
<i>clobazam</i> 64	<i>cyclosporine</i> 53	<i>dextroamphetamine sulfate</i> 72
<i>clobetasol propionate</i> 83	<i>cyclosporine modified</i> 53	<i>dextroamphetamine sulfate er</i> 72
<i>clobetasol propionate e</i> 83	<i>cyproheptadine hcl</i> 38	<i>dextrose</i> 47
<i>clobetasol propionate emulsion</i> .. 83	CYSTADANE 55	<i>dextrose-nacl</i> 47
<i>clocortolone pivalate</i> 83	CYSTADROPS 41	DIACOMIT 65
CLODAN 83	CYSTAGON 42	DIASTAT ACUDIAL 65
<i>clomipramine hcl</i> 73	CYSTARAN 41	DIASTAT PEDIATRIC 65
<i>clonazepam</i> 64	<i>dabigatran etexilate mesylate</i> 21	<i>diazepam</i> 65
<i>clonidine</i> 31	<i>dalfampridine er</i> 58	<i>diazepam intensol</i> 65
<i>clonidine hcl</i> 31	DALIRESP 80	<i>diazoxide</i> 34
<i>clonidine hcl er</i> 72	DALVANCE 45	DIBENZYLINE 60
<i>clopidogrel bisulfate</i> 20	<i>danazol</i> 49	<i>diclofenac epolamine</i> 86
<i>clorazepate dipotassium</i> 71	<i>dantrolene sodium</i> 67	<i>diclofenac potassium</i> 69
<i>clotrimazole</i> 12, 84	<i>dapsone tablets</i> 13	<i>diclofenac sodium</i> 39, 69, 86
<i>clotrimazole-betamethasone</i> . 84, 85	DAPTACEL 51	<i>diclofenac sodium er</i> 69
<i>clozapine</i> 76	<i>daptomycin</i> 45	<i>dicloxacin sodium</i> 18
COARTEM 13	DAURISMO 23	<i>dicyclomine hcl</i> 42
<i>codeine sulfate</i> 70	DAYVIGO 75	DIFICID 18
<i>colchicine</i> 69	DEBLITANE 87	<i>diflorasone diacetate</i> 83
<i>colchicine-probenecid</i> 69	<i>deferasirox</i> 56	<i>diflunisal</i> 69
<i>colesevelam hcl</i> 32	<i>deferasirox granules</i> 55	<i>difluprednate</i> 39
<i>colestipol hcl</i> 32	<i>deferiprone</i> 56	<i>digitek</i> 28
<i>colistimethate sodium (cba)</i> 45	DELESTROGEN 88	<i>digoxin</i> 28
COMBIGAN 40	DELSTRIGO 14	<i>dihydroergotamine mesylate</i> 63
COMBIPATCH 88	<i>demeclocycline hcl</i> 19	DILANTIN 65
COMBIVENT RESPIMAT 78	DENAVIR 86	DILANTIN INFATABS 65
COMETRIQ (100 MG DAILY	DEPO-ESTRADIOL 88	<i>diltiazem hcl</i> 30
DOSE) 22	DEPO-PROVERA 88	<i>diltiazem hcl er</i> 30
COMETRIQ (140 MG DAILY	DEPO-SUBQ PROVERA 104... 88	<i>diltiazem hcl er beads</i> 30
DOSE) 22	DEPO-TESTOSTERONE 49	<i>diltiazem hcl er coated beads</i> 30
COMETRIQ (60 MG DAILY	DESCOVY 14	<i>dilt-xr</i> 30
DOSE) 22	<i>desipramine hcl</i> 73	<i>dimethyl fumarate</i> 58

<i>dimethyl fumarate starter pack</i> ...	58	EMGALITY	63	<i>etodolac</i>	69
<i>diphenoxylate-atropine</i>	42	EMGALITY (300 MG DOSE)...	63	<i>etodolac er</i>	69
<i>diphtheria-tetanus toxoids dt</i>	51	<i>emoquette</i>	87	<i>etonogestrel-ethinyl estradiol</i>	87
<i>dipyridamole</i>	20	EMSAM	74	<i>etoposide</i>	23
<i>disopyramide phosphate</i>	29	<i>emtricitabine</i>	14	<i>etravirine</i>	14
<i>disulfiram</i>	71	<i>emtricitabine-tenofovir df</i>	14	EUCRISA	86
<i>divalproex sodium</i>	65	EMTRIVA	14	<i>euthyrox</i>	50
<i>divalproex sodium er</i>	65	<i>enalapril maleate</i>	27	EVAMIST	89
DIVIGEL	89	<i>enalapril-hydrochlorothiazide</i>	29	EVENITY	89
<i>dofetilide</i>	29	ENBREL	67	<i>everolimus</i>	23, 53
DOJOLVI	58	ENBREL MINI	67	EVOCLIN	81
<i>donepezil hcl</i>	62	ENBREL SURECLICK	67	EVOTAZ	14
DOPTLET	20	ENDOCET	70	EVRYSDI	61
<i>dorzolamide hcl</i>	40	ENGERIX-B	51	EXEL COMFORT POINT PEN	
<i>dorzolamide hcl-timolol mal</i>	40	<i>enoxaparin sodium</i>	21	NEEDLE	34
<i>dorzolamide hcl-timolol mal pf</i> ...	40	ENSPRYNG	53	<i>exemestane</i>	23
<i>dotti</i>	89	<i>entacapone</i>	64	EXKIVITY	23
DOVATO	14	<i>entecavir</i>	14	EXSERVAN	54
<i>doxazosin mesylate</i>	28	ENTRESTO	31	EXTAVIA	58
<i>doxepin hcl</i>	73, 75, 86	<i>enulose</i>	42	<i>ezetimibe</i>	32
<i>doxercalciferol</i>	57	ENVARUSUS XR	53	<i>ezetimibe-simvastatin</i>	32
DOXY 100	46	EPCLUSA	14	FABIOR	81
<i>doxycycline hyclate</i>	19	EPIDIOLEX	65	<i>falmina</i>	87
<i>doxycycline monohydrate</i>	19	<i>epinastine hcl</i>	38	<i>famciclovir</i>	14
DRIZALMA SPRINKLE	73, 74	<i>epinephrine</i>	54	<i>famotidine tablet</i>	43, 44
<i>dronabinol</i>	41	EPITOL	65	FANAPT	76
<i>drospirenone-ethinyl estradiol</i> ...	87	EPIVIR	14	FANAPT TITRATION PACK...	76
DROXIA	23	<i>eplerenone</i>	32	FARXIGA	36
<i>droxidopa</i>	31	EPRONTIA	65	FASENRA	78
DUAVEE	89	EQUETRO	73	FASENRA PEN	78
<i>duloxetine hcl</i>	74	ERAXIS	46	<i>febuxostat</i>	69
DUOPA	64	ERIVEDGE	23	<i>felbamate</i>	65
DUPIXENT	78	ERLEADA	23	<i>felodipine er</i>	30
DUREZOL	39	<i>erlotinib hcl</i>	23	FEMRING	89
<i>dutasteride</i>	61	ERRIN	87	<i>fenofibrate</i>	32
<i>dutasteride-tamsulosin hcl</i>	61	<i>ertapenem sodium</i>	46	<i>fenofibrate micronized</i>	32
<i>econazole nitrate</i>	85	<i>ery</i>	81	<i>fenofibric acid</i>	32
EDURANT	14	ERYTHROCIN		<i>fenoprofen calcium</i>	69
<i>efavirenz</i>	14	LACTOBIONATE	46	<i>fentanyl</i>	70
<i>efavirenz-emtricitab-tenofovir</i>	14	ERYTHROCIN STEARATE	18	<i>fentanyl citrate</i>	70
<i>efavirenz-lamivudine-tenofovir</i> ...	14	<i>erythromycin</i>	18, 39, 81	FERRIPROX	56
EGRIFTA SV	56	<i>erythromycin base</i>	18	<i>fesoterodine fumarate er</i>	61
ELESTRIN	89	<i>erythromycin ethylsuccinate</i>	18	FETZIMA	74
ELIGARD	49	ESBRIET	80	FETZIMA TITRATION	74
ELIQUIS	21	<i>escitalopram oxalate</i>	74	<i>finasteride</i>	61
ELIQUIS DVT/PE STARTER		<i>esomeprazole magnesium</i>	43	<i>finolimod hcl</i>	58
PACK	21	<i>estradiol</i>	89	FINTEPLA	65
ELMIRON	61	<i>estradiol valerate</i>	89	FIRDAPSE	58
ELURYNG	87	ESTRING	89	FIRMAGON	49
EMCYT	23	<i>ethacrynic acid</i>	32	FIRMAGON (240 MG DOSE)...	49
EMEND	41	<i>ethambutol hcl</i>	18	FIRVANQ	12
EMFLAZA	56	<i>ethosuximide</i>	65	<i>flac</i>	37

FLAREX.....	39	GAMMAGARD S/D LESS		<i>haloperidol decanoate</i>	76
FLEBOGAMMA DIF.....	51	IGA.....	51	<i>haloperidol lactate</i>	76
<i>flecainide acetate</i>	29	GAMMAKED.....	51	HARVONI.....	14, 15
FLOLIPID.....	32	GAMMAPLEX.....	51	HAVRIX.....	51
<i>fluconazole</i>	12	GAMUNEX-C.....	51	<i>heparin sodium (porcine)</i>	46
<i>fluconazole in sodium chloride</i> ...	46	GARDASIL 9.....	51	HETLIOZ.....	75
<i>flucytosine</i>	12	<i>gatifloxacin</i>	39	HETLIOZ LQ.....	75
<i>fludrocortisone acetate</i>	48	GATTEX.....	42	HIBERIX.....	51
<i>flunisolide</i>	38	<i>gauze pads</i>	34	HORIZANT.....	65
<i>fluocinolone acetonide</i>	37, 83	<i>gavilyte-c</i>	42	HUMALOG.....	35
<i>fluocinolone acetonide scalp</i>	83	<i>gavilyte-g</i>	42	HUMALOG JUNIOR	
<i>fluocinonide</i>	83	GAVRETO.....	23	KWIKPEN.....	35
<i>fluocinonide emulsified base</i>	83	<i>gemfibrozil</i>	32	HUMALOG KWIKPEN.....	35
<i>fluorometholone</i>	39	<i>generlac</i>	42	HUMALOG MIX 50/50.....	35
<i>fluorouracil</i>	86	GENGRAF.....	53	HUMALOG MIX 50/50	
<i>fluoxetine hcl</i>	74	GENOTROPIN.....	56	KWIKPEN.....	35
<i>fluoxetine hcl (pmd)</i>	74	GENOTROPIN MINIQUICK....	56	HUMALOG MIX 75/25.....	35
<i>fluphenazine decanoate</i>	76	<i>gentak</i>	39	HUMALOG MIX 75/25	
<i>fluphenazine hcl</i>	76	<i>gentamicin in saline</i>	46	KWIKPEN.....	35
<i>flurandrenolide</i>	83	<i>gentamicin sulfate</i>	39, 46, 82	HUMATROPE.....	56
<i>flurbiprofen</i>	69	GENVOYA.....	14	HUMIRA.....	68
<i>flurbiprofen sodium</i>	39	GEODON		HUMIRA PEDIATRIC	
<i>fluticasone propionate</i>	38, 83, 84	INTRAMUSCULAR		CROHNS START.....	67
<i>fluticasone-salmeterol</i>	79	INJECTION.....	76	HUMIRA PEN.....	68
<i>fluvastatin sodium</i>	32	GILENYA.....	58	HUMIRA PEN-CD/UC/HS	
<i>fluvastatin sodium er</i>	32	GILOTRIF.....	23	STARTER.....	68
<i>fluvoxamine maleate</i>	74	<i>glimepiride</i>	36	HUMIRA PEN-PEDIATRIC	
<i>fluvoxamine maleate er</i>	74	<i>glipizide</i>	36	UC START.....	68
FML FORTE.....	39	<i>glipizide er</i>	36	HUMIRA PEN-PS/UV/ADOL	
<i>fondaparinux sodium</i>	21	<i>glipizide-metformin hcl</i>	36	HS START.....	68
<i>formoterol fumarate</i>	79	<i>global alcohol prep ease</i>	34	HUMIRA PEN-PSOR/UEIT	
FORTEO.....	89	GLUCAGEN HYPOKIT.....	34	STARTER.....	68
<i>fosamprenavir calcium</i>	14	GLUCAGON EMERGENCY....	34	HUMULIN 70/30.....	35
<i>fosfomycin tromethamine</i>	12	<i>glyburide</i>	37	HUMULIN 70/30 KWIKPEN....	35
<i>fosinopril sodium</i>	27	<i>glyburide micronized</i>	36	HUMULIN N.....	35
<i>fosinopril sodium-hctz</i>	29	<i>glyburide-metformin</i>	37	HUMULIN N KWIKPEN.....	35
FOTIVDA.....	23	<i>glycopyrrolate</i>	42	HUMULIN R.....	35
FRAGMIN.....	21	GLYXAMBI.....	37	HUMULIN R U-500	
FREESTYLE LIBRE READER.34		GOCOVRI.....	64	(CONCENTRATED).....	35
FREESTYLE LIBRE SENSOR		<i>granisetron hcl</i>	41	HUMULIN R U-500	
SYSTEM.....	34	<i>griseofulvin microsize</i>	12	KWIKPEN.....	35
<i>frovatriptan succinate</i>	63	<i>griseofulvin ultramicrosize</i>	12	HYCANTIN.....	23
FULPHILA.....	20	<i>guanfacine hcl er</i>	72	<i>hydralazine hcl</i>	33
<i>furosemide</i>	32, 46	GVOKE HYPOPEN 2-PACK....	35	<i>hydrochlorothiazide</i>	32
FUZEON.....	14	GVOKE KIT.....	35	<i>hydrocodone bitartrate er</i>	70
<i>fyavolv</i>	89	GVOKE PFS.....	35	<i>hydrocodone-acetaminophen</i>	70
FYCOMPA.....	65	GYNAZOLE-1.....	90	<i>hydrocodone-ibuprofen</i>	70
<i>gabapentin</i>	65	HAEGARDA.....	57	<i>hydrocortisone</i>	44, 48, 84
GALAFOLD.....	56	<i>halcinonide</i>	84	<i>hydrocortisone butyrate</i>	84
<i>galantamine hydrobromide</i>	62	<i>halobetasol propionate</i>	84	<i>hydrocortisone valerate</i>	84
<i>galantamine hydrobromide er</i>	62	HALOG.....	84	<i>hydrocortisone-acetic acid</i>	37
GAMMAGARD.....	51	<i>haloperidol</i>	76	<i>hydromorphone hcl</i>	70

<i>hydromorphone hcl er</i>	70	IPOL.....	51	<i>ketorolac tromethamine</i>	39
<i>hydroxychloroquine sulfate</i>	13	<i>ipratropium bromide</i>	38, 79	KEVEYIS.....	60
<i>hydroxyurea</i>	23	<i>ipratropium-albuterol</i>	79	KINERET.....	54
<i>hydroxyzine hcl</i>	38	<i>irbesartan</i>	28	KINRIX.....	51
<i>hydroxyzine pamoate</i>	38	<i>irbesartan-hydrochlorothiazide</i> ..	29	KISQALI (200 MG DOSE).....	24
HYFTOR.....	86	IRESSA.....	23	KISQALI (400 MG DOSE).....	24
<i>ibandronate sodium</i>	89	ISENTRESS.....	15	KISQALI (600 MG DOSE).....	24
IBRANCE.....	23	ISENTRESS HD.....	15	KISQALI FEMARA (400 MG	
<i>ibuprofen</i>	69	ISOLYTE-P IN D5W.....	47	DOSE).....	24
<i>icatibant acetate</i>	57	<i>isoniazid</i>	18, 19	KISQALI FEMARA (600 MG	
<i>iclevia</i>	87	<i>isosorb dinitrate-hydralazine</i>	33	DOSE).....	24
ICLUSIG.....	23	<i>isosorbide dinitrate</i>	28	KISQALI FEMARA(200 MG	
<i>icosapent ethyl</i>	32	<i>isosorbide mononitrate</i>	28	DOSE).....	24
IDHIFA.....	23	<i>isosorbide mononitrate er</i>	28	KLISYRI.....	86
ILEVRO.....	39	<i>isotretinoin</i>	82	<i>klor-con</i>	33
<i>imatinib mesylate</i>	23	<i>isradipine</i>	30	<i>klor-con 10</i>	33
IMBRUVICA.....	23	ISTURISA.....	55	<i>klor-con m10</i>	33
<i>imipenem-cilastatin</i>	46	<i>itraconazole</i>	12	KLOR-CON M15.....	33
<i>imipramine hcl</i>	74	<i>ivermectin</i>	12, 85	<i>klor-con m20</i>	33
<i>imipramine pamoate</i>	74	IXIARO.....	51	KORLYM.....	55
<i>imiquimod</i>	86	JAKAFI.....	23	KOSELUGO.....	24
IMOVAX RABIES.....	51	<i>jantoven</i>	21	KRINTAFEL.....	13
IMPAVIDO.....	13	JANUMET.....	37	KRISTALOSE.....	42
IMVEXXY MAINTENANCE		JANUMET XR.....	37	K-TAB.....	33
PACK.....	89	JANUVIA.....	37	KYNMOBI.....	64
IMVEXXY STARTER PACK..	89	JARDIANCE.....	37	<i>labetalol hcl</i>	30
INBRIJA.....	64	<i>javygtor</i>	60	<i>lacosamide</i>	65
INCRELEX.....	56	JENTADUETO.....	37	<i>lactulose</i>	42, 43
<i>indapamide</i>	32	JENTADUETO XR.....	37	<i>lamivudine</i>	15
INDOCIN ORAL		<i>jinteli</i>	89	<i>lamivudine-zidovudine</i>	15
SUSPENSION.....	69	JULUCA.....	15	<i>lamotrigine</i>	65
<i>indomethacin</i>	69	<i>junel 1.5/30</i>	87	LAMPIT.....	13
<i>indomethacin er</i>	69	<i>junel 1/20</i>	87	<i>lancets</i>	34
INFANRIX.....	51	<i>junel fe 1.5/30</i>	87	LANOXIN.....	29
<i>infliximab</i>	68	<i>junel fe 1/20</i>	87	<i>lansoprazole</i>	44
INGREZZA.....	61	<i>junel fe 24</i>	87	<i>lanthanum carbonate</i>	60
INLYTA.....	23	JUXTAPID.....	32	LANTUS.....	35
INQOVI.....	23	JYNARQUE.....	61	LANTUS SOLOSTAR.....	35
INREBIC.....	23	KALETRA.....	15	<i>lapatinib ditosylate</i>	24
<i>insulin syringe</i>	34	KALYDECO.....	55	<i>larin 1.5/30</i>	87
INSULIN SYRINGE.....	34	KAPVAY.....	72	<i>larin 1/20</i>	87
INTELENCE.....	15	<i>kariva</i>	87	<i>larin fe 1.5/30</i>	87
INTRALIPID.....	48	<i>kcl in dextrose-nacl</i>	47	<i>larin fe 1/20</i>	87
INTRAROSA.....	90	<i>kcl-lactated ringers-d5w</i>	47	<i>latanoprost</i>	40
INTRON A.....	15	<i>kelnor 1/35</i>	87	LATUDA.....	77
<i>introvale</i>	87	KENALOG.....	84	<i>leflunomide</i>	68
INVANZ.....	46	KERENDIA.....	32	<i>lenalidomide</i>	24
INVEGA HAFYERA.....	76	KESIMPTA.....	58	LENVIMA (10 MG DAILY	
INVEGA SUSTENNA.....	76	<i>ketoconazole</i>	12, 85	DOSE).....	24
INVEGA TRINZA.....	77	KETODAN.....	85	LENVIMA (12 MG DAILY	
INVELTYS.....	39	<i>ketoprofen</i>	69	DOSE).....	24
IOPIDINE.....	40	<i>ketoprofen er</i>	69		

LENVIMA (14 MG DAILY DOSE).....	24	LOKELMA.....	60	<i>meloxicam</i>	69
LENVIMA (18 MG DAILY DOSE).....	24	LONSURF.....	24	<i>melfalan</i>	25
LENVIMA (20 MG DAILY DOSE).....	24	<i>loperamide hcl</i>	43	<i>memantine hcl</i>	62
LENVIMA (24 MG DAILY DOSE).....	24	<i>lopinavir-ritonavir</i>	15	<i>memantine hcl er</i>	62
LENVIMA (4 MG DAILY DOSE).....	24	<i>lorazepam</i>	72	MENACTRA.....	51
LENVIMA (8 MG DAILY DOSE).....	24	<i>lorazepam intensol</i>	72	MENEST.....	89
<i>lessina</i>	87	LORBRENA.....	24	MENOSTAR.....	89
<i>letrozole</i>	24	<i>losartan potassium</i>	28	MENQUADFI.....	51
<i>leucovorin calcium</i>	27	<i>losartan potassium-hctz</i>	29	MENTAX.....	85
LEUKERAN.....	24	<i>loteprednol etabonate</i>	39	MENVEO.....	51
LEUKINE.....	20	<i>lovastatin</i>	32	<i>mercaptopurine</i>	25
<i>leuprolide acetate</i>	49	<i>loxapine succinate</i>	77	<i>meropenem</i>	46
<i>levalbuterol hcl</i>	79	<i>lubiprostone</i>	44	<i>mesalamine</i>	44
<i>levalbuterol tartrate</i>	79	LUCEMYRA.....	60	<i>mesalamine er</i>	44
LEVEMIR.....	36	<i>luliconazole</i>	85	MESNEX.....	27
LEVEMIR FLEXTOUCH.....	36	LUMAKRAS.....	24	<i>metformin hcl</i>	37
<i>levetiracetam</i>	66	LUMIGAN.....	40	<i>metformin hcl er</i>	37
<i>levetiracetam er</i>	65	LUPKYNIS.....	53	<i>methadone hcl</i>	70, 71
<i>levobunolol hcl</i>	40	LUPRON DEPOT (1-MONTH).....	49	<i>methamphetamine hcl</i>	72
<i>levocarnitine</i>	43	LUPRON DEPOT (3-MONTH).....	49	<i>methazolamide</i>	41
<i>levocetirizine dihydrochloride</i>	38	LUPRON DEPOT (4-MONTH).....	49	<i>methenamine hippurate</i>	12
<i>levofloxacin</i>	19, 39, 46	LUPRON DEPOT (6-MONTH).....	49	<i>methimazole</i>	50
<i>levofloxacin in d5w</i>	46	LYBALVI.....	77	METHITEST.....	49
<i>levonest</i>	87	LYNPARZA.....	24	<i>methotrexate</i>	68
<i>levonorgest-eth estrad 91-day</i>	87	LYSODREN.....	24	<i>methotrexate sodium</i>	46
<i>levonorgestrel-ethinyl estradiol</i> ..	87	<i>mafenide acetate</i>	86	<i>methotrexate sodium (pf)</i>	46
<i>levora 0.15/30 (28)</i>	87	<i>magnesium sulfate</i>	47	<i>methoxsalen rapid</i>	85
<i>levorphanol tartrate</i>	70	<i>malathion</i>	85	<i>methscopolamine bromide</i>	44
LEVO-T.....	50	<i>maraviroc</i>	15	METHYLIN.....	72
<i>levothyroxine sodium</i>	50	<i>marlissa</i>	88	<i>methylphenidate hcl</i>	72
LEVOXYL.....	50	MARPLAN.....	74	<i>methylphenidate hcl er</i>	72
LEXIVA.....	15	MATULANE.....	25	<i>methylprednisolone</i>	48
<i>lidocaine</i>	86	<i>matzim la</i>	31	<i>methyltestosterone</i>	49
<i>lidocaine hcl</i>	86	MAVENCLAD (10 TABS).....	58	<i>metoclopramide hcl</i>	41
<i>lidocaine viscous hcl</i>	86	MAVENCLAD (4 TABS).....	58	<i>metolazone</i>	32
<i>lidocaine-prilocaine</i>	86	MAVENCLAD (5 TABS).....	58	<i>metoprolol succinate er</i>	30
<i>linezolid</i>	12, 46	MAVENCLAD (6 TABS).....	58	<i>metoprolol tartrate</i>	30
LINZESS.....	44	MAVENCLAD (7 TABS).....	58	<i>metoprolol-hydrochlorothiazide</i>	29
<i>liothyronine sodium</i>	50	MAVENCLAD (8 TABS).....	59	<i>metronidazole</i>	12, 46, 81, 90
<i>lisinopril</i>	27	MAVENCLAD (9 TABS).....	59	<i>metyrosine</i>	60
<i>lisinopril-hydrochlorothiazide</i>	29	MAVYRET.....	15	<i>mexiletine hcl</i>	29
<i>lithium carbonate</i>	73	MAXIDEX.....	39	<i>micafungin sodium</i>	12
<i>lithium carbonate er</i>	73	MAYZENT.....	59	<i>miconazole 3</i>	90
LIVMARLI.....	43	MAYZENT STARTER PACK..	59	<i>microgestin 1.5/30</i>	88
LIVTENCITY.....	15	<i>meclizine hcl</i>	41	<i>microgestin 1/20</i>	88
LO LOESTRIN FE.....	88	<i>meclofenamate sodium</i>	69	<i>microgestin fe 1.5/30</i>	88
		MEDROL.....	48	<i>microgestin fe 1/20</i>	88
		<i>medroxyprogesterone acetate</i>	89	<i>midodrine hcl</i>	31
		<i>mefloquine hcl</i>	13	MIGERGOT.....	63
		<i>megestrol acetate</i>	25, 43	<i>miglitol</i>	37
		MEKINIST.....	25	<i>miglustat</i>	56
		MEKTOVI.....	25	MILLIPRED.....	48

<i>minocycline hcl</i>	19	<i>neomycin-polymyxin-dexameth</i>	39, 40	NUTROPIN AQ NUSPIN 10.....	56
<i>minocycline hcl er</i>	19	<i>neomycin-polymyxin-gramicidin</i>	40	NUTROPIN AQ NUSPIN 20.....	56
<i>minoxidil</i>	33	<i>neomycin-polymyxin-hc</i>	37, 40	NUTROPIN AQ NUSPIN 5.....	56
<i>mirtazapine</i>	74	NERLYNX.....	25	NUZYRA.....	19
<i>misoprostol</i>	44	NEULASTA.....	20	<i>nyamyc</i>	85
M-M-R II.....	51	NEUPRO.....	64	NYMALIZE.....	31
<i>modafinil</i>	75	<i>nevirapine</i>	15	<i>nystatin</i>	12, 85
<i>moexipril hcl</i>	28	<i>nevirapine er</i>	15	<i>nystop</i>	85
<i>molindone hcl</i>	77	NEXAVAR.....	25	OICALIVA.....	43
<i>mometasone furoate</i>	38, 84	NEXLETOL.....	33	OCTAGAM.....	51
<i>montelukast sodium</i>	79	NEXLIZET.....	33	<i>octreotide acetate</i>	54
<i>morphine sulfate</i>	71	NEXTSTELLIS.....	88	ODEFSEY.....	15
<i>morphine sulfate (concentrate)</i> ...	71	<i>niacin (antihyperlipidemic)</i>	33	ODOMZO.....	25
<i>morphine sulfate er</i>	71	<i>niacin er</i>	33	OFEV.....	80
MOVANTIK.....	43	<i>niacor</i>	33	<i>ofloxacin</i>	19, 37, 39
<i>moxifloxacin hcl</i>	19, 39	<i>nicardipine hcl</i>	31	<i>olanzapine</i>	77
<i>moxifloxacin hcl in nacl</i>	46	NICOTROL.....	60	<i>olanzapine-fluoxetine hcl</i>	73
MULPLETA.....	20	NICOTROL NS.....	60	<i>olmesartan medoxomil</i>	28
MULTAQ.....	29	<i>nifedipine er</i>	31	<i>olmesartan medoxomil-hctz</i>	29
<i>mupirocin</i>	82	<i>nifedipine er osmotic release</i>	31	<i>olmesartan-amlodipine-hctz</i>	29
<i>mupirocin calcium</i>	82	<i>nikki</i>	88	<i>olopatadine hcl</i>	38
MYCAPSSA.....	54	<i>nilutamide</i>	25	<i>omega-3-acid ethyl esters</i>	33
<i>mycophenolate mofetil</i>	53	<i>nimodipine</i>	31	<i>omeprazole</i>	44
<i>mycophenolate sodium</i>	53	NINLARO.....	25	OMNIPOD 5 G6 INTRO (GEN 5).....	34
MYFEMBREE.....	90	<i>nisoldipine er</i>	31	OMNIPOD 5 G6 POD (GEN 5).....	34
MYLERAN.....	25	<i>nitazoxanide</i>	12	OMNIPOD CLASSIC PDM (GEN 3).....	34
MYRBETRIQ.....	61	<i>nitisinone</i>	57	OMNIPOD CLASSIC PODS (GEN 3).....	34
MYTESI.....	43	NITRO-BID.....	28	OMNIPOD DASH PDM (GEN 4).....	34
<i>na sulfate-k sulfate-mg sulf</i>	43	<i>nitrofurantoin macrocrystal</i>	13	OMNIPOD DASH PODS (GEN 4).....	34
<i>nabumetone</i>	69	<i>nitrofurantoin monohyd macro</i> ...	13	OMNITROPE.....	56
<i>nadolol</i>	30	<i>nitroglycerin</i>	28	<i>ondansetron</i>	41
<i>nafcillin sodium</i>	46	NITROSTAT.....	28	<i>ondansetron hcl</i>	41
<i>naftifine hcl</i>	85	NITYR.....	57	ONETOUCH TEST STRIPS.....	34
<i>naloxone hcl</i>	60	NORDITROPIN FLEXPRO.....	56	ONGENTYS.....	64
<i>naltrexone hcl</i>	71	<i>norethindrone acetate</i>	89	ONUREG.....	25
NAMZARIC.....	62	<i>norethindrone-eth estradiol</i>	89	OPSUMIT.....	80
<i>naproxen</i>	69, 70	<i>norethin-eth estradiol-fe</i>	88	ORALAIR.....	81
<i>naproxen sodium</i>	70	NORPACE CR.....	29	ORAPRED ODT.....	48
<i>naratriptan hcl</i>	63	<i>nortrel 0.5/35 (28)</i>	88	ORENITRAM.....	80
NARCAN.....	60	<i>nortrel 1/35 (21)</i>	88	ORFADIN.....	57
NATACYN.....	41	<i>nortrel 1/35 (28)</i>	88	ORGOVYX.....	25
<i>nateglinide</i>	37	<i>nortrel 7/7/7</i>	88	ORIAHNN.....	90
NATPARA.....	58	<i>nortriptyline hcl</i>	74	ORILISSA.....	90
NAYZILAM.....	63	NORVIR.....	15	ORKAMBI.....	55
<i>nebivolol hcl</i>	30	NOURIANZ.....	64	ORLADEYO.....	57
<i>necon 0.5/35 (28)</i>	88	NOXAFIL.....	12	<i>oseltamivir phosphate</i>	15
<i>nefazodone hcl</i>	74	NUBEQA.....	25	OSMOPREP.....	43
<i>neomycin sulfate</i>	12	NUCALA.....	80, 81		
<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	39	NUEDEXTA.....	64		
		NUPLAZID.....	77		
		NUTRILIPID.....	48		

OSPHERA.....	90	perphenazine.....	77	prednisolone acetate.....	40
oxacillin sodium.....	46	PERSERIS.....	77	prednisolone sodium phosphate	
oxacillin sodium in dextrose.....	46	PEXEVA.....	74		40, 48
oxandrolone.....	49	phenelzine sulfate.....	74	prednisone.....	49
oxaprozin.....	70	phenobarbital.....	66	PREDNISON INTENSOL.....	49
oxazepam.....	72	phenoxybenzamine hcl.....	60	preferred plus insulin syringe.....	34
OXBRYTA.....	21	phenytoin.....	66	pregabalin.....	66
oxcarbazepine.....	66	phenytoin sodium extended.....	66	pregabalin er.....	66
OXERVATE.....	41	PIFELTRO.....	16	PREHEVBRIO.....	52
oxybutynin chloride.....	62	pilocarpine hcl.....	38, 41	PREMARIN.....	89
oxybutynin chloride er.....	61	pimecrolimus.....	86	PREMASOL.....	48
oxycodone hcl.....	71	pimozide.....	77	PREMPHASE.....	89
oxycodone hcl er.....	71	pindolol.....	30	PREMPRO.....	89
oxycodone-acetaminophen.....	71	pioglitazone hcl.....	37	prenatal.....	90
OXYCONTIN.....	71	pioglitazone hcl-glimepiride.....	37	pretomanid.....	19
OZEMPIC (0.25 OR 0.5		pioglitazone hcl-metformin hcl... 37		PREVALITE.....	33
MG/DOSE).....	36	piperacillin sod-tazobactam so... 46		PREVNAR 13.....	52
OZEMPIC (1 MG/DOSE).....	36	PIQRAY (200 MG DAILY		PREVYMIS.....	16
OZEMPIC (2 MG/DOSE).....	36	DOSE).....	25	PREZCOBIX.....	16
pacerone.....	29	PIQRAY (250 MG DAILY		PREZISTA.....	16
paliperidone er.....	77	DOSE).....	25	PRIFTIN.....	19
PALYNZIQ.....	60	PIQRAY (300 MG DAILY		primaquine phosphate.....	13
PANDEL.....	84	DOSE).....	25	primidone.....	66
PANRETIN.....	61	pirfenidone.....	80	PRIORIX.....	52
pantoprazole sodium.....	44	piroxicam.....	70	PRIVIGEN.....	52
PANZYGA.....	52	PLASMA-LYTE 148.....	47	PROAIR RESPICLICK.....	79
paricalcitol.....	57	PLASMA-LYTE A.....	47	probenecid.....	69
paromomycin sulfate.....	13	PLEGRIDY.....	59	prochlorperazine.....	41
paroxetine hcl.....	74	PLENAMINE.....	48	prochlorperazine maleate.....	41
paroxetine hcl er.....	74	PNEUMOVAX 23.....	52	PROCRT.....	20
PASER.....	19	podofilox.....	86	procto-med hc.....	86
PAXIL ORAL SUSPENSION..	74	polymyxin b sulfate.....	47	procto-pak.....	86
PEDIARIX.....	52	polymyxin b-trimethoprim.....	39	proctosol hc.....	86
PEDVAX HIB.....	52	POMALYST.....	25	proctozone-hc.....	86
peg 3350-kcl-na bicarb-nacl.....	43	portia-28.....	88	progesterone.....	89
peg-3350/electrolytes.....	43	posaconazole.....	12	PROGRAF INJECTION.....	53
PEGASYS.....	15, 16	potassium chloride.....	33, 47	PROLASTIN-C.....	81
peg-kcl-nacl-nasulf-na asc-c.....	43	potassium chloride crys er.....	33	PROLENSA.....	40
PEMAZYRE.....	25	potassium chloride er.....	33	PROLIA.....	90
penicillamine.....	62	potassium chloride in dextrose... 47		PROMACTA.....	20
penicillin g potassium.....	46	potassium chloride in nacl.....	47	promethazine hcl.....	42
penicillin g procaine.....	46	potassium citrate er.....	62	propafenone hcl.....	29
penicillin g sodium.....	46	PRADAXA.....	21	propafenone hcl er.....	29
penicillin v potassium.....	18	PRALUENT.....	33	propranolol hcl.....	30
PENTACEL.....	52	pramipexole dihydrochloride.....	64	propranolol hcl er.....	30
PENTAM.....	13	prasugrel hcl.....	20	propylthiouracil.....	50
pentamidine isethionate.....	13	pravastatin sodium.....	33	PROQUAD.....	52
pentoxifylline er.....	21	praziquantel.....	13	PROSOL.....	48
PERFOROMIST.....	79	prazosin hcl.....	28	protriptyline hcl.....	74
perindopril erbumine.....	28	PRED MILD.....	40	PRUDOXIN.....	86
periogard.....	38	PRED-G S.O.P.....	40	PULMOZYME.....	55
permethrin.....	85	prednisolone.....	48	PURIXAN.....	25

PYLERA.....	44	RETIN-A MICRO PUMP.....	82	sevelamer carbonate oral packets.....	60
pyrazinamide.....	19	REVCovi.....	42	SHAROBEL.....	88
pyridostigmine bromide.....	59	REVLIMID.....	25	SHINGRIX.....	52
pyridostigmine bromide er.....	59	REXULTI.....	77	SIGNIFOR.....	55
pyrimethamine.....	13	REYATAZ.....	16	sildenafil citrate.....	80
PYRUKYND.....	21	REZUROCK.....	53	silodosin.....	61
PYRUKYND TAPER PACK.....	21	RHOPRESSA.....	41	silver sulfadiazine.....	82
QELBREE.....	72	ribavirin.....	16	SIMBRINZA.....	41
QINLOCK.....	25	RIDAURA.....	68	simvastatin.....	33
QUADRACEL.....	52	rifabutin.....	19	sirolimus.....	53
QUDEXY XR.....	66	rifampin.....	19, 47	SIRTURO.....	19
quetiapine fumarate.....	77	riluzole.....	54	SIVEXTRO.....	13, 47
quetiapine fumarate er.....	77	rimantadine hcl.....	16	SKYRIZI.....	68
QUILLIVANT XR.....	72	RINVOQ.....	68	SKYRIZI (150 MG DOSE).....	68
quinapril hcl.....	28	risedronate sodium.....	90	SKYRIZI PEN.....	68
quinapril-hydrochlorothiazide.....	29	RISPERDAL CONSTA.....	73	sodium chloride.....	47, 86
quinidine gluconate er.....	29	risperidone.....	73	sodium phenylbutyrate.....	61
quinidine sulfate.....	29	ritonavir.....	16	sodium polystyrene sulfonate.....	60
quinine sulfate.....	13	rivastigmine.....	62	solifenacin succinate.....	62
QVAR REDIHALER.....	79	rivastigmine tartrate.....	62	SOLOSEC.....	90
RABAVERT.....	52	rizatriptan benzoate.....	63	SOLTAMOX.....	25
rabeprazole sodium.....	44	ROCKLATAN.....	41	SOMAVERT.....	54
RADICAVA ORS STARTER KIT.....	54	ropinirole hcl.....	64	sorafenib tosylate.....	25
raloxifene hcl.....	90	rosuvastatin calcium.....	33	sotalol hcl.....	29
ramelteon.....	75	ROTARIX.....	52	sotalol hcl (af).....	29
ramipril.....	28	ROTATEQ.....	52	SOTYLIZE.....	29
ranolazine er.....	28	ROWASA.....	44	SPIRIVA HANDIHALER.....	79
rasagiline mesylate.....	64	roweepra.....	66	SPIRIVA RESPIMAT.....	79
RASUVO.....	68	ROZLYTREK.....	25	spironolactone.....	32
RAVICTI.....	61	RUBRACA.....	25	spironolactone-hctz.....	32
RAYALDEE.....	58	RUCONEST.....	57	SPRITAM.....	66
REBIF.....	59	rufinamide.....	66	SPRYCEL.....	25
REBIF REBIDOSE.....	59	RUKOBIA.....	16	SPS.....	60
REBIF REBIDOSE TITRATION PACK.....	59	RYBELSUS.....	37	SSD.....	82
REBIF TITRATION PACK.....	59	RYDAPT.....	25	STAMARIL.....	52
RECOMBIVAX HB.....	52	RYTARY.....	64	STELARA.....	68
RECORLEV.....	55	SAIZEN.....	56	STIVARGA.....	25
RECTIV.....	86	SAIZENPREP.....	56	streptomycin sulfate.....	47
REGRANEX.....	86	SAJAZIR.....	57	STRIBILD.....	16
RELENZA DISKHALER.....	16	SANCUSO.....	42	STRIVERDI RESPIMAT.....	79
RELI-ON INSULIN SYRINGE.....	34	SANTYL.....	86	STROMECTOL.....	13
RELISTOR.....	43	sapropterin dihydrochloride.....	60	SUCRAID.....	61
REMICADE.....	68	SCSEMBLIX.....	25	sucrafate.....	44
repaglinide.....	37	scopolamine.....	42	sulfacetamide sodium.....	39
RESTASIS.....	41	SECUADO.....	77	sulfacetamide-prednisolone.....	39
RESTASIS MULTIDOSE.....	41	selegiline hcl.....	64	sulfadiazine.....	19
RETACRIT.....	20	selenium sulfide.....	86	sulfamethoxazole-trimethoprim.....	19
RETEVMO.....	25	SELZENTRY.....	16	SULFAMYLON.....	86
RETIN-A.....	82	SEREVENT DISKUS.....	79	sulfasalazine.....	44
RETIN-A MICRO.....	82	SEROSTIM.....	57	sulindac.....	70
		sertraline hcl.....	74, 75	sumatriptan.....	63

<i>sumatriptan succinate</i>	63	<i>terazosin hcl</i>	28	<i>tramadol hcl er (biphasic)</i>	71
<i>sumatriptan succinate refill</i>	63	<i>terbinafine hcl</i>	12	<i>tramadol-acetaminophen</i>	71
<i>sunitinib malate</i>	26	<i>terconazole</i>	90	<i>trandolapril</i>	28
SUNOSI	75	<i>teriparatide (recombinant)</i>	90	<i>tranexamic acid</i>	21
SUPRAX	18	<i>testosterone</i>	49	<i>tranylcypromine sulfate</i>	75
SUPREP BOWEL PREP KIT ...	43	<i>testosterone cypionate</i>	49	TRAVASOL	48
SUTENT	26	<i>testosterone enanthate</i>	49	<i>travoprost (bak free)</i>	41
SYMDEKO	55	<i>tetrabenazine</i>	57	<i>trazodone hcl</i>	75
SYMLINPEN 120	36	<i>tetracycline hcl</i>	19	TRECATOR	19
SYMLINPEN 60	36	THALOMID	26	TRELEGY ELLIPTA	79
SYMPAZAN	66	<i>theophylline</i>	79	TRELSTAR MIXJECT	50
SYMTUZA	16	<i>theophylline er</i>	79	TRESIBA	36
SYNAREL	49	THIOLA EC	55	TRESIBA FLEXTOUCH	36
SYNJARDY	37	<i>thioridazine hcl</i>	77	<i>tretinoin</i>	26, 82
SYNJARDY XR	37	<i>thiothixene</i>	77	<i>tretinoin microsphere</i>	82
SYNRIBO	22	THYQUIDITY	50	TREXALL	68
SYNTHROID	50	<i>tiadylt er</i>	31	<i>triamcinolone acetonide</i>	38, 84
TABLOID	26	<i>tiagabine hcl</i>	66	<i>triamterene</i>	32
TABRECTA	26	TIBSOVO	26	<i>triamterene-hctz</i>	32
<i>tacrolimus</i>	53, 86	TICOVAC	52	TRIANEX	84
<i>tadalafil</i>	61	<i>tigecycline</i>	47	<i>triderm</i>	84
<i>tadalafil (pah)</i>	80	TIGLUTIK	54	<i>trientine hcl</i>	62
TAFINLAR	26	<i>timolol maleate</i>	30, 41	<i>trifluoperazine hcl</i>	77
TAGRISSE	26	<i>timolol maleate pf</i>	41	<i>trifluridine</i>	40
TAKHZYRO	57	<i>tinidazole</i>	13	<i>trihexyphenidyl hcl</i>	64
TALTZ	68	<i>tiopronin</i>	55	TRIKAFTA	55
TALZENNA	26	TIROSINT	50	<i>trimethoprim</i>	13
<i>tamoxifen citrate</i>	26	TIROSINT-SOL	50	<i>trimipramine maleate</i>	75
<i>tamsulosin hcl</i>	61	<i>tirosint-sol</i>	50	TRINTELLIX	75
TARGRETIN	26, 86	TIVICAY	16	<i>tri-sprintec</i>	88
<i>tarina fe 1/20 eq</i>	88	TIVICAY PD	16	TRITOCIN	84
TASIGNA	26	<i>tizanidine hcl</i>	67	TRIUMEQ	16
TAVALISSE	21	TOBI PODHALER	55	TRIUMEQ PD	16
TAVNEOS	54	TOBRADEX	39	<i>trivora (28)</i>	88
<i>tazarotene</i>	82, 85	TOBRADEX ST	39	TRIZIVIR	16
TAZORAC	85	<i>tobramycin</i>	39, 55	TROPHAMINE	48
<i>taztia xt</i>	31	<i>tobramycin sulfate</i>	47	TRUEPLUS INSULIN	
TAZVERIK	26	<i>tobramycin-dexamethasone</i>	39	SYRINGE	34
<i>tdvax</i>	52	<i>tolcapone</i>	64	TRUEPLUS PEN NEEDLES	34
TECHLITE INSULIN		<i>tolvaptan</i>	62	TRULICITY	36
SYRINGE	34	<i>topiramate</i>	66	TRUMENBA	52
TECHLITE PEN NEEDLES	34	<i>toremifene citrate</i>	26	TRUSELTIQ (100MG DAILY	
TEFLARO	47	<i>torsemide</i>	32	DOSE)	26
TEGSEDI	54	TOUJEO MAX SOLOSTAR	36	TRUSELTIQ (125MG DAILY	
<i>telmisartan</i>	28	TOUJEO SOLOSTAR	36	DOSE)	26
<i>telmisartan-amlodipine</i>	29	TOVET	84	TRUSELTIQ (50MG DAILY	
<i>telmisartan-hctz</i>	30	TOVIAZ	62	DOSE)	26
<i>temazepam</i>	75	<i>tpn electrolytes</i>	48	TRUSELTIQ (75MG DAILY	
<i>temozolomide</i>	26	TRACLEER	80	DOSE)	26
TENIVAC	52	TRADJENTA	37	TUKYSA	26
<i>tenofovir disoproxil fumarate</i>	16	<i>tramadol hcl</i>	71	TURALIO	26
TEPMETKO	26	<i>tramadol hcl er</i>	71	TWINRIX	53

TYBOST.....	16	VIJOICE.....	26	XPOVIO (60 MG ONCE	
TYMLOS.....	90	<i>vilazodone hcl</i>	75	WEEKLY).....	27
TYPHIM VI.....	53	VIMPAT.....	66, 67	XPOVIO (60 MG TWICE	
UBRELVY.....	63	VIRACEPT.....	16	WEEKLY).....	27
UCERIS.....	43	VIREAD.....	17	XPOVIO (80 MG ONCE	
UDENYCA.....	20	VITRAKVI.....	26	WEEKLY).....	27
<i>unithroid</i>	50	VIVITROL.....	71	XPOVIO (80 MG TWICE	
UPTRAVI.....	80	VIZIMPRO.....	26	WEEKLY).....	27
UROCIT-K 10.....	62	VONJO.....	26	XTANDI.....	27
UROCIT-K 15.....	62	<i>voriconazole</i>	12, 47	XURIDEN.....	27
UROCIT-K 5.....	62	VOSEVI.....	17	XYOSTED.....	49
<i>ursodiol</i>	43	VOTRIENT.....	26	XYREM.....	75
VABOMERE.....	47	VOXZOGO.....	57	XYWAV.....	75
<i>valacyclovir hcl</i>	16	VRAYLAR.....	77	YF-VAX.....	53
VALCHLOR.....	86	VUMERITY.....	59	YONSA.....	27
<i>valganciclovir hcl</i>	16	<i>vyfemla</i>	88	YUPELRI.....	79
<i>valproic acid</i>	66	VYNDAMAX.....	54	YUVAFEM.....	90
<i>valsartan</i>	28	VYNDAQEL.....	54	<i>zafirlukast</i>	79
<i>valsartan-hydrochlorothiazide</i> ...	30	VYVANSE.....	72	<i>zaleplon</i>	75
VALTOCO 10 MG DOSE.....	66	VYZULTA.....	41	ZARXIO.....	20
VALTOCO 15 MG DOSE.....	66	WAKIX.....	75	ZEJULA.....	27
VALTOCO 20 MG DOSE.....	66	<i>warfarin sodium</i>	21	ZELBORAF.....	27
VALTOCO 5 MG DOSE.....	66	WELIREG.....	27	ZENPEP.....	42
<i>vancomycin hcl</i>	13, 47	WINLEVI.....	82	ZERBAXA.....	47
VANDAZOLE.....	90	WIXELA INHUB.....	79	ZIAGEN.....	17
VAQTA.....	53	XALKORI.....	27	<i>zidovudine</i>	17
<i>varenicline tartrate</i>	60	XARELTO.....	21	ZIEXTENZO.....	20
VARIVAX.....	53	XARELTO STARTER PACK... 21		<i>zileuton er</i>	79
VARUBI.....	42	XATMEP.....	68	<i>ziprasidone hcl</i>	77
VARUBI (180 MG DOSE).....	42	XCOPRI.....	67	<i>ziprasidone mesylate</i>	77
VASCEPA.....	33	XCOPRI (250 MG DAILY		ZIRGAN.....	40
<i>velivet</i>	88	DOSE).....	67	ZOLINZA.....	27
VELTASSA.....	60	XCOPRI (350 MG DAILY		<i>zolpidem tartrate</i>	75
VEMLIDY.....	16	DOSE).....	67	ZOMACTON.....	57
VENCLEXTA.....	26	XELJANZ.....	69	<i>zonisamide</i>	67
VENCLEXTA STARTING		XELJANZ XR.....	69	ZORBTIVE.....	57
PACK.....	26	XENLETA.....	13	ZORTRESS.....	54
<i>venlafaxine besylate er</i>	75	XERMELO.....	43	ZOSYN.....	47
<i>venlafaxine hcl</i>	75	XGEVA.....	90	<i>zovia 1/35 (28)</i>	88
<i>venlafaxine hcl er</i>	75	XIFAXAN.....	13	ZYDELIG.....	27
VENTAVIS.....	80	XIGDUO XR.....	37	ZYKADIA.....	27
<i>verapamil hcl</i>	31	XOFLUZA (40 MG DOSE).....	17	ZYLET.....	40
<i>verapamil hcl er</i>	31	XOFLUZA (80 MG DOSE).....	17	ZYPREXA.....	78
VERQUVO.....	31	XOLAIR.....	81	ZYPREXA RELPREVV.....	78
VERSACLOZ.....	77	XOSPATA.....	27		
VERZENIO.....	26	XPOVIO (100 MG ONCE			
VIBRAMYCIN.....	20	WEEKLY).....	27		
VICTOZA.....	36	XPOVIO (40 MG ONCE			
<i>vigabatrin</i>	66	WEEKLY).....	27		
<i>vigadrone</i>	66	XPOVIO (40 MG TWICE			
VIIBRYD.....	75	WEEKLY).....	27		
VIIBRYD STARTER PACK.....	75				



This formulary was updated on 12/01/2022. For more recent information or other questions, please contact CarePartners of Connecticut Customer Service at **1-888-341-1507** (TTY users should call 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.carepartnersct.com**.



705 Mount Auburn Street
Watertown, MA 02472

CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (TTY: 711).