

TUFTS HEALTH PLAN SENIOR CARE OPTIONS | 2020

Tufts Health Plan Senior Care Options 2020 Formulary (List of Covered Drugs)

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

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact us at 1-855-670-5934 or, for TTY users, 711. Representatives are available 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.), or visit www.thpmp.org/sco.

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

Tufts Health Plan Senior Care Options (SNP) | 2020 *List of Covered Drugs* (Formulary)

Introduction

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

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



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	6
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	6
B2. Does the Drug List ever change?	7
B3. What happens when there is a change to the Drug List?	8
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?	9
B6. What happens if we change our rules about how we cover some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	10
B7. How can you find a drug on the Drug List?.....	10
B8. What if the drug you want to take is not on the Drug List?	10
B9. What if you are a new Tufts Health Plan Senior Care Options member and can’t find your drug on the Drug List or have a problem getting your drug?.....	11
B10. Can you ask for an exception to cover your drug?	12
B11. How can you ask for an exception?	12
B12. How long does it take to get an exception?	12
B13. What are generic drugs?.....	12
B14. What are OTC drugs?.....	13
B15. Does Tufts Health Plan Senior Care Options cover OTC non-drug products?.....	13
B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?	13
B17. Can I get prescriptions delivered to my home from my local pharmacy?	13
B18. What is your copay?	14
C. Overview of the <i>List of Covered Drugs</i>	15
C1. List of drugs by medical condition.....	15
D. Index of Covered Drugs	17

A. Disclaimers

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

- ❖ Tufts Health Plan is an HMO-SNP plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and Centers for Medicare & Medicaid Services (CMS).
- ❖ You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at www.thmp.org/sco-member or by calling 1-855-670-5934.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).
- ❖ ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711), 7 días de la semana, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/scomember.

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

Tufts Health Plan:

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

If you need these services, contact Tufts Health Plan at 1-855-670-5934 (TTY: 711).

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

Tufts Health Plan, Attention:

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

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

www.thpmp.org/sco-member | 1-855-670-5934

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934

(TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 21 are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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

B2. Does the Drug List ever change?

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

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

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

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

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

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

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

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



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.

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

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

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, see questions B10-B12.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 21. You can also get more information by visiting our web site at www.thpmp.org/sco-member. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 21 has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 101.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 21. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

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

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

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

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

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

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

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

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

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

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

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

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

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.



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

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

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

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

B11. How can you ask for an exception?

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

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

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

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

B13. What are generic drugs?

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

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

B14. What are OTC drugs?

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

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

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

- Benzonatate
- Chondroitin/MSM
- Coenzyme – Q10
- Fexofenadine
- Fleet Prep kits (w/o enema)
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Magnesium Citrate
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest Congestion DM (liquid)

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

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

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

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

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

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You have \$0 copay.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You have \$0 copay.

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

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

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.



B18. What is your copay?

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

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs (Preferred Generic) have \$0 copay
- Tier 2 drugs (Generic) have \$0 copay
- Tier 3 drugs (Preferred Brand) have \$0 copay
- Tier 4 drugs (Non-preferred Drug) have \$0 copay
- Tier 5 drugs (Specialty Tier) have \$0 copay
- Tier 6 drugs (Vaccines) have a \$0 copay

OTCs have a \$0 copay.

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

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 101. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of drugs by medical condition

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

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

B vs D: Medicare Part B or D

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

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

LA: Limited Access Drug.

This prescription may be available only at certain pharmacies.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/ or financial concerns. A provider can submit a request for coverage based on a member’s medical need for a particular drug.

This section is continued on the next page



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.

STPA: Step Therapy Prior Authorization Applies.

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

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Transplant:

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

Part B Drug:

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

NEDS: Non-extended Day Supply Drug

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

SP: Available through a designated Special Pharmacy provider

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

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

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

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/scomember.

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE.....	21
BLOOD MODIFYING AGENTS.....	29
CANCER DRUGS.....	31
CARDIOVASCULAR AGENTS.....	36
DIABETES MELLITUS.....	43
EAR, NOSE AND THROAT.....	46
EYE.....	47
GASTROINTESTINAL DRUGS.....	51
HOME INFUSION THERAPY.....	54
HORMONES.....	58
IMMUNOLOGIC AGENTS.....	61
MISCELLANEOUS DRUGS.....	64
NEUROLOGICAL DRUGS.....	73
PAIN AND INFLAMMATORY DISEASES.....	78
PSYCHIATRIC.....	82
RESPIRATORY DRUGS.....	89
SKIN.....	93
WOMEN'S HEALTH.....	99

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mouth/throat lozenge</i>	\$0 (Tier-2)	
<i>clotrimazole mouth/throat troche</i>	\$0 (Tier-2)	
CRESEMBA ORAL CAPSULE	\$0 (Tier-5)	NEDS
<i>fluconazole oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>fluconazole oral tablet</i>	\$0 (Tier-2)	
<i>flucytosine oral capsule</i>	\$0 (Tier-5)	NEDS
<i>griseofulvin microsize oral suspension</i>	\$0 (Tier-2)	
<i>griseofulvin microsize oral tablet</i>	\$0 (Tier-2)	
<i>griseofulvin ultramicrosize oral tablet</i>	\$0 (Tier-2)	
<i>itraconazole oral capsule</i>	\$0 (Tier-2)	PA
<i>itraconazole oral solution</i>	\$0 (Tier-3)	PA
<i>ketoconazole oral tablet</i>	\$0 (Tier-3)	
NOXAFIL ORAL SUSPENSION	\$0 (Tier-5)	NEDS
NOXAFIL ORAL TABLET DELAYED RELEASE	\$0 (Tier-5)	NEDS
<i>nystatin oral tablet</i>	\$0 (Tier-2)	
<i>posaconazole oral tablet delayed release</i>	\$0 (Tier-5)	NEDS
<i>terbinafine hcl oral tablet</i>	\$0 (Tier-1)	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	\$0 (Tier-5)	NEDS
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier-5)	QL (28 EA per 14 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier-5)	QL (56 EA per 14 days); NEDS
ANTI-INFECTIVES, MISCELLANEOUS		
AEMCOLO ORAL TABLET DELAYED RELEASE	\$0 (Tier-4)	QL (12 EA per 3 days)
<i>albendazole oral tablet</i>	\$0 (Tier-5)	NEDS
ALINIA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	
ALINIA ORAL TABLET	\$0 (Tier-4)	
ARIKAYCE INHALATION SUSPENSION	\$0 (Tier-5)	B vs D; NEDS
FIRVANQ ORAL SOLUTION RECONSTITUTED	\$0 (Tier-4)	
<i>ivermectin oral tablet</i>	\$0 (Tier-2)	
<i>linezolid oral suspension reconstituted</i>	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>primaquine phosphate oral tablet</i>	\$0 (Tier-2)	
<i>pyrimethamine oral tablet</i>	\$0 (Tier-3)	
<i>quinine sulfate oral capsule</i>	\$0 (Tier-2)	
<i>tinidazole oral tablet</i>	\$0 (Tier-2)	
ANTIVIRALS		
<i>abacavir sulfate oral solution</i>	\$0 (Tier-3)	
<i>abacavir sulfate oral tablet</i>	\$0 (Tier-2)	
<i>abacavir sulfate-lamivudine oral tablet</i>	\$0 (Tier-3)	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	\$0 (Tier-5)	NEDS
<i>acyclovir oral capsule</i>	\$0 (Tier-1)	
<i>acyclovir oral suspension</i>	\$0 (Tier-4)	
<i>acyclovir oral tablet</i>	\$0 (Tier-2)	
<i>adefovir dipivoxil oral tablet</i>	\$0 (Tier-5)	NEDS
<i>amantadine hcl oral capsule</i>	\$0 (Tier-2)	
<i>amantadine hcl oral syrup</i>	\$0 (Tier-2)	
<i>amantadine hcl oral tablet</i>	\$0 (Tier-2)	
APTIVUS ORAL CAPSULE	\$0 (Tier-5)	NEDS
APTIVUS ORAL SOLUTION	\$0 (Tier-5)	NEDS
<i>atazanavir sulfate oral capsule</i>	\$0 (Tier-5)	NEDS
ATRIPLA ORAL TABLET	\$0 (Tier-5)	NEDS
BIKTARVY ORAL TABLET	\$0 (Tier-5)	NEDS
CIMDUO ORAL TABLET	\$0 (Tier-5)	NEDS
COMPLERA ORAL TABLET	\$0 (Tier-5)	NEDS
CRIXIVAN ORAL CAPSULE	\$0 (Tier-3)	
DELSTRIGO ORAL TABLET	\$0 (Tier-3)	
DESCOVY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>didanosine oral capsule delayed release</i>	\$0 (Tier-2)	
DOVATO ORAL TABLET	\$0 (Tier-5)	NEDS
EDURANT ORAL TABLET	\$0 (Tier-5)	NEDS
<i>efavirenz oral capsule</i>	\$0 (Tier-3)	
<i>efavirenz oral tablet</i>	\$0 (Tier-5)	NEDS
<i>emtricitabine oral capsule</i>	\$0 (Tier-3)	
EMTRIVA ORAL CAPSULE	\$0 (Tier-3)	
EMTRIVA ORAL SOLUTION	\$0 (Tier-3)	
<i>entecavir oral tablet</i>	\$0 (Tier-3)	
EPCLUSA ORAL TABLET	\$0 (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 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPIVIR ORAL SOLUTION	\$0 (Tier-3)	
EVOTAZ ORAL TABLET	\$0 (Tier-5)	NEDS
<i>famciclovir oral tablet</i>	\$0 (Tier-4)	
<i>fosamprenavir calcium oral tablet</i>	\$0 (Tier-5)	NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	\$0 (Tier-5)	NEDS
HARVONI ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (Tier-3)	
INTELENCE ORAL TABLET 200 MG	\$0 (Tier-5)	NEDS
INTRON A INJECTION SOLUTION	\$0 (Tier-3)	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	SP-CVS specialty
INVIRASE ORAL TABLET	\$0 (Tier-5)	NEDS
ISENTRESS HD ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	\$0 (Tier-3)	
ISENTRESS ORAL TABLET	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier-5)	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier-3)	QL (720 EA per 30 days)
JULUCA ORAL TABLET	\$0 (Tier-5)	NEDS
KALETRA ORAL SOLUTION	\$0 (Tier-5)	NEDS
KALETRA ORAL TABLET 100-25 MG	\$0 (Tier-3)	
KALETRA ORAL TABLET 200-50 MG	\$0 (Tier-5)	NEDS
<i>lamivudine oral solution</i>	\$0 (Tier-2)	
<i>lamivudine oral tablet</i>	\$0 (Tier-2)	
<i>lamivudine-zidovudine oral tablet</i>	\$0 (Tier-2)	
LEXIVA ORAL SUSPENSION	\$0 (Tier-3)	
<i>lopinavir-ritonavir oral solution</i>	\$0 (Tier-3)	
MAVYRET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>nevirapine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nevirapine oral suspension</i>	\$0 (Tier-2)	
<i>nevirapine oral tablet</i>	\$0 (Tier-2)	
NORVIR ORAL PACKET	\$0 (Tier-3)	
NORVIR ORAL SOLUTION	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ODEFSEY ORAL TABLET	\$0 (Tier-5)	NEDS
<i>oseltamivir phosphate oral capsule</i>	\$0 (Tier-1)	
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier-1)	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PEGASYS SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	\$0 (Tier-5)	NEDS
PREVYMIS ORAL TABLET	\$0 (Tier-5)	PA; NEDS
PREZCOBIX ORAL TABLET	\$0 (Tier-5)	NEDS
PREZISTA ORAL SUSPENSION	\$0 (Tier-5)	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	\$0 (Tier-5)	NEDS
PREZISTA ORAL TABLET 75 MG	\$0 (Tier-4)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	\$0 (Tier-5)	NEDS
<i>ribavirin oral capsule</i>	\$0 (Tier-2)	SP-CVS specialty
<i>ribavirin oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty
<i>rimantadine hcl oral tablet</i>	\$0 (Tier-2)	
<i>ritonavir oral tablet</i>	\$0 (Tier-3)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-5)	NEDS
SELZENTRY ORAL SOLUTION	\$0 (Tier-3)	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier-3)	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>stavudine oral capsule</i>	\$0 (Tier-2)	
STRIBILD ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI LO ORAL TABLET	\$0 (Tier-5)	NEDS
SYMFI ORAL TABLET	\$0 (Tier-5)	NEDS
SYMTUZA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	\$0 (Tier-3)	
TIVICAY ORAL TABLET 10 MG	\$0 (Tier-3)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier-5)	NEDS
TIVICAY PD ORAL TABLET SOLUBLE	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIUMEQ ORAL TABLET	\$0 (Tier-5)	NEDS
TRUVADA ORAL TABLET	\$0 (Tier-5)	NEDS
TYBOST ORAL TABLET	\$0 (Tier-3)	
<i>valacyclovir hcl oral tablet</i>	\$0 (Tier-3)	
<i>valganciclovir hcl oral solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>valganciclovir hcl oral tablet</i>	\$0 (Tier-5)	NEDS
VEMLIDY ORAL TABLET	\$0 (Tier-5)	NEDS
VIDEX ORAL SOLUTION RECONSTITUTED	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier-3)	
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier-5)	NEDS
VIREAD ORAL POWDER	\$0 (Tier-5)	NEDS
VIREAD ORAL TABLET	\$0 (Tier-5)	NEDS
VOSEVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	QL (2 EA per 7 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	QL (2 EA per 7 days)
ZEPATIER ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZIAGEN ORAL TABLET	\$0 (Tier-3)	
<i>zidovudine oral capsule</i>	\$0 (Tier-2)	
<i>zidovudine oral syrup</i>	\$0 (Tier-2)	
<i>zidovudine oral tablet</i>	\$0 (Tier-2)	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	\$0 (Tier-1)	
<i>amoxicillin oral suspension reconstituted</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet</i>	\$0 (Tier-1)	
<i>amoxicillin oral tablet chewable</i>	\$0 (Tier-1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet</i>	\$0 (Tier-2)	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	\$0 (Tier-2)	
<i>ampicillin oral capsule</i>	\$0 (Tier-1)	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BICILLIN L-A INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
<i>cefaclor er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>cefaclor oral capsule</i>	\$0 (Tier-2)	
<i>cefaclor oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefadroxil oral capsule</i>	\$0 (Tier-1)	
<i>cefadroxil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefadroxil oral tablet</i>	\$0 (Tier-2)	
<i>cefdinir oral capsule</i>	\$0 (Tier-2)	
<i>cefdinir oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefixime oral capsule</i>	\$0 (Tier-3)	
<i>cefixime oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefpodoxime proxetil oral tablet</i>	\$0 (Tier-2)	
<i>cefprozil oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>cefprozil oral tablet</i>	\$0 (Tier-2)	
<i>cefuroxime axetil oral tablet</i>	\$0 (Tier-2)	
<i>cephalexin oral capsule</i>	\$0 (Tier-1)	
<i>cephalexin oral suspension reconstituted</i>	\$0 (Tier-3)	
<i>cephalexin oral tablet</i>	\$0 (Tier-2)	
<i>dicloxacillin sodium oral capsule</i>	\$0 (Tier-3)	
<i>penicillin v potassium oral solution reconstituted</i>	\$0 (Tier-1)	
<i>penicillin v potassium oral tablet</i>	\$0 (Tier-1)	
SUPRAX ORAL CAPSULE	\$0 (Tier-4)	
SUPRAX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	
SUPRAX ORAL TABLET CHEWABLE	\$0 (Tier-4)	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral packet</i>	\$0 (Tier-2)	
<i>azithromycin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>azithromycin oral tablet</i>	\$0 (Tier-1)	
<i>clarithromycin er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>clarithromycin oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>clarithromycin oral tablet</i>	\$0 (Tier-2)	
<i>clindamycin hcl oral capsule</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin palmitate hcl oral solution reconstituted</i>	\$0 (Tier-3)	
DIFICID ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>ery-tab oral tablet delayed release</i>	\$0 (Tier-2)	
<i>erythrocin stearate oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral capsule delayed release particles</i>	\$0 (Tier-2)	
<i>erythromycin base oral tablet</i>	\$0 (Tier-3)	
<i>erythromycin base oral tablet delayed release</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (Tier-3)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	\$0 (Tier-2)	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0 (Tier-2)	
MYCOBACTERIAL INFECTIONS		
<i>ethambutol hcl oral tablet</i>	\$0 (Tier-3)	
<i>isoniazid oral syrup</i>	\$0 (Tier-2)	
<i>isoniazid oral tablet</i>	\$0 (Tier-1)	
PASER ORAL PACKET	\$0 (Tier-4)	
<i>pretomanid oral tablet</i>	\$0 (Tier-4)	
PRIFTIN ORAL TABLET	\$0 (Tier-3)	
<i>pyrazinamide oral tablet</i>	\$0 (Tier-2)	
<i>rifabutin oral capsule</i>	\$0 (Tier-2)	
<i>rifampin oral capsule</i>	\$0 (Tier-3)	
SIRTURO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
TRECTOR ORAL TABLET	\$0 (Tier-4)	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
BAXDELA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>ciprofloxacin hcl oral tablet</i>	\$0 (Tier-1)	
<i>levofloxacin oral solution</i>	\$0 (Tier-3)	
<i>levofloxacin oral tablet</i>	\$0 (Tier-1)	
<i>moxifloxacin hcl oral tablet</i>	\$0 (Tier-3)	
<i>ofloxacin oral tablet</i>	\$0 (Tier-2)	
SULFONAMIDES		
<i>sulfadiazine oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfamethoxazole-trimethoprim oral suspension</i>	\$0 (Tier-2)	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$0 (Tier-1)	
TETRACYCLINES		
<i>demeclocycline hcl oral tablet</i>	\$0 (Tier-4)	
<i>doxycycline hyclate oral capsule 100 mg</i>	\$0 (Tier-3)	
<i>doxycycline hyclate oral capsule 50 mg</i>	\$0 (Tier-1)	
<i>doxycycline hyclate oral tablet</i>	\$0 (Tier-2)	
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>	\$0 (Tier-3)	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg, 75 mg</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral capsule</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	\$0 (Tier-2)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier-1)	
<i>doxycycline monohydrate oral tablet 150 mg</i>	\$0 (Tier-3)	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>minocycline hcl oral capsule</i>	\$0 (Tier-2)	
<i>minocycline hcl oral tablet</i>	\$0 (Tier-4)	
<i>mondoxylene nl oral capsule</i>	\$0 (Tier-1)	
NUZYRA ORAL TABLET	\$0 (Tier-5)	NEDS
<i>tetracycline hcl oral capsule</i>	\$0 (Tier-3)	
VIBRAMYCIN ORAL SYRUP	\$0 (Tier-4)	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>anagrelide hcl oral capsule</i>	\$0 (Tier-2)	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	\$0 (Tier-3)	
BRILINTA ORAL TABLET	\$0 (Tier-3)	
<i>cilostazol oral tablet</i>	\$0 (Tier-2)	
<i>clopidogrel bisulfate oral tablet</i>	\$0 (Tier-1)	
<i>dipyridamole oral tablet</i>	\$0 (Tier-3)	
<i>prasugrel hcl oral tablet</i>	\$0 (Tier-3)	
ZONTIVITY ORAL TABLET	\$0 (Tier-4)	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (360 EA per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
PROMACTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier-3)	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	\$0 (Tier-5)	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (0.6 ML per 14 days); NEDS
BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	\$0 (Tier-3)	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
ELIQUIS ORAL TABLET	\$0 (Tier-3)	
<i>enoxaparin sodium subcutaneous solution</i>	\$0 (Tier-3)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier-5)	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier-2)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$0 (Tier-5)	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0 (Tier-3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>jantoven oral tablet</i>	\$0 (Tier-1)	
PRADAXA ORAL CAPSULE	\$0 (Tier-4)	
<i>warfarin sodium oral tablet</i>	\$0 (Tier-1)	
XARELTO ORAL TABLET	\$0 (Tier-3)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	\$0 (Tier-3)	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	\$0 (Tier-5)	NEDS
OXBRYTA ORAL TABLET	\$0 (Tier-5)	SP-CVS specialty; NEDS
<i>pentoxifylline er oral tablet extended release</i>	\$0 (Tier-2)	
STIMATE NASAL SOLUTION	\$0 (Tier-4)	SP-CVS specialty
TAVALISSE ORAL TABLET	\$0 (Tier-5)	QL (60 EA per 30 days); NEDS
<i>tranexamic acid oral tablet</i>	\$0 (Tier-2)	
CANCER DRUGS		
INJECTABLE AGENTS		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
ORAL AGENTS		
<i>abiraterone acetate oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	\$0 (Tier-3)	Part B
ALUNBRIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>anastrozole oral tablet</i>	\$0 (Tier-1)	
AYVAKIT ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>bexarotene oral capsule</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
<i>bicalutamide oral tablet</i>	\$0 (Tier-2)	SP-CVS specialty
BOSULIF ORAL TABLET 100 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRAFTOVI ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
BRUKINSA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CABOMETYX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>capecitabine oral tablet</i>	\$0 (Tier-5)	Part B; NEDS
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	\$0 (Tier-5)	PA; NEDS
COPIKTRA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
COTELLIC ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0 (Tier-3)	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	\$0 (Tier-3)	
EMCYT ORAL CAPSULE	\$0 (Tier-3)	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (90 EA per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>etoposide oral capsule</i>	\$0 (Tier-2)	Part B; SP-CVS specialty
<i>everolimus oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>exemestane oral tablet</i>	\$0 (Tier-2)	
FARYDAK ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>flutamide oral capsule</i>	\$0 (Tier-2)	
GAVRETO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
GILOTRIF ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GLEOSTINE ORAL CAPSULE	\$0 (Tier-4)	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	\$0 (Tier-3)	Part B; SP-CVS specialty
<i>hydroxyurea oral capsule</i>	\$0 (Tier-2)	
IBRANCE ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	\$0 (Tier-5)	PA; NEDS
IDHIFA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	\$0 (Tier-5)	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
IMBRUVICA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
INLYTA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INQOVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
IRESSA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
JAKAFI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>letrozole oral tablet</i>	\$0 (Tier-1)	
LEUKERAN ORAL TABLET	\$0 (Tier-3)	
LONSURF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	\$0 (Tier-3)	
MATULANE ORAL CAPSULE	\$0 (Tier-5)	NEDS
<i>megestrol acetate oral tablet</i>	\$0 (Tier-1)	
MEKINIST ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>melphalan oral tablet</i>	\$0 (Tier-2)	Part B
<i>mercaptopurine oral tablet</i>	\$0 (Tier-2)	
MYLERAN ORAL TABLET	\$0 (Tier-3)	Part B
NERLYNX ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
<i>nilutamide oral tablet</i>	\$0 (Tier-5)	NEDS
NINLARO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PEMAZYRE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
POMALYST ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	\$0 (Tier-5)	NEDS
QINLOCK ORAL TABLET	\$0 (Tier-5)	PA; NEDS
RETEVMO ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
REVLIMID ORAL CAPSULE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
RUBRACA ORAL TABLET	\$0 (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 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIZIMPRO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VOTRIENT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XTANDI ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
ZELBORAF ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 500MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	\$0 (Tier-2)	
MESNEX ORAL TABLET	\$0 (Tier-5)	NEDS
XURIDEN ORAL PACKET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl oral tablet</i>	\$0 (Tier-1)	
<i>captopril oral tablet</i>	\$0 (Tier-4)	
<i>enalapril maleate oral tablet</i>	\$0 (Tier-2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosinopril sodium oral tablet</i>	\$0 (Tier-1)	
<i>lisinopril oral tablet</i>	\$0 (Tier-1)	
<i>moexipril hcl oral tablet</i>	\$0 (Tier-3)	
<i>perindopril erbumine oral tablet</i>	\$0 (Tier-3)	
<i>quinapril hcl oral tablet</i>	\$0 (Tier-1)	
<i>ramipril oral capsule</i>	\$0 (Tier-1)	
<i>trandolapril oral tablet</i>	\$0 (Tier-2)	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>doxazosin mesylate oral tablet</i>	\$0 (Tier-1)	
<i>prazosin hcl oral capsule</i>	\$0 (Tier-1)	
<i>terazosin hcl oral capsule</i>	\$0 (Tier-1)	
ANGINA		
CORLANOR ORAL SOLUTION	\$0 (Tier-4)	PA
CORLANOR ORAL TABLET	\$0 (Tier-4)	PA
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier-1)	
<i>isosorbide dinitrate oral tablet 40 mg</i>	\$0 (Tier-3)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isosorbide mononitrate oral tablet</i>	\$0 (Tier-2)	
NITRO-BID TRANSDERMAL OINTMENT	\$0 (Tier-4)	
<i>nitroglycerin sublingual tablet sublingual</i>	\$0 (Tier-2)	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0 (Tier-2)	
<i>nitroglycerin translingual solution</i>	\$0 (Tier-3)	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-3)	
<i>ranolazine er oral tablet extended release 12 hour</i>	\$0 (Tier-3)	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan oral tablet</i>	\$0 (Tier-1)	
<i>losartan potassium oral tablet</i>	\$0 (Tier-1)	
<i>olmesartan medoxomil oral tablet</i>	\$0 (Tier-3)	
<i>telmisartan oral tablet</i>	\$0 (Tier-3)	
<i>valsartan oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl oral tablet</i>	\$0 (Tier-2)	
<i>digitek oral tablet</i>	\$0 (Tier-1)	
<i>digox oral tablet</i>	\$0 (Tier-1)	
<i>digoxin oral solution</i>	\$0 (Tier-1)	
<i>digoxin oral tablet</i>	\$0 (Tier-1)	
<i>disopyramide phosphate oral capsule</i>	\$0 (Tier-4)	
<i>dofetilide oral capsule</i>	\$0 (Tier-4)	
<i>flecainide acetate oral tablet</i>	\$0 (Tier-2)	
LANOXIN ORAL TABLET	\$0 (Tier-4)	
<i>mexiletine hcl oral capsule</i>	\$0 (Tier-2)	
MULTAQ ORAL TABLET	\$0 (Tier-4)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-4)	
<i>propafenone hcl oral tablet</i>	\$0 (Tier-2)	
<i>quinidine gluconate er oral tablet extended release</i>	\$0 (Tier-2)	
<i>quinidine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>sorine oral tablet</i>	\$0 (Tier-2)	
<i>sotalol hcl (af) oral tablet</i>	\$0 (Tier-1)	
<i>sotalol hcl oral tablet</i>	\$0 (Tier-1)	
SOTYLIZE ORAL SOLUTION	\$0 (Tier-4)	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl oral capsule</i>	\$0 (Tier-1)	
<i>amlodipine besylate-valsartan oral tablet</i>	\$0 (Tier-2)	
<i>amlodipine-atorvastatin oral tablet</i>	\$0 (Tier-4)	
<i>amlodipine-olmesartan oral tablet</i>	\$0 (Tier-3)	
<i>amlodipine-valsartan-hctz oral tablet</i>	\$0 (Tier-3)	
<i>atenolol-chlorthalidone oral tablet</i>	\$0 (Tier-1)	
<i>benazepril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>candesartan cilexetil-hctz oral tablet</i>	\$0 (Tier-1)	
<i>captopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>enalapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
ENTRESTO ORAL TABLET	\$0 (Tier-3)	
<i>fosinopril sodium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>losartan potassium-hctz oral tablet</i>	\$0 (Tier-1)	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
<i>olmesartan medoxomil-hctz oral tablet</i>	\$0 (Tier-3)	
<i>olmesartan-amlodipine-hctz oral tablet</i>	\$0 (Tier-3)	
<i>propranolol-hctz oral tablet</i>	\$0 (Tier-2)	
<i>quinapril-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
TEKTURNA HCT ORAL TABLET	\$0 (Tier-3)	
<i>telmisartan-amlodipine oral tablet</i>	\$0 (Tier-1)	
<i>telmisartan-hctz oral tablet</i>	\$0 (Tier-3)	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>valsartan-hydrochlorothiazide oral tablet</i>	\$0 (Tier-2)	
BETA AND ALPHA BLOCKERS		
<i>carvedilol oral tablet</i>	\$0 (Tier-1)	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>labetalol hcl oral tablet</i>	\$0 (Tier-2)	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule</i>	\$0 (Tier-2)	
<i>atenolol oral tablet</i>	\$0 (Tier-1)	
<i>betaxolol hcl oral tablet</i>	\$0 (Tier-2)	
<i>bisoprolol fumarate oral tablet</i>	\$0 (Tier-2)	
BYSTOLIC ORAL TABLET	\$0 (Tier-4)	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier-1)	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	\$0 (Tier-3)	
<i>nadolol oral tablet</i>	\$0 (Tier-3)	
<i>pindolol oral tablet</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>propranolol hcl oral solution</i>	\$0 (Tier-2)	
<i>propranolol hcl oral tablet</i>	\$0 (Tier-1)	
<i>timolol maleate oral tablet</i>	\$0 (Tier-2)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet</i>	\$0 (Tier-1)	
<i>cartia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>diltiazem hcl oral tablet</i>	\$0 (Tier-1)	
<i>dilt-xr oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>felodipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>isradipine oral capsule</i>	\$0 (Tier-4)	
<i>matzim la oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nicardipine hcl oral capsule</i>	\$0 (Tier-4)	
<i>nifedipine er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>nifedipine oral capsule</i>	\$0 (Tier-2)	
<i>nimodipine oral capsule</i>	\$0 (Tier-2)	
<i>nisoldipine er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
NYMALIZE ORAL SOLUTION	\$0 (Tier-5)	NEDS
<i>taztia xt oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>tiadylt er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>verapamil hcl er oral tablet extended release</i>	\$0 (Tier-1)	
<i>verapamil hcl oral tablet</i>	\$0 (Tier-1)	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral tablet</i>	\$0 (Tier-1)	
<i>clonidine transdermal patch weekly</i>	\$0 (Tier-2)	
<i>midodrine hcl oral tablet</i>	\$0 (Tier-2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORTHERA ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate oral tablet</i>	\$0 (Tier-3)	
DIURETICS		
<i>amiloride hcl oral tablet</i>	\$0 (Tier-2)	
<i>amiloride-hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>bumetanide oral tablet</i>	\$0 (Tier-3)	
CAROSPIR ORAL SUSPENSION	\$0 (Tier-4)	
<i>chlorthalidone oral tablet</i>	\$0 (Tier-1)	
<i>eplerenone oral tablet</i>	\$0 (Tier-2)	
<i>ethacrynic acid oral tablet</i>	\$0 (Tier-5)	NEDS
<i>furosemide oral solution</i>	\$0 (Tier-1)	
<i>furosemide oral tablet</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral capsule</i>	\$0 (Tier-1)	
<i>hydrochlorothiazide oral tablet</i>	\$0 (Tier-1)	
<i>indapamide oral tablet</i>	\$0 (Tier-1)	
<i>metolazone oral tablet</i>	\$0 (Tier-2)	
<i>spironolactone oral tablet</i>	\$0 (Tier-1)	
<i>spironolactone-hctz oral tablet</i>	\$0 (Tier-2)	
<i>toremide oral tablet</i>	\$0 (Tier-2)	
<i>triamterene-hctz oral capsule</i>	\$0 (Tier-1)	
<i>triamterene-hctz oral tablet</i>	\$0 (Tier-1)	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium oral tablet</i>	\$0 (Tier-1)	
<i>cholestyramine light oral powder</i>	\$0 (Tier-4)	
<i>cholestyramine oral packet</i>	\$0 (Tier-4)	
<i>colesevelam hcl oral packet</i>	\$0 (Tier-3)	
<i>colesevelam hcl oral tablet</i>	\$0 (Tier-3)	
<i>colestipol hcl oral packet</i>	\$0 (Tier-2)	
<i>colestipol hcl oral tablet</i>	\$0 (Tier-2)	
<i>ezetimibe oral tablet</i>	\$0 (Tier-3)	
<i>ezetimibe-simvastatin oral tablet</i>	\$0 (Tier-3)	
<i>fenofibrate micronized oral capsule</i>	\$0 (Tier-3)	
<i>fenofibrate oral capsule</i>	\$0 (Tier-2)	
<i>fenofibrate oral tablet</i>	\$0 (Tier-2)	
<i>fenofibric acid oral capsule delayed release</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLOLIPID ORAL SUSPENSION	\$0 (Tier-3)	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>fluvastatin sodium oral capsule</i>	\$0 (Tier-3)	
<i>gemfibrozil oral tablet</i>	\$0 (Tier-1)	
JUXTAPID ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>lovastatin oral tablet</i>	\$0 (Tier-1)	
NEXLETOL ORAL TABLET	\$0 (Tier-3)	PA
NEXLIZET ORAL TABLET	\$0 (Tier-3)	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	\$0 (Tier-3)	
<i>niacor oral tablet</i>	\$0 (Tier-2)	
<i>omega-3-acid ethyl esters oral capsule</i>	\$0 (Tier-3)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	PA
<i>pravastatin sodium oral tablet</i>	\$0 (Tier-2)	
PREVALITE ORAL PACKET	\$0 (Tier-4)	
<i>rosuvastatin calcium oral tablet</i>	\$0 (Tier-2)	
<i>simvastatin oral tablet</i>	\$0 (Tier-1)	
VASCEPA ORAL CAPSULE	\$0 (Tier-3)	
POTASSIUM REPLACEMENT		
<i>klor-con 10 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con m10 oral tablet extended release</i>	\$0 (Tier-1)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>klor-con m20 oral tablet extended release</i>	\$0 (Tier-1)	
<i>klor-con oral packet</i>	\$0 (Tier-1)	
<i>klor-con oral tablet extended release</i>	\$0 (Tier-1)	
K-TAB ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	
<i>potassium chloride crys er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral capsule extended release</i>	\$0 (Tier-1)	
<i>potassium chloride er oral tablet extended release</i>	\$0 (Tier-1)	
<i>potassium chloride oral packet</i>	\$0 (Tier-1)	
<i>potassium chloride oral solution</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VASODILATORS		
BIDIL ORAL TABLET	\$0 (Tier-3)	
<i>hydralazine hcl oral tablet</i>	\$0 (Tier-1)	
<i>minoxidil oral tablet</i>	\$0 (Tier-2)	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	\$0 (Tier-2)	
BD DISP NEEDLE	\$0 (Tier-3)	
BD INSULIN SYRINGE	\$0 (Tier-3)	
BD INSULIN SYRINGE U-500	\$0 (Tier-3)	
<i>comfort assist insulin syringe</i>	\$0 (Tier-2)	
<i>cvs gauze sterile pad</i>	\$0 (Tier-2)	
DEXCOM RECEIVER DEVICE	\$0 (Tier-3)	Part B; PA
DEXCOM SENSOR	\$0 (Tier-3)	Part B; PA
DEXCOM TRANSMITTER	\$0 (Tier-3)	Part B; PA
<i>exel comfort point pen needle</i>	\$0 (Tier-2)	
FREESTYLE LIBRE READER DEVICE	\$0 (Tier-3)	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	\$0 (Tier-3)	Part B; PA
<i>gauze pads pad</i>	\$0 (Tier-2)	
<i>global alcohol prep ease pad</i>	\$0 (Tier-2)	
<i>insulin syringe</i>	\$0 (Tier-2)	
INSULIN SYRINGE	\$0 (Tier-3)	
MEDTRONIC GUARDIAN SENSOR	\$0 (Tier-3)	Part B; PA
MEDTRONIC GUARDIAN TRANSMITTER	\$0 (Tier-3)	Part B; PA
<i>lancets</i>	\$0 (Tier-2)	Part B
ONETOUCH TEST STRIPS	\$0 (Tier-3)	Part B
<i>preferred plus insulin syringe</i>	\$0 (Tier-2)	
RELI-ON INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE INSULIN SYRINGE	\$0 (Tier-3)	
TECHLITE PEN NEEDLES	\$0 (Tier-3)	
TRUEPLUS INSULIN SYRINGE	\$0 (Tier-3)	
TRUEPLUS PEN NEEDLES	\$0 (Tier-3)	
GLUCOSE ELEVATING		
<i>diazoxide oral suspension</i>	\$0 (Tier-3)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCAGON EMERGENCY INJECTION KIT	\$0 (Tier-3)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	
PROGLYCEM ORAL SUSPENSION	\$0 (Tier-4)	
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-3)	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0 (Tier-3)	
HUMULIN N SUBCUTANEOUS SUSPENSION	\$0 (Tier-3)	
HUMULIN R INJECTION SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	\$0 (Tier-3)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET ORAL TABLET	\$0 (Tier-3)	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
JANUVIA ORAL TABLET	\$0 (Tier-3)	
JARDIANCE ORAL TABLET	\$0 (Tier-3)	
JENTADUETO ORAL TABLET	\$0 (Tier-3)	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)</i>	\$0 (Tier-1)	
<i>metformin hcl oral solution</i>	\$0 (Tier-3)	
<i>metformin hcl oral tablet</i>	\$0 (Tier-1)	
<i>miglitol oral tablet</i>	\$0 (Tier-3)	
<i>nateglinide oral tablet</i>	\$0 (Tier-3)	
<i>pioglitazone hcl oral tablet</i>	\$0 (Tier-1)	
<i>pioglitazone hcl-glimepiride oral tablet</i>	\$0 (Tier-2)	PA
<i>pioglitazone hcl-metformin hcl oral tablet</i>	\$0 (Tier-3)	
<i>repaglinide oral tablet</i>	\$0 (Tier-1)	
RIOMET ORAL SOLUTION	\$0 (Tier-3)	
SYNJARDY ORAL TABLET	\$0 (Tier-3)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
TRADJENTA ORAL TABLET	\$0 (Tier-3)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
EAR, NOSE AND THROAT		
EAR		
<i>acetic acid otic solution</i>	\$0 (Tier-2)	
CIPRO HC OTIC SUSPENSION	\$0 (Tier-3)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier-3)	
<i>ciprofloxacin hcl otic solution</i>	\$0 (Tier-2)	
<i>ciprofloxacin-dexamethasone otic suspension</i>	\$0 (Tier-3)	
<i>flac otic oil</i>	\$0 (Tier-2)	
<i>fluocinolone acetonide otic oil</i>	\$0 (Tier-2)	
<i>hydrocortisone-acetic acid otic solution</i>	\$0 (Tier-2)	
<i>ofloxacin otic solution</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorometholone ophthalmic suspension</i>	\$0 (Tier-2)	
<i>flurbiprofen sodium ophthalmic solution</i>	\$0 (Tier-1)	
FML FORTE OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
FML OPHTHALMIC OINTMENT	\$0 (Tier-3)	
ILEVRO OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
INVELTYS OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>ketorolac tromethamine ophthalmic solution</i>	\$0 (Tier-2)	
LOTEMAX OPHTHALMIC GEL	\$0 (Tier-3)	
LOTEMAX OPHTHALMIC OINTMENT	\$0 (Tier-3)	
LOTEMAX OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
<i>loteprednol etabonate ophthalmic suspension</i>	\$0 (Tier-3)	
MAXIDEX OPHTHALMIC SUSPENSION	\$0 (Tier-4)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	\$0 (Tier-2)	
<i>neomycin-polymyxin-hc</i>	\$0 (Tier-2)	
PRED MILD OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
PRED-G S.O.P. OPHTHALMIC OINTMENT	\$0 (Tier-3)	
<i>prednisolone acetate ophthalmic suspension</i>	\$0 (Tier-3)	
<i>prednisolone sodium phosphate ophthalmic solution</i>	\$0 (Tier-2)	
PROLENSA OPHTHALMIC SOLUTION	\$0 (Tier-4)	
ZYLET OPHTHALMIC SUSPENSION	\$0 (Tier-3)	
ANTIVIRALS		
<i>trifluridine ophthalmic solution</i>	\$0 (Tier-2)	
ZIRGAN OPHTHALMIC GEL	\$0 (Tier-4)	
GLAUCOMA		
<i>acetazolamide er oral capsule extended release 12 hour</i>	\$0 (Tier-2)	
<i>acetazolamide oral tablet</i>	\$0 (Tier-2)	
ALPHAGAN P OPHTHALMIC SOLUTION	\$0 (Tier-3)	
<i>apraclonidine hcl ophthalmic solution</i>	\$0 (Tier-2)	
AZOPT OPHTHALMIC SUSPENSION	\$0 (Tier-3)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OXERVATE OPHTHALMIC SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>proparacaine hcl ophthalmic solution</i>	\$0 (Tier-2)	
RESTASIS OPHTHALMIC EMULSION	\$0 (Tier-3)	
GASTROINTESTINAL DRUGS		
EMESIS		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier-5)	B vs D; NEDS
<i>aprepitant oral capsule 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier-3)	B vs D
<i>compro rectal suppository</i>	\$0 (Tier-2)	
<i>dronabinol oral capsule</i>	\$0 (Tier-3)	B vs D
EMEND ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-3)	B vs D
<i>granisetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>meclizine hcl oral tablet</i>	\$0 (Tier-2)	
<i>metoclopramide hcl oral solution</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet</i>	\$0 (Tier-1)	
<i>metoclopramide hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ondansetron hcl oral solution</i>	\$0 (Tier-2)	B vs D
<i>ondansetron hcl oral tablet</i>	\$0 (Tier-2)	B vs D
<i>ondansetron oral tablet dispersible</i>	\$0 (Tier-2)	B vs D
<i>prochlorperazine maleate oral tablet</i>	\$0 (Tier-1)	
<i>prochlorperazine rectal suppository</i>	\$0 (Tier-2)	
<i>promethazine hcl oral syrup</i>	\$0 (Tier-2)	PA
<i>promethazine hcl oral tablet</i>	\$0 (Tier-2)	PA
SANCUSO TRANSDERMAL PATCH	\$0 (Tier-4)	
<i>scopolamine transdermal patch 72 hour</i>	\$0 (Tier-3)	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	\$0 (Tier-4)	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-4)	B vs D
VARUBI ORAL TABLET	\$0 (Tier-4)	B vs D
ENZYMES		
CARBAGLU ORAL TABLET	\$0 (Tier-5)	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-3)	
CYSTAGON ORAL CAPSULE	\$0 (Tier-4)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alose tron hcl oral tablet</i>	\$0 (Tier-5)	NEDS
CHOLBAM ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>constulose oral solution</i>	\$0 (Tier-2)	
<i>cromolyn sodium oral concentrate</i>	\$0 (Tier-5)	NEDS
<i>dicyclomine hcl oral capsule</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral solution</i>	\$0 (Tier-1)	
<i>dicyclomine hcl oral tablet</i>	\$0 (Tier-1)	
<i>enulose oral solution</i>	\$0 (Tier-2)	
GATTEX SUBCUTANEOUS KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>gavilyte-g oral solution reconstituted</i>	\$0 (Tier-2)	
<i>generlac oral solution</i>	\$0 (Tier-2)	
<i>glycopyrrolate oral tablet</i>	\$0 (Tier-2)	
KRISTALOSE ORAL PACKET	\$0 (Tier-3)	
<i>lactulose oral packet</i>	\$0 (Tier-3)	
<i>lactulose oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral solution</i>	\$0 (Tier-2)	
<i>levocarnitine oral tablet</i>	\$0 (Tier-2)	
<i>loperamide hcl oral capsule</i>	\$0 (Tier-3)	
<i>megestrol acetate oral suspension</i>	\$0 (Tier-2)	
MOVANTIK ORAL TABLET	\$0 (Tier-3)	
MOVIPREP ORAL SOLUTION RECONSTITUTED	\$0 (Tier-4)	
MYTESI ORAL TABLET DELAYED RELEASE	\$0 (Tier-3)	PA
OCALIVA ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	\$0 (Tier-4)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	\$0 (Tier-2)	
<i>peg-3350/electrolytes oral solution reconstituted</i>	\$0 (Tier-2)	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	\$0 (Tier-3)	
<i>propantheline bromide oral tablet</i>	\$0 (Tier-2)	
RELISTOR ORAL TABLET	\$0 (Tier-5)	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPREP BOWEL PREP KIT ORAL SOLUTION	\$0 (Tier-4)	
<i>trilyte oral solution reconstituted</i>	\$0 (Tier-2)	
UCERIS RECTAL FOAM	\$0 (Tier-4)	
<i>ursodiol oral capsule</i>	\$0 (Tier-2)	
<i>ursodiol oral tablet</i>	\$0 (Tier-4)	
XERMELO ORAL TABLET	\$0 (Tier-5)	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz oral</i>	\$0 (Tier-3)	
CARAFATE ORAL SUSPENSION	\$0 (Tier-4)	
<i>cimetidine hcl oral solution</i>	\$0 (Tier-2)	
<i>cimetidine oral tablet</i>	\$0 (Tier-3)	
DEXILANT ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-4)	
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0 (Tier-3)	
<i>esomeprazole magnesium oral packet</i>	\$0 (Tier-4)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier-4)	
<i>famotidine oral tablet</i>	\$0 (Tier-1)	
<i>lansoprazole oral capsule delayed release</i>	\$0 (Tier-3)	
<i>lansoprazole oral tablet delayed release dispersible</i>	\$0 (Tier-3)	
<i>lansoprazole oral tablet dispersible</i>	\$0 (Tier-3)	
<i>methscopolamine bromide oral tablet</i>	\$0 (Tier-4)	
<i>misoprostol oral tablet</i>	\$0 (Tier-2)	
<i>nizatidine oral capsule</i>	\$0 (Tier-2)	
<i>nizatidine oral solution</i>	\$0 (Tier-2)	
<i>omeprazole oral capsule delayed release</i>	\$0 (Tier-1)	
<i>omeprazole-sodium bicarbonate oral capsule</i>	\$0 (Tier-5)	NEDS
<i>omeprazole-sodium bicarbonate oral packet</i>	\$0 (Tier-5)	NEDS
<i>pantoprazole sodium oral packet</i>	\$0 (Tier-4)	
<i>pantoprazole sodium oral tablet delayed release</i>	\$0 (Tier-2)	
PYLERA ORAL CAPSULE	\$0 (Tier-3)	
<i>rabeprazole sodium oral tablet delayed release</i>	\$0 (Tier-3)	
<i>sucralfate oral suspension</i>	\$0 (Tier-3)	
<i>sucralfate oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	\$0 (Tier-3)	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	
<i>balsalazide disodium oral capsule</i>	\$0 (Tier-2)	
<i>budesonide er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>budesonide 3 mg oral capsule delayed release</i>	\$0 (Tier-3)	
DELZICOL ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-4)	
<i>hydrocortisone rectal enema</i>	\$0 (Tier-2)	
LINZESS ORAL CAPSULE	\$0 (Tier-4)	
<i>mesalamine er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>mesalamine oral capsule delayed release</i>	\$0 (Tier-3)	
<i>mesalamine oral tablet delayed release</i>	\$0 (Tier-3)	
<i>mesalamine rectal enema</i>	\$0 (Tier-2)	
<i>mesalamine rectal suppository</i>	\$0 (Tier-3)	
ROWASA RECTAL KIT	\$0 (Tier-4)	
<i>sulfasalazine oral tablet</i>	\$0 (Tier-2)	
<i>sulfasalazine oral tablet delayed release</i>	\$0 (Tier-2)	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	\$0 (Tier-5)	PA; NEDS
<i>acyclovir sodium intravenous solution</i>	\$0 (Tier-2)	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
<i>amikacin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>amphotericin b intravenous solution reconstituted</i>	\$0 (Tier-2)	PA
<i>ampicillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azithromycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>aztreonam injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>bactocill in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>bumetanide injection solution</i>	\$0 (Tier-2)	
<i>caspofungin acetate intravenous solution reconstituted</i>	\$0 (Tier-5)	NEDS
<i>cefazolin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefepime hcl injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefotetan disodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefoxitin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefoxitin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftazidime injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ceftriaxone sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>cefuroxime sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>ciprofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>clindamycin phosphate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>colistimethate sodium (cba) injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>daptomycin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>ertapenem sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluconazole in sodium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>furosemide injection solution</i>	\$0 (Tier-2)	
<i>gentamicin in saline intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>gentamicin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
<i>heparin sodium (porcine) injection solution</i>	\$0 (Tier-2)	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>levofloxacin in d5w intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>levofloxacin intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>linezolid intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>meropenem intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>methotrexate sodium (pf) injection solution</i>	\$0 (Tier-2)	B vs D
<i>methotrexate sodium injection solution</i>	\$0 (Tier-2)	B vs D
<i>metronidazole in nacl intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>micafungin sodium intravenous solution reconstituted</i>	\$0 (Tier-3)	
<i>moxifloxacin hcl in nacl intravenous solution</i>	\$0 (Tier-2)	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
<i>nafcillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>nafcillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>oxacillin sodium intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g pot in dextrose intravenous solution</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g potassium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>penicillin g sodium injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>polymyxin b sulfate injection solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>rifampin intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>streptomycin sulfate intramuscular solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>tigecycline intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>tobramycin sulfate injection solution</i>	\$0 (Tier-2)	HI; Part B
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	HI; Part B
<i>vancomycin hcl intravenous solution reconstituted</i>	\$0 (Tier-2)	HI; Part B
<i>voriconazole intravenous solution reconstituted</i>	\$0 (Tier-2)	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	HI; Part B; NEDS
ELECTROLYTES		
<i>dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>kcl in dextrose-nacl intravenous solution</i>	\$0 (Tier-2)	
<i>kcl-lactated ringers-d5w intravenous solution</i>	\$0 (Tier-2)	
<i>magnesium sulfate injection solution</i>	\$0 (Tier-2)	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier-3)	
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier-3)	
<i>potassium chloride in dextrose intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride in nacl intravenous solution</i>	\$0 (Tier-2)	
<i>potassium chloride intravenous solution</i>	\$0 (Tier-2)	
<i>sodium chloride intravenous solution</i>	\$0 (Tier-2)	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
INTRALIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
NEPHRAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
NUTRILIPID INTRAVENOUS EMULSION	\$0 (Tier-3)	B vs D
PLENAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PREMASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
PROSOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
<i>tpn electrolytes intravenous concentrate</i>	\$0 (Tier-2)	B vs D
<i>tpn electrolytes intravenous solution</i>	\$0 (Tier-2)	B vs D
TRAVASOL INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	\$0 (Tier-3)	B vs D
HORMONES		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>cortisone acetate oral tablet</i>	\$0 (Tier-4)	
<i>dexamethasone oral elixir</i>	\$0 (Tier-2)	
<i>dexamethasone oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	\$0 (Tier-5)	NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier-3)	
<i>leuprolide acetate injection kit</i>	\$0 (Tier-2)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	\$0 (Tier-5)	NEDS
SYNAREL NASAL SOLUTION	\$0 (Tier-5)	NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-5)	NEDS
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levo-t oral tablet</i>	\$0 (Tier-1)	
<i>levothyroxine sodium oral tablet</i>	\$0 (Tier-1)	
<i>levoxyl oral tablet</i>	\$0 (Tier-2)	
<i>liothyronine sodium oral tablet</i>	\$0 (Tier-2)	
<i>methimazole oral tablet</i>	\$0 (Tier-1)	
<i>propylthiouracil oral tablet</i>	\$0 (Tier-2)	
SYNTHROID ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1/2 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-1/4 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-2 ORAL TABLET	\$0 (Tier-4)	
THYROLAR-3 ORAL TABLET	\$0 (Tier-4)	
TIROSINT ORAL CAPSULE	\$0 (Tier-4)	
TIROSINT-SOL ORAL SOLUTION	\$0 (Tier-4)	
<i>unithroid oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-6)	
ACTIMMUNE SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
BCG VACCINE INJECTION INJECTABLE	\$0 (Tier-6)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
BIVIGAM INTRAVENOUS SOLUTION	\$0 (Tier-5)	HI; Part B; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
DAPTACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	\$0 (Tier-6)	
ENGERIX-B INJECTION SUSPENSION	\$0 (Tier-6)	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	\$0 (Tier-5)	HI; Part B; NEDS
GAMMAGARD INJECTION SOLUTION	\$0 (Tier-5)	HI; Part B; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	HI; Part B; NEDS
GAMMAKED INJECTION SOLUTION	\$0 (Tier-5)	HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	\$0 (Tier-5)	HI; Part B; SP-CVS specialty; NEDS
GAMUNEX-C INJECTION SOLUTION	\$0 (Tier-5)	HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
HAVRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
HIBERIX INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-6)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
INFANRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
IPOL INJECTION INJECTABLE	\$0 (Tier-6)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
KINRIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-6)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-6)	
M-M-R II SUBCUTANEOUS INJECTABLE	\$0 (Tier-6)	
OCTAGAM INTRAVENOUS SOLUTION	\$0 (Tier-3)	HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	\$0 (Tier-5)	HI; Part B; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0 (Tier-6)	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	Part B
PRIVIGEN INTRAVENOUS SOLUTION	\$0 (Tier-5)	HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
RECOMBIVAX HB INJECTION SUSPENSION	\$0 (Tier-6)	B vs D
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
ROTATEQ ORAL SOLUTION	\$0 (Tier-6)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	\$0 (Tier-6)	
TDVAX INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
TENIVAC INTRAMUSCULAR INJECTABLE	\$0 (Tier-6)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-6)	
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0 (Tier-6)	
VAQTA INTRAMUSCULAR SUSPENSION	\$0 (Tier-6)	
VARIVAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-6)	
VARIZIG INTRAMUSCULAR SOLUTION	\$0 (Tier-6)	
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (Tier-6)	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-5)	B vs D; NEDS
<i>cyclosporine modified oral capsule</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine modified oral solution</i>	\$0 (Tier-2)	B vs D
<i>cyclosporine oral capsule</i>	\$0 (Tier-2)	B vs D
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	B vs D; SP-CVS specialty
<i>everolimus oral tablet</i>	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
<i>engraf oral capsule</i>	\$0 (Tier-2)	B vs D
<i>engraf oral solution</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral capsule</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0 (Tier-5)	B vs D; NEDS
<i>mycophenolate mofetil oral tablet</i>	\$0 (Tier-2)	B vs D
<i>mycophenolate sodium oral tablet delayed release</i>	\$0 (Tier-4)	B vs D
PROGRAF ORAL PACKET	\$0 (Tier-5)	B vs D; NEDS
<i>sirolimus oral solution</i>	\$0 (Tier-3)	B vs D
<i>sirolimus oral tablet</i>	\$0 (Tier-2)	B vs D
<i>tacrolimus oral capsule</i>	\$0 (Tier-2)	B vs D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZORTRESS ORAL TABLET	\$0 (Tier-5)	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS		
ACROMEGALY		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>octreotide acetate injection solution</i>	\$0 (Tier-2)	SP-CVS specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAMAX ORAL CAPSULE	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole oral tablet</i>	\$0 (Tier-3)	
TIGLUTIK ORAL SUSPENSION	\$0 (Tier-5)	NEDS
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection solution</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	\$0 (Tier-2)	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; QL (20.1 ML per 28 days); NEDS
CUSHING'S SYNDROME		
ISTURISA ORAL TABLET 1 MG	\$0 (Tier-5)	PA; QL (240 EA per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISTURISA ORAL TABLET 10 MG	\$0 (Tier-5)	PA; QL (180 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
KORLYM ORAL TABLET	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; QL (60 ML per 30 days); NEDS
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
KALYDECO ORAL PACKET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	\$0 (Tier-5)	PA; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION	\$0 (Tier-5)	B vs D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	\$0 (Tier-5)	NEDS
<i>tobramycin inhalation nebulization solution</i>	\$0 (Tier-5)	B vs D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; QL (84 EA per 28 days); NEDS
CYSTITINURIA		
CYSTADANE ORAL POWDER	\$0 (Tier-5)	NEDS
THIOLA EC ORAL TABLET DELAYED RELEASE	\$0 (Tier-5)	NEDS
DETOXIFICATION AGENTS		
CHEMET ORAL CAPSULE	\$0 (Tier-4)	
<i>deferasirox granules oral packet</i>	\$0 (Tier-5)	NEDS
<i>deferasirox oral tablet</i>	\$0 (Tier-5)	NEDS
<i>deferasirox oral tablet soluble</i>	\$0 (Tier-5)	NEDS
<i>deferiprone oral tablet</i>	\$0 (Tier-5)	NEDS
EXJADE ORAL TABLET SOLUBLE	\$0 (Tier-5)	NEDS
FERRIPROX ORAL SOLUTION	\$0 (Tier-5)	NEDS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML	\$0 (Tier-3)	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	\$0 (Tier-5)	SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FIRAZYR SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>icatibant acetate subcutaneous solution</i>	\$0 (Tier-5)	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
<i>nitisinone oral capsule</i>	\$0 (Tier-5)	PA; NEDS
NITYR ORAL TABLET	\$0 (Tier-5)	PA; NEDS
ORFADIN ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
ORFADIN ORAL SUSPENSION	\$0 (Tier-5)	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>tetrabenazine oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
<i>calcitriol oral capsule</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcitriol oral solution</i>	\$0 (Tier-2)	
<i>cinacalcet hcl oral tablet</i>	\$0 (Tier-5)	NEDS
<i>doxercalciferol oral capsule</i>	\$0 (Tier-3)	
<i>paricalcitol oral capsule</i>	\$0 (Tier-2)	
SENSIPAR ORAL TABLET	\$0 (Tier-5)	NEDS
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	\$0 (Tier-5)	PA; NEDS
RUZURGI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
LONG-CHAIN FATTY ACID OXIDATION DISORDERS		
DOJOLVI ORAL LIQUID	\$0 (Tier-5)	NEDS
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	\$0 (Tier-5)	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-5)	SP-CVS specialty; QL (120 EA per 30 days); NEDS
BETASERON SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	\$0 (Tier-5)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	\$0 (Tier-5)	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	\$0 (Tier-5)	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	NEDS
MAYZENT ORAL TABLET 0.25 MG	\$0 (Tier-5)	QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	\$0 (Tier-5)	QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	\$0 (Tier-5)	SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	\$0 (Tier-5)	SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
<i>guanidine hcl oral tablet</i>	\$0 (Tier-2)	
<i>pyridostigmine bromide er oral tablet extended release</i>	\$0 (Tier-4)	
<i>pyridostigmine bromide oral solution</i>	\$0 (Tier-3)	
<i>pyridostigmine bromide oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPIOID ANTAGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	\$0 (Tier-2)	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	\$0 (Tier-2)	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	\$0 (Tier-5)	SP-CVS specialty; QL (224 EA per 14 days); NEDS
<i>naloxone hcl injection solution</i>	\$0 (Tier-2)	
<i>naloxone hcl injection solution cartridge</i>	\$0 (Tier-2)	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0 (Tier-2)	
NARCAN NASAL LIQUID	\$0 (Tier-3)	QL (4 EA per 30 days)
PHENYLKETONURIA		
KUVAN ORAL PACKET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	\$0 (Tier-5)	NEDS
DIBENZYLINE ORAL CAPSULE	\$0 (Tier-4)	
<i>phenoxybenzamine hcl oral capsule</i>	\$0 (Tier-3)	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	\$0 (Tier-5)	PA; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	\$0 (Tier-2)	
<i>calcium acetate (phos binder) oral tablet</i>	\$0 (Tier-2)	
<i>sevelamer carbonate oral packet</i>	\$0 (Tier-3)	
<i>sevelamer carbonate oral tablet</i>	\$0 (Tier-3)	
<i>sevelamer hcl oral tablet</i>	\$0 (Tier-3)	

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>penicillamine oral capsule</i>	\$0 (Tier-5)	NEDS
<i>penicillamine oral tablet</i>	\$0 (Tier-3)	
<i>trientine hcl oral capsule</i>	\$0 (Tier-5)	NEDS
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet</i>	\$0 (Tier-1)	
<i>donepezil hcl oral tablet dispersible</i>	\$0 (Tier-2)	
<i>ergoloid mesylates oral tablet</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide oral solution</i>	\$0 (Tier-2)	
<i>galantamine hydrobromide oral tablet</i>	\$0 (Tier-2)	
<i>memantine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>memantine hcl oral solution</i>	\$0 (Tier-3)	
<i>memantine hcl oral tablet</i>	\$0 (Tier-2)	
<i>rivastigmine tartrate oral capsule</i>	\$0 (Tier-2)	
<i>rivastigmine transdermal patch 24 hour</i>	\$0 (Tier-2)	
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet</i>	\$0 (Tier-4)	
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier-5)	NEDS
<i>eletriptan hydrobromide oral tablet</i>	\$0 (Tier-3)	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA; QL (2 ML per 30 days)
<i>frovatriptan succinate oral tablet</i>	\$0 (Tier-4)	
MIGERGOT RECTAL SUPPOSITORY	\$0 (Tier-5)	NEDS
<i>naratriptan hcl oral tablet</i>	\$0 (Tier-4)	
NAYZILAM NASAL SOLUTION	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	\$0 (Tier-2)	
<i>rizatriptan benzoate oral tablet dispersible</i>	\$0 (Tier-2)	
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam rectal gel</i>	\$0 (Tier-2)	
DILANTIN INFATABS ORAL TABLET CHEWABLE	\$0 (Tier-3)	
DILANTIN ORAL CAPSULE	\$0 (Tier-3)	
DILANTIN ORAL SUSPENSION	\$0 (Tier-3)	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$0 (Tier-2)	
<i>divalproex sodium oral tablet delayed release</i>	\$0 (Tier-2)	
EPIDIOLEX ORAL SOLUTION	\$0 (Tier-4)	PA; SP-CVS specialty
<i>epitol oral tablet</i>	\$0 (Tier-1)	
<i>ethosuximide oral capsule</i>	\$0 (Tier-2)	
<i>ethosuximide oral solution</i>	\$0 (Tier-2)	
<i>felbamate oral suspension</i>	\$0 (Tier-2)	
<i>felbamate oral tablet</i>	\$0 (Tier-2)	
FINTEPLA ORAL SOLUTION	\$0 (Tier-5)	PA; NEDS
FYCOMPA ORAL SUSPENSION	\$0 (Tier-4)	PA
FYCOMPA ORAL TABLET	\$0 (Tier-4)	PA
<i>gabapentin oral capsule</i>	\$0 (Tier-1)	
<i>gabapentin oral solution</i>	\$0 (Tier-2)	
<i>gabapentin oral tablet</i>	\$0 (Tier-1)	
HORIZANT ORAL TABLET EXTENDED RELEASE	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>lamotrigine oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine oral tablet</i>	\$0 (Tier-1)	
<i>lamotrigine oral tablet chewable</i>	\$0 (Tier-2)	
<i>lamotrigine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-blue oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-green oral kit</i>	\$0 (Tier-2)	
<i>lamotrigine starter kit-orange oral kit</i>	\$0 (Tier-2)	
<i>levetiracetam er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>levetiracetam oral solution</i>	\$0 (Tier-2)	
<i>levetiracetam oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
LYRICA ORAL CAPSULE	\$0 (Tier-4)	
LYRICA ORAL SOLUTION	\$0 (Tier-4)	
<i>oxcarbazepine oral suspension</i>	\$0 (Tier-2)	
<i>oxcarbazepine oral tablet</i>	\$0 (Tier-2)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
PEGANONE ORAL TABLET	\$0 (Tier-4)	
<i>phenobarbital oral elixir</i>	\$0 (Tier-2)	PA
<i>phenobarbital oral tablet</i>	\$0 (Tier-2)	PA
<i>phenytoin oral suspension</i>	\$0 (Tier-2)	
<i>phenytoin oral tablet chewable</i>	\$0 (Tier-2)	
<i>phenytoin sodium extended oral capsule</i>	\$0 (Tier-2)	
<i>pregabalin oral capsule</i>	\$0 (Tier-3)	
<i>pregabalin oral solution</i>	\$0 (Tier-3)	
<i>primidone oral tablet</i>	\$0 (Tier-2)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	\$0 (Tier-4)	
<i>roweepra oral tablet</i>	\$0 (Tier-2)	
<i>roweepra xr oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
SAVELLA ORAL TABLET	\$0 (Tier-3)	STPA; QL (180 EA per 90 days)
SAVELLA TITRATION PACK ORAL	\$0 (Tier-3)	STPA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	\$0 (Tier-4)	
SYMPAZAN ORAL FILM	\$0 (Tier-4)	
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>tiagabine hcl oral tablet 16 mg</i>	\$0 (Tier-5)	NEDS
<i>topiramate er oral capsule er 24 hour sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral capsule sprinkle</i>	\$0 (Tier-2)	
<i>topiramate oral tablet</i>	\$0 (Tier-1)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	\$0 (Tier-4)	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	\$0 (Tier-5)	NEDS
<i>valproic acid oral capsule</i>	\$0 (Tier-2)	
<i>valproic acid oral solution</i>	\$0 (Tier-2)	
VALTOCO 10 MG DOSE NASAL LIQUID	\$0 (Tier-4)	PA; QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	\$0 (Tier-4)	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	\$0 (Tier-5)	NEDS
<i>vigabatrin oral tablet</i>	\$0 (Tier-5)	NEDS
<i>vigadrone oral packet</i>	\$0 (Tier-5)	NEDS
VIMPAT ORAL SOLUTION	\$0 (Tier-4)	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	\$0 (Tier-4)	PA; QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
XCOPRI ORAL TABLET	\$0 (Tier-5)	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; NEDS
<i>zonisamide oral capsule</i>	\$0 (Tier-2)	
SPASTICITY		
<i>baclofen oral tablet</i>	\$0 (Tier-1)	
<i>cyclobenzaprine hcl oral tablet</i>	\$0 (Tier-3)	PA
<i>dantrolene sodium oral capsule</i>	\$0 (Tier-2)	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	\$0 (Tier-4)	
<i>tizanidine hcl oral capsule 6 mg</i>	\$0 (Tier-3)	
<i>tizanidine hcl oral tablet</i>	\$0 (Tier-2)	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	\$0 (Tier-4)	B vs D
<i>azathioprine oral tablet</i>	\$0 (Tier-2)	B vs D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	\$0 (Tier-5)	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
<i>leflunomide oral tablet</i>	\$0 (Tier-2)	
<i>methotrexate oral tablet</i>	\$0 (Tier-2)	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-4)	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	\$0 (Tier-5)	NEDS
STELARA SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TREXALL ORAL TABLET	\$0 (Tier-4)	B vs D
XATMEP ORAL SOLUTION	\$0 (Tier-4)	B vs D
XELJANZ ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier-5)	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
<i>allopurinol oral tablet</i>	\$0 (Tier-1)	
<i>colchicine oral capsule</i>	\$0 (Tier-2)	
<i>colchicine oral tablet</i>	\$0 (Tier-2)	
<i>colchicine-probenecid oral tablet</i>	\$0 (Tier-2)	
<i>febuxostat oral tablet</i>	\$0 (Tier-3)	STPA
GLOPERBA ORAL SOLUTION	\$0 (Tier-4)	
<i>probenecid oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAIN, NSAID ANALGESICS		
<i>celecoxib oral capsule</i>	\$0 (Tier-3)	
<i>diclofenac potassium oral tablet</i>	\$0 (Tier-3)	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>diclofenac sodium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>diclofenac-misoprostol oral tablet delayed release</i>	\$0 (Tier-4)	
<i>diflunisal oral tablet</i>	\$0 (Tier-3)	
<i>etodolac er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>etodolac oral capsule</i>	\$0 (Tier-3)	
<i>etodolac oral tablet</i>	\$0 (Tier-2)	
<i>fenoprofen calcium oral capsule</i>	\$0 (Tier-4)	
<i>fenoprofen calcium oral tablet</i>	\$0 (Tier-2)	
<i>flurbiprofen oral tablet</i>	\$0 (Tier-2)	
<i>ibuprofen oral suspension</i>	\$0 (Tier-2)	
<i>ibuprofen oral tablet</i>	\$0 (Tier-1)	
INDOCIN ORAL SUSPENSION	\$0 (Tier-4)	
<i>indomethacin er oral capsule extended release</i>	\$0 (Tier-3)	
<i>indomethacin oral capsule</i>	\$0 (Tier-1)	
<i>ketoprofen er oral capsule extended release 24 hour</i>	\$0 (Tier-4)	
<i>ketoprofen oral capsule</i>	\$0 (Tier-2)	
<i>meclofenamate sodium oral capsule</i>	\$0 (Tier-4)	
<i>mefenamic acid oral capsule</i>	\$0 (Tier-2)	
<i>meloxicam oral tablet</i>	\$0 (Tier-1)	
<i>nabumetone oral tablet</i>	\$0 (Tier-2)	
<i>naproxen dr oral tablet delayed release</i>	\$0 (Tier-2)	
<i>naproxen oral suspension</i>	\$0 (Tier-2)	
<i>naproxen oral tablet</i>	\$0 (Tier-1)	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	\$0 (Tier-5)	NEDS
<i>naproxen sodium oral tablet</i>	\$0 (Tier-1)	
<i>oxaprozin oral tablet</i>	\$0 (Tier-4)	
<i>piroxicam oral capsule</i>	\$0 (Tier-3)	
<i>sulindac oral tablet</i>	\$0 (Tier-2)	
<i>tolmetin sodium oral capsule</i>	\$0 (Tier-4)	
<i>tolmetin sodium oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAIN, OPIOID AND OTHER ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	\$0 (Tier-3)	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier-2)	QL (7.5 ML per 30 days)
<i>codeine sulfate oral tablet</i>	\$0 (Tier-3)	QL (180 EA per 30 days)
<i>endocet oral tablet</i>	\$0 (Tier-3)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl citrate buccal tablet</i>	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour</i>	\$0 (Tier-2)	QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	\$0 (Tier-2)	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	\$0 (Tier-2)	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	\$0 (Tier-5)	QL (240 EA per 30 days); NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier-2)	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier-2)	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	\$0 (Tier-2)	QL (180 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	\$0 (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 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er oral tablet extended release</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	\$0 (Tier-2)	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	\$0 (Tier-2)	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	\$0 (Tier-2)	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$0 (Tier-3)	QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet</i>	\$0 (Tier-2)	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	\$0 (Tier-5)	PA; QL (120 EA per 30 days); NEDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	\$0 (Tier-2)	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier-1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	\$0 (Tier-2)	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release</i>	\$0 (Tier-2)	
<i>disulfiram oral tablet</i>	\$0 (Tier-2)	
<i>naltrexone hcl oral tablet</i>	\$0 (Tier-2)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>alprazolam intensol oral concentrate</i>	\$0 (Tier-2)	
<i>alprazolam oral tablet</i>	\$0 (Tier-1)	
<i>alprazolam oral tablet dispersible</i>	\$0 (Tier-3)	
<i>bupirone hcl oral tablet</i>	\$0 (Tier-1)	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	\$0 (Tier-2)	
<i>clorazepate dipotassium oral tablet</i>	\$0 (Tier-4)	
<i>lorazepam oral concentrate</i>	\$0 (Tier-2)	
<i>lorazepam oral tablet</i>	\$0 (Tier-1)	
<i>oxazepam oral capsule</i>	\$0 (Tier-3)	
ATTENTION DEFICIT DISORDER		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	STPA
<i>amphetamine er oral suspension extended release</i>	\$0 (Tier-3)	
<i>amphetamine sulfate oral tablet</i>	\$0 (Tier-3)	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>amphetamine-dextroamphetamine oral tablet</i>	\$0 (Tier-3)	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	\$0 (Tier-4)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	\$0 (Tier-4)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
DESOXYN ORAL TABLET	\$0 (Tier-4)	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-4)	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-3)	
<i>dexmethylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate oral solution</i>	\$0 (Tier-2)	
<i>dextroamphetamine sulfate oral tablet</i>	\$0 (Tier-3)	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier-3)	STPA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	QL (90 EA per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>methamphetamine hcl oral tablet</i>	\$0 (Tier-2)	PA
METHYLIN ORAL SOLUTION	\$0 (Tier-3)	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release</i>	\$0 (Tier-2)	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral solution</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet</i>	\$0 (Tier-2)	
<i>methylphenidate hcl oral tablet chewable</i>	\$0 (Tier-2)	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-4)	STPA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	\$0 (Tier-4)	STPA
<i>relexxii oral tablet extended release</i>	\$0 (Tier-2)	
VYVANSE ORAL CAPSULE	\$0 (Tier-4)	STPA
VYVANSE ORAL TABLET CHEWABLE	\$0 (Tier-4)	STPA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	\$0 (Tier-4)	
<i>lithium carbonate er oral tablet extended release</i>	\$0 (Tier-1)	
<i>lithium carbonate oral capsule</i>	\$0 (Tier-1)	
<i>lithium carbonate oral tablet</i>	\$0 (Tier-1)	
<i>lithium oral solution</i>	\$0 (Tier-1)	
<i>olanzapine-fluoxetine hcl oral capsule</i>	\$0 (Tier-2)	STPA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-3)	
<i>risperidone oral solution</i>	\$0 (Tier-2)	
<i>risperidone oral tablet</i>	\$0 (Tier-1)	
<i>risperidone oral tablet dispersible</i>	\$0 (Tier-2)	
DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	\$0 (Tier-2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine hcl oral tablet</i>	\$0 (Tier-4)	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	\$0 (Tier-4)	
<i>fluvoxamine maleate oral tablet</i>	\$0 (Tier-2)	
<i>imipramine hcl oral tablet</i>	\$0 (Tier-2)	PA
<i>imipramine pamoate oral capsule</i>	\$0 (Tier-4)	PA
<i>maprotiline hcl oral tablet</i>	\$0 (Tier-3)	
MARPLAN ORAL TABLET	\$0 (Tier-4)	
<i>mirtazapine oral tablet</i>	\$0 (Tier-2)	
<i>mirtazapine oral tablet dispersible</i>	\$0 (Tier-2)	
<i>nefazodone hcl oral tablet</i>	\$0 (Tier-2)	
<i>nortriptyline hcl oral capsule</i>	\$0 (Tier-1)	
<i>nortriptyline hcl oral solution</i>	\$0 (Tier-1)	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-4)	
<i>paroxetine hcl oral tablet</i>	\$0 (Tier-1)	
<i>paroxetine mesylate oral capsule</i>	\$0 (Tier-1)	
PAXIL ORAL SUSPENSION	\$0 (Tier-4)	
PEXEVA ORAL TABLET	\$0 (Tier-4)	STPA
<i>phenelzine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>protriptyline hcl oral tablet</i>	\$0 (Tier-2)	
<i>sertraline hcl oral concentrate</i>	\$0 (Tier-2)	
<i>sertraline hcl oral tablet</i>	\$0 (Tier-1)	
<i>tranylcypromine sulfate oral tablet</i>	\$0 (Tier-2)	
<i>trazodone hcl oral tablet</i>	\$0 (Tier-1)	
<i>trimipramine maleate oral capsule</i>	\$0 (Tier-2)	PA
TRINTELLIX ORAL TABLET	\$0 (Tier-4)	STPA
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0 (Tier-2)	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>venlafaxine hcl oral tablet</i>	\$0 (Tier-2)	
VIIBRYD ORAL TABLET	\$0 (Tier-4)	STPA
VIIBRYD STARTER PACK ORAL KIT	\$0 (Tier-4)	STPA
INSOMNIA		
<i>doxepin hcl oral tablet</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eszopiclone oral tablet</i>	\$0 (Tier-3)	
<i>flurazepam hcl oral capsule</i>	\$0 (Tier-2)	
HETLIOZ ORAL CAPSULE	\$0 (Tier-5)	PA; NEDS
<i>ramelteon oral tablet</i>	\$0 (Tier-3)	QL (30 EA per 30 days)
ROZEREM ORAL TABLET	\$0 (Tier-4)	QL (30 EA per 30 days)
SILENOR ORAL TABLET	\$0 (Tier-4)	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	\$0 (Tier-2)	
<i>triazolam oral tablet</i>	\$0 (Tier-2)	
<i>zaleplon oral capsule</i>	\$0 (Tier-2)	
<i>zolpidem tartrate er oral tablet extended release</i>	\$0 (Tier-4)	
<i>zolpidem tartrate oral tablet</i>	\$0 (Tier-2)	
<i>zolpidem tartrate sublingual tablet sublingual</i>	\$0 (Tier-3)	
NARCOLEPSY		
<i>armodafinil oral tablet</i>	\$0 (Tier-3)	PA
<i>modafinil oral tablet</i>	\$0 (Tier-4)	PA
SUNOSI ORAL TABLET	\$0 (Tier-4)	PA
WAKIX ORAL TABLET	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	\$0 (Tier-5)	LA; NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0 (Tier-5)	NEDS
ABILIFY MYCITE ORAL TABLET	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>aripiprazole oral solution</i>	\$0 (Tier-3)	STPA
<i>aripiprazole oral tablet</i>	\$0 (Tier-3)	STPA
<i>aripiprazole oral tablet dispersible</i>	\$0 (Tier-3)	STPA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
CAPLYTA ORAL CAPSULE	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
<i>chlorpromazine hcl oral tablet</i>	\$0 (Tier-4)	
<i>clozapine oral tablet</i>	\$0 (Tier-2)	
<i>clozapine oral tablet dispersible</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT ORAL TABLET	\$0 (Tier-4)	STPA
FANAPT TITRATION PACK ORAL TABLET	\$0 (Tier-4)	STPA
<i>fluphenazine decanoate injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl injection solution</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral concentrate</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral elixir</i>	\$0 (Tier-2)	
<i>fluphenazine hcl oral tablet</i>	\$0 (Tier-2)	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-4)	
<i>haloperidol decanoate intramuscular solution</i>	\$0 (Tier-2)	
<i>haloperidol lactate injection solution</i>	\$0 (Tier-2)	
<i>haloperidol lactate oral concentrate</i>	\$0 (Tier-1)	
<i>haloperidol oral tablet</i>	\$0 (Tier-1)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	\$0 (Tier-5)	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier-3)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier-4)	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier-4)	STPA; QL (60 EA per 30 days)
<i>loxapine succinate oral capsule</i>	\$0 (Tier-2)	
<i>molindone hcl oral tablet</i>	\$0 (Tier-3)	
NUPLAZID ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	\$0 (Tier-2)	
<i>olanzapine oral tablet</i>	\$0 (Tier-2)	STPA
<i>olanzapine oral tablet dispersible</i>	\$0 (Tier-2)	STPA
<i>paliperidone er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	
<i>perphenazine oral tablet</i>	\$0 (Tier-4)	
<i>perphenazine-amitriptyline oral tablet</i>	\$0 (Tier-3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	\$0 (Tier-5)	NEDS
<i>pimozide oral tablet</i>	\$0 (Tier-4)	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	\$0 (Tier-3)	STPA
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier-2)	STPA
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier-2)	STPA; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 (Tier-4)	
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier-5)	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	\$0 (Tier-5)	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	\$0 (Tier-4)	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	\$0 (Tier-5)	NEDS
<i>thioridazine hcl oral tablet</i>	\$0 (Tier-1)	PA
<i>thiothixene oral capsule</i>	\$0 (Tier-1)	
<i>trifluoperazine hcl oral tablet</i>	\$0 (Tier-2)	
VERSACLOZ ORAL SUSPENSION	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE	\$0 (Tier-5)	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0 (Tier-4)	
<i>ziprasidone hcl oral capsule</i>	\$0 (Tier-2)	STPA
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	\$0 (Tier-3)	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier-3)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier-3)	

RESPIRATORY DRUGS

ASTHMA

ADVAIR HFA INHALATION AEROSOL	\$0 (Tier-3)	QL (72 GM per 90 days)
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	\$0 (Tier-4)	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier-1)	QL (51 GM per 90 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier-1)	QL (40.2 GM per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier-1)	QL (108 GM per 90 days)
<i>albuterol sulfate inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>albuterol sulfate oral syrup</i>	\$0 (Tier-1)	
<i>albuterol sulfate oral tablet</i>	\$0 (Tier-3)	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	\$0 (Tier-4)	B vs D
<i>budesonide inhalation suspension</i>	\$0 (Tier-2)	B vs D
<i>budesonide-formoterol fumarate inhalation aerosol</i>	\$0 (Tier-3)	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (24 GM per 90 days)
<i>cromolyn sodium inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$0 (Tier-2)	QL (3 EA per 90 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	\$0 (Tier-2)	B vs D
<i>ipratropium-albuterol inhalation solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol hcl inhalation nebulization solution</i>	\$0 (Tier-2)	B vs D
<i>levalbuterol tartrate inhalation aerosol</i>	\$0 (Tier-3)	QL (90 GM per 90 days)
<i>metaproterenol sulfate oral syrup</i>	\$0 (Tier-2)	
<i>montelukast sodium oral packet</i>	\$0 (Tier-2)	
<i>montelukast sodium oral tablet</i>	\$0 (Tier-1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast sodium oral tablet chewable</i>	\$0 (Tier-2)	
PERFORMIST INHALATION NEBULIZATION SOLUTION	\$0 (Tier-3)	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (6 EA per 90 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	\$0 (Tier-3)	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
SPIRIVA HANDHALER INHALATION CAPSULE	\$0 (Tier-3)	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-3)	QL (12 GM per 90 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	\$0 (Tier-4)	QL (180 GM per 90 days)
SYMBICORT INHALATION AEROSOL	\$0 (Tier-3)	QL (30.6 GM per 90 days)
<i>terbutaline sulfate oral tablet</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 12 hour</i>	\$0 (Tier-2)	
<i>theophylline er oral tablet extended release 24 hour</i>	\$0 (Tier-2)	
<i>theophylline oral solution</i>	\$0 (Tier-2)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	\$0 (Tier-3)	QL (180 EA per 90 days)
<i>zafirlukast oral tablet</i>	\$0 (Tier-3)	
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	\$0 (Tier-5)	NEDS
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	\$0 (Tier-5)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 267 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS
ESBRIET ORAL TABLET 801 MG	\$0 (Tier-5)	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
OFEV ORAL CAPSULE	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET	\$0 (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 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyq oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>ambrisentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>bosentan oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
OPSUMIT ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	\$0 (Tier-4)	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
REVATIO ORAL SUSPENSION RECONSTITUTED	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>sildenafil citrate oral tablet</i>	\$0 (Tier-3)	PA; SP-CVS specialty
<i>tadalafil (pah) oral tablet</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
TRACLEER ORAL TABLET SOLUBLE	\$0 (Tier-5)	PA; LA; SP-CVS specialty; NEDS
UPTRAVI ORAL TABLET	\$0 (Tier-5)	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine inhalation solution</i>	\$0 (Tier-2)	B vs D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS
BEVESPI AEROSPHERE INHALATION AEROSOL	\$0 (Tier-3)	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	\$0 (Tier-4)	
GLASSIA INTRAVENOUS SOLUTION	\$0 (Tier-5)	NEDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0 (Tier-5)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	\$0 (Tier-4)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0 (Tier-5)	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	\$0 (Tier-3)	
SKIN		
ACNE ROSACEA		
<i>azelaic acid external gel</i>	\$0 (Tier-3)	
FINACEA EXTERNAL FOAM	\$0 (Tier-3)	
<i>metronidazole external cream</i>	\$0 (Tier-2)	
<i>metronidazole external gel</i>	\$0 (Tier-2)	
<i>metronidazole external lotion</i>	\$0 (Tier-4)	
NORITATE EXTERNAL CREAM	\$0 (Tier-5)	NEDS
SOOLANTRA EXTERNAL CREAM	\$0 (Tier-4)	
ACNE VULGARIS		
<i>adapalene external cream</i>	\$0 (Tier-2)	PA
<i>adapalene external gel</i>	\$0 (Tier-4)	PA
<i>adapalene external solution</i>	\$0 (Tier-3)	PA
<i>adapalene-benzoyl peroxide external gel</i>	\$0 (Tier-3)	PA
<i>amnesteem oral capsule</i>	\$0 (Tier-2)	
ATRALIN EXTERNAL GEL	\$0 (Tier-4)	PA
<i>avita external cream</i>	\$0 (Tier-2)	PA
<i>avita external gel</i>	\$0 (Tier-2)	PA
AZELEX EXTERNAL CREAM	\$0 (Tier-4)	
<i>benzoyl peroxide-erythromycin external gel</i>	\$0 (Tier-4)	
<i>claravis oral capsule</i>	\$0 (Tier-4)	
<i>clindamycin phos-benzoyl perox external gel</i>	\$0 (Tier-4)	
<i>clindamycin phosphate external foam</i>	\$0 (Tier-4)	
<i>clindamycin phosphate external gel</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external lotion</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external solution</i>	\$0 (Tier-2)	
<i>clindamycin phosphate external swab</i>	\$0 (Tier-2)	
<i>ery external pad</i>	\$0 (Tier-2)	
<i>erythromycin external gel</i>	\$0 (Tier-2)	
<i>erythromycin external solution</i>	\$0 (Tier-2)	
EVOCLIN EXTERNAL FOAM	\$0 (Tier-4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FABIOR EXTERNAL FOAM	\$0 (Tier-4)	PA
<i>isotretinoin oral capsule</i>	\$0 (Tier-4)	
RETIN-A EXTERNAL CREAM	\$0 (Tier-4)	PA
RETIN-A EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO EXTERNAL GEL	\$0 (Tier-4)	PA
RETIN-A MICRO PUMP EXTERNAL GEL	\$0 (Tier-4)	PA
<i>tretinoin external cream</i>	\$0 (Tier-2)	PA
<i>tretinoin external gel</i>	\$0 (Tier-4)	PA
<i>tretinoin microsphere external gel</i>	\$0 (Tier-4)	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN EXTERNAL CREAM	\$0 (Tier-4)	
CORTISPORIN EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>gentamicin sulfate external cream</i>	\$0 (Tier-3)	
<i>gentamicin sulfate external ointment</i>	\$0 (Tier-3)	
<i>mupirocin calcium external cream</i>	\$0 (Tier-2)	
<i>mupirocin external ointment</i>	\$0 (Tier-2)	QL (44 GM per 30 days)
<i>silver sulfadiazine external cream</i>	\$0 (Tier-2)	
<i>ssd external cream</i>	\$0 (Tier-2)	
XEPI EXTERNAL CREAM	\$0 (Tier-4)	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	\$0 (Tier-4)	
<i>ala-cort external cream</i>	\$0 (Tier-1)	
<i>alclometasone dipropionate external cream</i>	\$0 (Tier-4)	
<i>alclometasone dipropionate external ointment</i>	\$0 (Tier-2)	
<i>amcinonide external cream</i>	\$0 (Tier-4)	
<i>amcinonide external lotion</i>	\$0 (Tier-2)	
<i>amcinonide external ointment</i>	\$0 (Tier-4)	
APEXICON E EXTERNAL CREAM	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external cream</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate aug external gel</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external lotion</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate aug external ointment</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external cream</i>	\$0 (Tier-4)	
<i>betamethasone dipropionate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone dipropionate external ointment</i>	\$0 (Tier-4)	
<i>betamethasone valerate external cream</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate external foam</i>	\$0 (Tier-4)	
<i>betamethasone valerate external lotion</i>	\$0 (Tier-2)	
<i>betamethasone valerate external ointment</i>	\$0 (Tier-2)	
CAPEX EXTERNAL SHAMPOO	\$0 (Tier-4)	
<i>clobetasol propionate e external cream</i>	\$0 (Tier-3)	QL (240 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>clobetasol propionate external cream</i>	\$0 (Tier-4)	QL (240 GM per 30 days)
<i>clobetasol propionate external foam</i>	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>clobetasol propionate external gel</i>	\$0 (Tier-3)	QL (240 GM per 30 days)
<i>clobetasol propionate external liquid</i>	\$0 (Tier-4)	QL (250 ML per 30 days)
<i>clobetasol propionate external lotion</i>	\$0 (Tier-4)	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment</i>	\$0 (Tier-4)	QL (240 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	\$0 (Tier-4)	QL (236 ML per 30 days)
<i>clobetasol propionate external solution</i>	\$0 (Tier-3)	QL (200 ML per 30 days)
<i>clocortolone pivalate external cream</i>	\$0 (Tier-4)	
<i>clodan external shampoo</i>	\$0 (Tier-3)	
CORDRAN EXTERNAL TAPE	\$0 (Tier-4)	
<i>desonide external cream</i>	\$0 (Tier-4)	
<i>desonide external gel</i>	\$0 (Tier-4)	
<i>desonide external lotion</i>	\$0 (Tier-4)	
<i>desonide external ointment</i>	\$0 (Tier-4)	
<i>desoximetasone external cream</i>	\$0 (Tier-4)	
<i>desoximetasone external gel</i>	\$0 (Tier-4)	
<i>desoximetasone external liquid</i>	\$0 (Tier-4)	
<i>desoximetasone external ointment</i>	\$0 (Tier-4)	
<i>diflorasone diacetate external cream</i>	\$0 (Tier-4)	
<i>diflorasone diacetate external ointment</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide external cream</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide external ointment</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide external solution</i>	\$0 (Tier-4)	
<i>fluocinolone acetonide scalp external oil</i>	\$0 (Tier-3)	
<i>fluocinonide emulsified base external cream</i>	\$0 (Tier-4)	
<i>fluocinonide external cream</i>	\$0 (Tier-4)	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	\$0 (Tier-4)	
<i>fluocinonide external ointment</i>	\$0 (Tier-4)	
<i>fluocinonide external solution</i>	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flurandrenolide external cream</i>	\$0 (Tier-3)	
<i>flurandrenolide external lotion</i>	\$0 (Tier-3)	
<i>flurandrenolide external ointment</i>	\$0 (Tier-4)	QL (120 GM per 30 days)
<i>fluticasone propionate external cream</i>	\$0 (Tier-2)	
<i>fluticasone propionate external lotion</i>	\$0 (Tier-4)	
<i>fluticasone propionate external ointment</i>	\$0 (Tier-2)	
<i>halcinonide external cream</i>	\$0 (Tier-3)	
<i>halobetasol propionate external cream</i>	\$0 (Tier-4)	
<i>halobetasol propionate external ointment</i>	\$0 (Tier-4)	
HALOG EXTERNAL CREAM	\$0 (Tier-4)	
HALOG EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>hydrocortisone butyrate external cream</i>	\$0 (Tier-4)	
<i>hydrocortisone butyrate external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone butyrate external ointment</i>	\$0 (Tier-4)	
<i>hydrocortisone butyrate external solution</i>	\$0 (Tier-4)	
<i>hydrocortisone external cream</i>	\$0 (Tier-1)	
<i>hydrocortisone external lotion</i>	\$0 (Tier-1)	
<i>hydrocortisone external ointment</i>	\$0 (Tier-1)	
<i>hydrocortisone valerate external cream</i>	\$0 (Tier-4)	
<i>hydrocortisone valerate external ointment</i>	\$0 (Tier-4)	
KENALOG EXTERNAL AEROSOL SOLUTION	\$0 (Tier-4)	
<i>mometasone furoate external cream</i>	\$0 (Tier-2)	
<i>mometasone furoate external ointment</i>	\$0 (Tier-1)	
<i>mometasone furoate external solution</i>	\$0 (Tier-2)	
<i>nolix external cream</i>	\$0 (Tier-3)	
<i>nolix external lotion</i>	\$0 (Tier-3)	
PANDEL EXTERNAL CREAM	\$0 (Tier-4)	
<i>prednicarbate external cream</i>	\$0 (Tier-4)	
<i>prednicarbate external ointment</i>	\$0 (Tier-2)	
TOVET EXTERNAL FOAM	\$0 (Tier-4)	QL (200 GM per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	\$0 (Tier-4)	
<i>triamcinolone acetonide external cream</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external lotion</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	\$0 (Tier-2)	
<i>triamcinolone acetonide external ointment 0.05 %</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIANEX EXTERNAL OINTMENT	\$0 (Tier-4)	
<i>triderm external cream</i>	\$0 (Tier-2)	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox external gel</i>	\$0 (Tier-2)	
<i>ciclopirox external shampoo</i>	\$0 (Tier-4)	
<i>ciclopirox external solution</i>	\$0 (Tier-3)	
<i>ciclopirox olamine external cream</i>	\$0 (Tier-2)	
<i>ciclopirox olamine external suspension</i>	\$0 (Tier-2)	
<i>clotrimazole external cream</i>	\$0 (Tier-3)	
<i>clotrimazole external solution</i>	\$0 (Tier-2)	
<i>clotrimazole-betamethasone external cream</i>	\$0 (Tier-3)	
<i>clotrimazole-betamethasone external lotion</i>	\$0 (Tier-3)	
<i>econazole nitrate external cream</i>	\$0 (Tier-3)	
ERTACZO EXTERNAL CREAM	\$0 (Tier-4)	
<i>ketokonazole external cream</i>	\$0 (Tier-3)	
<i>ketokonazole external foam</i>	\$0 (Tier-4)	
<i>ketokonazole external shampoo</i>	\$0 (Tier-2)	
KETODAN EXTERNAL FOAM	\$0 (Tier-4)	
<i>luliconazole external cream</i>	\$0 (Tier-3)	
MENTAX EXTERNAL CREAM	\$0 (Tier-4)	
<i>naftifine hcl external cream 1 %</i>	\$0 (Tier-4)	
<i>naftifine hcl external cream 2 %</i>	\$0 (Tier-3)	
NAFTIN EXTERNAL GEL	\$0 (Tier-3)	
<i>nyamyc external powder</i>	\$0 (Tier-2)	
<i>nystatin external cream</i>	\$0 (Tier-2)	
<i>nystatin external ointment</i>	\$0 (Tier-2)	
<i>nystatin external powder</i>	\$0 (Tier-2)	
<i>nystatin mouth/throat suspension</i>	\$0 (Tier-2)	
<i>nystatin-triamcinolone external cream</i>	\$0 (Tier-3)	
<i>nystatin-triamcinolone external ointment</i>	\$0 (Tier-3)	
<i>nystop external powder</i>	\$0 (Tier-2)	
<i>oxiconazole nitrate external cream</i>	\$0 (Tier-3)	
OXISTAT EXTERNAL LOTION	\$0 (Tier-3)	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule 10 mg, 25 mg</i>	\$0 (Tier-4)	
<i>acitretin oral capsule 17.5 mg</i>	\$0 (Tier-5)	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANNOVERA VAGINAL RING	\$0 (Tier-4)	QL (1 EA per 365 days)
<i>apri oral tablet</i>	\$0 (Tier-2)	
<i>aranelle oral tablet</i>	\$0 (Tier-2)	
<i>ashlyna oral tablet</i>	\$0 (Tier-2)	
<i>aubra oral tablet</i>	\$0 (Tier-2)	
<i>aviane oral tablet</i>	\$0 (Tier-2)	
<i>balziva oral tablet</i>	\$0 (Tier-2)	
<i>briellyn oral tablet</i>	\$0 (Tier-2)	
<i>camila oral tablet</i>	\$0 (Tier-2)	
<i>deblitane oral tablet</i>	\$0 (Tier-2)	
<i>desogestrel-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>drospirenone-ethinyl estradiol oral tablet</i>	\$0 (Tier-2)	
<i>eluryng vaginal ring</i>	\$0 (Tier-3)	
<i>emoquette oral tablet</i>	\$0 (Tier-2)	
<i>errin oral tablet</i>	\$0 (Tier-2)	
<i>estradiol-norethindrone acet oral tablet</i>	\$0 (Tier-2)	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	\$0 (Tier-3)	
<i>falmina oral tablet</i>	\$0 (Tier-2)	
GENERESS FE ORAL TABLET CHEWABLE	\$0 (Tier-4)	
<i>introvale oral tablet</i>	\$0 (Tier-2)	
<i>junel 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>junel fe 24 oral tablet</i>	\$0 (Tier-2)	
<i>kariva oral tablet</i>	\$0 (Tier-2)	
<i>kelnor 1/35 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>larin fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>lessina oral tablet</i>	\$0 (Tier-2)	
<i>levonest oral tablet</i>	\$0 (Tier-2)	
<i>levonorgest-eth estrad 91-day oral tablet</i>	\$0 (Tier-2)	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	\$0 (Tier-2)	
<i>levora 0.15/30 (28) oral tablet</i>	\$0 (Tier-2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LO LOESTRIN FE ORAL TABLET	\$0 (Tier-4)	
<i>marlissa oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1.5/30 oral tablet</i>	\$0 (Tier-2)	
<i>microgestin fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>necon 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nikki oral tablet</i>	\$0 (Tier-2)	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	\$0 (Tier-2)	
<i>nortrel 0.5/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (21) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 1/35 (28) oral tablet</i>	\$0 (Tier-2)	
<i>nortrel 7/7/7 oral tablet</i>	\$0 (Tier-2)	
ORIAHNN ORAL CAPSULE THERAPY PACK	\$0 (Tier-5)	PA; QL (56 EA per 28 days); NEDS
<i>orsythia oral tablet</i>	\$0 (Tier-2)	
<i>portia-28 oral tablet</i>	\$0 (Tier-2)	
<i>sharobel oral tablet</i>	\$0 (Tier-2)	
<i>tarina fe 1/20 oral tablet</i>	\$0 (Tier-2)	
<i>tri-previfem oral tablet</i>	\$0 (Tier-2)	
<i>tri-sprintec oral tablet</i>	\$0 (Tier-2)	
<i>trivora (28) oral tablet</i>	\$0 (Tier-2)	
<i>velivet oral tablet</i>	\$0 (Tier-2)	
<i>vyfemla oral tablet</i>	\$0 (Tier-2)	
<i>zovia 1/35e (28) oral tablet</i>	\$0 (Tier-2)	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium oral solution</i>	\$0 (Tier-2)	
<i>alendronate sodium oral tablet</i>	\$0 (Tier-1)	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
ANGELIQ ORAL TABLET	\$0 (Tier-4)	
<i>calcitonin (salmon) nasal solution</i>	\$0 (Tier-2)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	\$0 (Tier-4)	PA
CRINONE VAGINAL GEL	\$0 (Tier-3)	PA
DELESTROGEN INTRAMUSCULAR OIL	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEPO-ESTRADIOL INTRAMUSCULAR OIL	\$0 (Tier-3)	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	\$0 (Tier-3)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0 (Tier-3)	
DIVIGEL TRANSDERMAL GEL	\$0 (Tier-4)	
<i>dotti transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
DUAVEE ORAL TABLET	\$0 (Tier-4)	PA
ELESTRIN TRANSDERMAL GEL	\$0 (Tier-4)	
<i>estradiol oral tablet</i>	\$0 (Tier-1)	PA
<i>estradiol transdermal patch twice weekly</i>	\$0 (Tier-2)	PA
<i>estradiol transdermal patch weekly</i>	\$0 (Tier-2)	PA
<i>estradiol vaginal cream</i>	\$0 (Tier-3)	
<i>estradiol vaginal tablet</i>	\$0 (Tier-3)	
<i>estradiol valerate intramuscular oil</i>	\$0 (Tier-2)	
ESTRING VAGINAL RING	\$0 (Tier-3)	
EVAMIST TRANSDERMAL SOLUTION	\$0 (Tier-4)	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-5)	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	\$0 (Tier-4)	PA
FEMRING VAGINAL RING	\$0 (Tier-3)	
FORTEO SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
<i>fyavolv oral tablet</i>	\$0 (Tier-3)	PA
<i>ibandronate sodium oral tablet</i>	\$0 (Tier-2)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	\$0 (Tier-4)	
IMVEXXY STARTER PACK VAGINAL INSERT	\$0 (Tier-4)	
<i>jinteli oral tablet</i>	\$0 (Tier-2)	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0 (Tier-1)	
<i>medroxyprogesterone acetate oral tablet</i>	\$0 (Tier-1)	
MENEST ORAL TABLET	\$0 (Tier-4)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENOSTAR TRANSDERMAL PATCH WEEKLY	\$0 (Tier-4)	PA
<i>norethindrone acetate oral tablet</i>	\$0 (Tier-1)	
<i>norethindrone-eth estradiol oral tablet</i>	\$0 (Tier-2)	PA
ORILISSA ORAL TABLET 150 MG	\$0 (Tier-5)	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	\$0 (Tier-5)	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	\$0 (Tier-4)	PA
PREMARIN VAGINAL CREAM	\$0 (Tier-4)	
PREMPHASE ORAL TABLET	\$0 (Tier-4)	PA
PREMPRO ORAL TABLET	\$0 (Tier-4)	PA
<i>progesterone micronized oral capsule</i>	\$0 (Tier-2)	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0 (Tier-3)	PA
<i>raloxifene hcl oral tablet</i>	\$0 (Tier-2)	
<i>risedronate sodium oral tablet</i>	\$0 (Tier-3)	
<i>risedronate sodium oral tablet delayed release</i>	\$0 (Tier-3)	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0 (Tier-5)	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	\$0 (Tier-5)	PA; NEDS
<i>yuvafem vaginal tablet</i>	\$0 (Tier-3)	
PRENATAL VITAMINS		
<i>prenatal oral tablet</i>	\$0 (Tier-2)	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	\$0 (Tier-4)	
<i>clindamycin phosphate vaginal cream</i>	\$0 (Tier-2)	
GYNAZOLE-1 VAGINAL CREAM	\$0 (Tier-4)	
<i>metronidazole vaginal gel</i>	\$0 (Tier-3)	
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier-2)	
SOLOSEC ORAL PACKET	\$0 (Tier-4)	
<i>terconazole vaginal cream</i>	\$0 (Tier-2)	
<i>terconazole vaginal suppository</i>	\$0 (Tier-2)	
<i>vandazole vaginal gel</i>	\$0 (Tier-3)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	\$0 (Tier-4)	
OSPHEA ORAL TABLET	\$0 (Tier-4)	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

Index

<i>abacavir sulfate</i>	23	ALORA.....	101	APEXICON E.....	94
<i>abacavir sulfate-lamivudine</i>	23	<i>alose tron hcl</i>	52	APLENZIN.....	85
<i>abacavir-lamivudine-zidovudine</i>	23	ALPHAGAN P 0.1%.....	49	APOKYN.....	74
ABELCET.....	54	<i>alprazolam</i>	83	<i>apraclonidine hcl</i>	49
ABILIFY MAINTENA.....	87	<i>alprazolam er</i>	83	<i>aprepitant</i>	51
ABILIFY MYCITE.....	87	<i>alprazolam intensol</i>	83	<i>apri</i>	100
<i>abiraterone acetate</i>	31	ALREX.....	48	APRISO.....	54
<i>acamprosate calcium</i>	82	ALUNBRIG.....	31	APTIOM.....	75
<i>acarbose</i>	45	<i>alyq</i>	92	APTIVUS.....	23
<i>acebutolol hcl</i>	39	<i>amantadine hcl</i>	23	ARALAST NP.....	92
<i>acetaminophen-codeine</i>	81	AMBISOME.....	54	<i>aranelle</i>	100
<i>acetaminophen-codeine #3</i>	81	<i>ambrisentan</i>	92	ARCALYST.....	64
<i>acetazolamide</i>	49	<i>amcinonide</i>	94	ARIKAYCE.....	21
<i>acetazolamide er</i>	49	<i>amethia</i>	99	<i>aripiprazole</i>	87
<i>acetic acid</i>	46	<i>amikacin sulfate</i>	54	ARISTADA.....	87
<i>acetylcysteine</i>	92	<i>amiloride hcl</i>	41	ARISTADA INITIO.....	87
<i>acitretin</i>	97	<i>amiloride-hydrochlorothiazide</i> ...	41	<i>armodafinil</i>	87
ACTHAR.....	58	AMINOSYN II.....	57	<i>ashlyna</i>	100
ACTHIB.....	61	AMINOSYN-PF.....	57	<i>aspirin-dipyridamole er</i>	29
ACTIMMUNE.....	61	<i>amiodarone hcl</i>	38	<i>assure insulin safety syringe</i>	43
ACTIQ.....	81	AMITIZA.....	54	ASTAGRAF XL.....	63
<i>acyclovir</i>	23, 99	<i>amitriptyline hcl</i>	84	<i>atazanavir sulfate</i>	23
<i>acyclovir sodium</i>	54	<i>amlodipine besy-benazepril hcl</i> ..	38	<i>atenolol</i>	39
ADACEL.....	61	<i>amlodipine besylate</i>	40	<i>atenolol-chlorthalidone</i>	38
<i>adapalene</i>	93	<i>amlodipine besylate-valsartan</i> ...38		<i>atomoxetine hcl</i>	83
<i>adapalene-benzoyl peroxide</i>	93	<i>amlodipine-atorvastatin</i>	38	<i>atorvastatin calcium</i>	41
ADDERALL XR.....	83	<i>amlodipine-olmesartan</i>	38	<i>atovaquone</i>	22
<i>adefovir dipivoxil</i>	23	<i>amlodipine-valsartan-hctz</i>	38	<i>atovaquone-proguanil hcl</i>	22
ADEMPAS.....	91	<i>ammonium lactate</i>	98	ATRALIN.....	93
ADV AIR HFA.....	89	<i>amnesteam</i>	93	ATRIPLA.....	23
AEMCOLO.....	21	<i>amoxapine</i>	85	<i>atropine sulfate</i>	50
AFINITOR.....	31	<i>amoxicill-clarithro-lansopraz</i>53		ATROVENT HFA.....	90
AFINITOR DISPERZ.....	31	<i>amoxicillin</i>	26	AUBAGIO.....	68
AIMOVIG.....	73	<i>amoxicillin-pot clavulanate</i>	26	<i>aubra</i>	100
ALA SCALP.....	94	<i>amoxicillin-pot clavulanate er</i> ...26		AURYXIA.....	70
<i>ala-cort</i>	94	<i>amphetamine er</i>	83	AUSTEDO.....	67
<i>albendazole</i>	21	<i>amphetamine sulfate</i>	83	AVEED.....	59
<i>albuterol sulfate</i>	90	<i>amphetamine-dextroamphet er</i> ...83		<i>aviane</i>	100
<i>albuterol sulfate er</i>	89	<i>amphetamine-</i>		<i>avita</i>	93
<i>albuterol sulfate hfa</i>	89, 90	<i>dextroamphetamine</i>	83	AVONEX PEN.....	68
<i>alclometasone dipropionate</i>	94	<i>amphotericin b</i>	54	AVONEX PREFILLED.....	68
ALECENSA.....	31	<i>ampicillin</i>	26	AVYCAZ.....	54
<i>alendronate sodium</i>	101	<i>ampicillin sodium</i>	54	AYVAKIT.....	31
<i>alfuzosin hcl er</i>	71	<i>ampicillin-sulbactam sodium</i>	54	AZASAN.....	78
ALINIA.....	21	ANADROL-50.....	59	AZASITE.....	47
<i>aliskiren fumarate</i>	41	<i>anagrelide hcl</i>	29	<i>azathioprine</i>	78
ALKERAN.....	31	<i>anastrozole</i>	31	<i>azelaic acid</i>	93
<i>allopurinol</i>	79	ANGELIQ.....	101	<i>azelastine hcl</i>	47
<i>almotriptan malate</i>	73	ANNOVERA.....	100	AZELEX.....	93
ALOCRIL.....	47	ANORO ELLIPTA.....	90	<i>azithromycin</i>	27, 55
ALOMIDE.....	47	ANUSOL-HC.....	98	AZOPT.....	49

<i>aztreonam</i>	55	BOSULIF.....	31	<i>carbamazepine er</i>	75
<i>bacitracin</i>	47	BRAFTOVI.....	32	<i>carbidopa</i>	74
<i>bacitracin-polymyxin b</i>	47	BREO ELLIPTA.....	90	<i>carbidopa-levodopa</i>	74
<i>bacitra-neomycin-polymyxin-hc</i> ..	48	<i>briellyn</i>	100	<i>carbidopa-levodopa er</i>	74
<i>baclofen</i>	78	BRILINTA.....	29	<i>carbidopa-levodopa-entacapone</i>	74
<i>bactocill in dextrose</i>	55	<i>brimonidine tartrate</i>	50	CARDURA XL.....	37
BAFIERTAM.....	68	BRIVIACT.....	75	CAROSPIR.....	41
<i>balsalazide disodium</i>	54	<i>bromfenac sodium (once-daily)</i> ..	48	<i>carteolol hcl</i>	50
BALVERSA.....	31	<i>bromocriptine mesylate</i>	74	<i>cartia xt</i>	40
<i>balziva</i>	100	BROMSITE.....	48	<i>carvedilol</i>	39
BANZEL.....	75	BROVANA.....	90	<i>carvedilol phosphate er</i>	39
BAXDELA.....	28	BRUKINSA.....	32	<i>caspofungin acetate</i>	55
BCG VACCINE.....	61	<i>budesonide</i>	54, 90	CAYSTON.....	65
BD DISP NEEDLE.....	43	<i>budesonide er</i>	54	<i>cefaclor</i>	27
BD INSULIN SYRINGE.....	43	<i>budesonide-formoterol fumarate</i>	90	<i>cefaclor er</i>	27
BD INSULIN SYRINGE U-500	43	<i>bumetanide</i>	41, 55	<i>cefadroxil</i>	27
BELBUCA.....	81	<i>buprenorphine</i>	81	<i>cefazolin sodium</i>	55
<i>benazepril hcl</i>	36	<i>buprenorphine hcl</i>	70	<i>cefdinir</i>	27
<i>benazepril-hydrochlorothiazide</i> ..	38	<i>buprenorphine hcl-naloxone hcl</i> ..	70	<i>cefepime hcl</i>	55
BENLYSTA.....	63	<i>bupropion hcl</i>	85	<i>cefixime</i>	27
BENZNIDAZOLE.....	22	<i>bupropion hcl er (smoking det)</i> ..	71	<i>cefotetan disodium</i>	55
<i>benzoyl peroxide-erythromycin</i> ...	93	<i>bupropion hcl er (sr)</i>	85	<i>cefoxitin sodium</i>	55
<i>benztropine mesylate</i>	74	<i>bupropion hcl er (xl)</i>	85	<i>cefpodoxime proxetil</i>	27
BERINERT.....	67	<i>buspirone hcl</i>	83	<i>cefprozil</i>	27
BESIVANCE.....	48	<i>butorphanol tartrate</i>	81	<i>ceftazidime</i>	55
<i>betamethasone dipropionate</i>	94	BYDUREON.....	45	<i>ceftriaxone sodium</i>	55
<i>betamethasone dipropionate</i>		BYDUREON BCISE.....	45	<i>cefuroxime axetil</i>	27
<i>aug</i>	94	BYETTA 10 MCG PEN.....	45	<i>cefuroxime sodium</i>	55
<i>betamethasone valerate</i>	94, 95	BYETTA 5 MCG PEN.....	45	<i>celecoxib</i>	80
BETASERON.....	68	BYNFEZIA PEN.....	64	CELLCEPT.....	63
<i>betaxolol hcl</i>	39, 50	BYSTOLIC.....	39	CELONTIN.....	75
<i>bethanechol chloride</i>	72	<i>cabergoline</i>	74	<i>cephalexin</i>	27
BETHKIS.....	65	CABLIVI.....	31	CERDELGA.....	66
BETIMOL.....	50	CABOMETYX.....	32	<i>cevimeline hcl</i>	47
BETOPTIC-S.....	50	<i>calcipotriene</i>	98	CHANTIX.....	71
BEVESPI AEROSPHERE.....	92	<i>calcipotriene-betameth diprop</i> ...	98	CHANTIX CONTINUING	
<i>bexarotene</i>	31	<i>calcitonin (salmon)</i>	101	MONTH PAK.....	71
BEXSERO.....	61	<i>calcitriol</i>	67, 68, 98	CHANTIX STARTING	
<i>bicalutamide</i>	31	<i>calcium acetate (phos binder)</i>	70	MONTH PAK.....	71
BICILLIN C-R.....	26	CALQUENCE.....	32	CHEMET.....	65
BICILLIN C-R 900/300.....	26	<i>camila</i>	100	<i>chlordiazepoxide-amitriptyline</i> ...	83
BICILLIN L-A.....	27	<i>candesartan cilexetil</i>	37	<i>chlorhexidine gluconate</i>	47
BIDIL.....	43	<i>candesartan cilexetil-hctz</i>	38	<i>chloroquine phosphate</i>	22
BIKTARVY.....	23	<i>capecitabine</i>	32	<i>chlorpromazine hcl</i>	87
<i>bimatoprost</i>	50	CAPEX.....	95	<i>chlorthalidone</i>	41
<i>bisoprolol fumarate</i>	39	CAPLYTA.....	87	CHOLBAM.....	52
<i>bisoprolol-hydrochlorothiazide</i> ..	38	CAPRELSA.....	32	<i>cholestyramine</i>	41
BIVIGAM.....	61	<i>captopril</i>	36	<i>cholestyramine light</i>	41
BLEPHAMIDE.....	48	<i>captopril-hydrochlorothiazide</i>	38	<i>ciclopirox</i>	97
BLEPHAMIDE S.O.P.....	48	CARAFATE SUSPENSION.....	53	<i>ciclopirox olamine</i>	97
BOOSTRIX.....	61	CARBAGLU.....	51	<i>cilostazol</i>	29
<i>bosentan</i>	92	<i>carbamazepine</i>	75	CIMDUO.....	23

<i>cimetidine</i>	53	<i>clozapine</i>	87	<i>daptomycin</i>	55
<i>cimetidine solution</i>	53	COARTEM.....	22	DARAPRIM.....	22
<i>cinacalcet hcl</i>	68	<i>codeine sulfate</i>	81	<i>darifenacin hydrobromide er</i>	72
CINRYZE.....	67	<i>colchicine</i>	79	DAURISMO.....	32
CIPRO HC.....	46	<i>colchicine-probenecid</i>	79	<i>deblitane</i>	100
CIPRODEX.....	46	<i>colesevelam hcl</i>	41	<i>deferasirox</i>	65
<i>ciprofloxacin hcl</i>	28, 46, 48	<i>colestipol hcl</i>	41	<i>deferasirox granules</i>	65
<i>ciprofloxacin in d5w</i>	55	<i>colistimethate sodium (cba)</i>	55	<i>deferiprone</i>	65
<i>ciprofloxacin-dexamethasone</i>	46	COMBIGAN.....	50	DELESTROGEN.....	101
<i>citalopram hydrobromide</i>	85	COMBIPATCH.....	101	DELSTRIGO.....	23
<i>claravis</i>	93	COMBIVENT RESPIMAT.....	90	DELZICOL.....	54
<i>clarithromycin</i>	27	COMETRIQ (100 MG DAILY		<i>demeclocycline hcl</i>	29
<i>clarithromycin er</i>	27	DOSE).....	32	DEMSEER.....	70
CLEOCIN.....	103	COMETRIQ (140 MG DAILY		DENAVIR.....	99
<i>clindamycin capsules</i>	27	DOSE).....	32	DEPEN TITRATABS.....	72
<i>clindamycin oral solution</i>	28	COMETRIQ (60 MG DAILY		DEPO-ESTRADIOL.....	102
<i>clindamycin phos-benzoyl perox</i>	93	DOSE).....	32	DEPO-PROVERA.....	102
<i>clindamycin phosphate</i>	55, 93, 103	<i>comfort assist insulin syringe</i>	43	DEPO-SUBQ PROVERA.....	104, 102
<i>clindamycin phosphate in d5w</i>	55	COMPLERA.....	23	DEPO-TESTOSTERONE.....	59
CLINIMIX E/DEXTROSE		<i>compro</i>	51	DESCOVY.....	23
(2.75/5).....	58	CONDYLOX.....	99	<i>desipramine hcl</i>	85
CLINIMIX E/DEXTROSE		<i>constulose</i>	52	<i>desloratadine</i>	47
(4.25/10).....	58	COPAXONE.....	68	<i>desmopressin ace spray refrig</i>	72
CLINIMIX E/DEXTROSE		COPIKTRA.....	32	<i>desmopressin acetate</i>	72
(4.25/5).....	58	CORDRAN.....	95	<i>desogestrel-ethinyl estradiol</i>	100
CLINIMIX E/DEXTROSE		CORLANOR.....	37	<i>desonide</i>	95
(5/15).....	58	<i>cortisone acetate</i>	58	<i>desoximetasone</i>	95
CLINIMIX E/DEXTROSE		CORTISPORIN.....	94	DESOXYN.....	83
(5/20).....	58	COTELLIC.....	32	<i>desvenlafaxine er</i>	85
CLINIMIX/DEXTROSE		CREON.....	51	<i>desvenlafaxine succinate er</i>	85
(4.25/10).....	58	CRESEMBA.....	21	<i>dexamethasone</i>	58, 59
CLINIMIX/DEXTROSE		CRINONE.....	101	<i>dexamethasone sodium</i>	
(4.25/5).....	58	CRIXIVAN.....	23	<i>phosphate</i>	48
CLINIMIX/DEXTROSE (5/15).....	58	<i>cromolyn sodium</i>	47, 52, 90	DEXCOM G6 RECEIVER.....	43
CLINIMIX/DEXTROSE (5/20).....	58	CUPRIMINE.....	72	DEXCOM SENSOR.....	43
CLINISOL SF.....	58	<i>cvs gauze sterile</i>	43	DEXCOM TRANSMITTER.....	43
<i>clobazam</i>	75	<i>cyclobenzaprine hcl</i>	78	DEXEDRINE.....	83
<i>clobetasol propionate</i>	95	CYCLOPHOSPHAMIDE.....	32	DEXILANT.....	53
<i>clobetasol propionate e</i>	95	CYCLOSET.....	45	<i>dexmethylphenidate hcl</i>	83
<i>clobetasol propionate emulsion</i>	95	<i>cyclosporine</i>	63	<i>dexmethylphenidate hcl er</i>	83
<i>clocortolone pivalate</i>	95	<i>cyclosporine modified</i>	63	<i>dextroamphetamine sulfate</i>	83
<i>clodan</i>	95	<i>cyproheptadine hcl</i>	47	<i>dextroamphetamine sulfate er</i>	83
<i>clomipramine hcl</i>	85	CYSTADANE.....	65	<i>dextrose</i>	57
<i>clonazepam</i>	75	CYSTAGON.....	51	<i>dextrose-nacl</i>	57
<i>clonidine</i>	40	CYSTARAN.....	50	DIASTAT ACUDIAL.....	75
<i>clonidine hcl</i>	40	<i>dalfampridine er</i>	68	DIASTAT PEDIATRIC.....	75
<i>clonidine hcl er</i>	83	DALIRESP.....	92	<i>diazepam</i>	75, 76
<i>clopidogrel bisulfate</i>	29	DALVANCE.....	55	<i>diazoxide</i>	43
<i>clorazepate dipotassium</i>	83	<i>danazol</i>	59	DIBENZYLINE.....	70
<i>clotrimazole</i>	21, 97	<i>dantrolene sodium</i>	78	<i>diclofenac epolamine</i>	98
<i>clotrimazole-betamethasone</i>	97	<i>dapsone tablets</i>	22	<i>diclofenac potassium</i>	80
<i>clovique</i>	72	DAPTACEL.....	61	<i>diclofenac sodium</i>	48, 80, 98

<i>diclofenac sodium er</i>	80	DUTOPROL.....	39	<i>ery</i>	93
<i>diclofenac-misoprostol</i>	80	<i>econazole nitrate</i>	97	<i>ery-tab</i>	28
<i>dicloxacillin sodium</i>	27	EDURANT.....	23	ERYTHROCIN	
<i>dicyclomine hcl</i>	52	<i>efavirenz</i>	23	LACTOBIONATE.....	55
<i>didanosine</i>	23	EGRIFTA SV.....	66	<i>erythrocin stearate</i>	28
DIFICID.....	28	ELESTRIN.....	102	<i>erythromycin</i>	48, 93
<i>diflorasone diacetate</i>	95	<i>eletriptan hydrobromide</i>	73	<i>erythromycin base</i>	28
<i>diflunisal</i>	80	ELIGARD.....	59	<i>erythromycin ethylsuccinate</i>	28
<i>digitek</i>	38	ELIQUIS.....	30	ESBRIET.....	91
<i>digox</i>	38	ELIQUIS DVT/PE STARTER		<i>escitalopram oxalate</i>	85
<i>digoxin</i>	38	PACK.....	30	<i>esomeprazole magnesium</i>	53
<i>dihydroergotamine mesylate</i>	73	ELMIRON.....	72	<i>estazolam</i>	86
DILANTIN.....	76	<i>eluryng</i>	100	<i>estradiol</i>	102
DILANTIN INFATABS.....	76	EMCYT.....	32	<i>estradiol valerate</i>	102
<i>diltiazem hcl</i>	40	EMEND.....	51	<i>estradiol-norethindrone acet</i> ...	100
<i>diltiazem hcl er</i>	40	EMFLAZA.....	66	ESTRING.....	102
<i>diltiazem hcl er beads</i>	40	EMGALITY.....	73	<i>eszopiclone</i>	87
<i>diltiazem hcl er coated beads</i>	40	EMGALITY (300 MG DOSE)...	73	<i>ethacrynic acid</i>	41
<i>dilt-xr</i>	40	<i>emoquette</i>	100	<i>ethambutol hcl</i>	28
<i>diphtheria-tetanus toxoids dt</i>	61	EMSAM.....	85	<i>ethosuximide</i>	76
<i>dipyridamole</i>	29	<i>emtricitabine</i>	23	ETODOLAC.....	80
<i>disopyramide phosphate</i>	38	EMTRIVA.....	23	<i>etodolac er</i>	80
<i>disulfiram</i>	82	<i>enalapril maleate</i>	36	<i>etonogestrel-ethinyl estradiol</i> ...	100
<i>divalproex sodium</i>	76	<i>enalapril-hydrochlorothiazide</i> ...	39	<i>etoposide</i>	32
<i>divalproex sodium er</i>	76	ENBREL.....	78, 79	EUCRISA.....	98
DIVIGEL.....	102	ENBREL MINI.....	78	EVAMIST.....	102
<i>dofetilide</i>	38	ENBREL SURECLICK.....	79	EVENITY.....	102
DOJOLVI.....	68	<i>endocet</i>	81	<i>everolimus</i>	32, 63
<i>donepezil hcl</i>	73	ENGERIX-B.....	61	EVOCLIN.....	93
DOPTELET.....	29	<i>enoxaparin sodium</i>	30	EVOTAZ.....	24
<i>dorzolamide hcl</i>	50	ENSPRYNG.....	63	<i>exel comfort point pen needle</i>	43
<i>dorzolamide hcl-timolol mal</i>	50	<i>entacapone</i>	74	<i>exemestane</i>	32
<i>dorzolamide hcl-timolol mal pf</i> ...	50	<i>entecavir</i>	23	EXJADE.....	65
<i>dotti</i>	102	ENTRESTO.....	39	EXTAVIA.....	68
DOVATO.....	23	<i>enulose</i>	52	EYLEA.....	50
<i>doxazosin mesylate</i>	37	ENVARUSUS XR.....	63	<i>ezetimibe</i>	41
<i>doxepin hcl</i>	85, 86, 98	EPCLUSA.....	23	<i>ezetimibe-simvastatin</i>	41
<i>doxercalciferol</i>	68	EPIDIOLEX.....	76	FABIOR.....	94
DOXY 100.....	55	<i>epinastine hcl</i>	47	<i>falmina</i>	100
<i>doxycycline hyclate</i>	29	<i>epinephrine</i>	64	<i>famciclovir</i>	24
<i>doxycycline monohydrate</i>	29	<i>epitol</i>	76	<i>famotidine tablet</i>	53
DRIZALMA SPRINKLE.....	85	EPIVIR.....	24	FANAPT.....	88
<i>dronabinol</i>	51	<i>eplerenone</i>	41	FANAPT TITRATION PACK...	88
<i>drospirenone-ethinyl estradiol</i> ..	100	EQUETRO.....	84	FARXIGA.....	45
DROXIA.....	32	ERAXIS.....	55	FARYDAK.....	32
DUAVEE.....	102	<i>ergoloid mesylates</i>	73	FASENRA.....	90
<i>duloxetine hcl</i>	85	ERIVEDGE.....	32	FASENRA PEN.....	90
DUOPA.....	74	ERLEADA.....	32	<i>febuxostat</i>	79
DUPIXENT.....	90, 98	<i>erlotinib hcl</i>	32	<i>felbamate</i>	76
DUREZOL.....	48	<i>errin</i>	100	<i>felodipine er</i>	40
<i>dutasteride</i>	71	ERTACZO.....	97	FEMHRT LOW DOSE.....	102
<i>dutasteride-tamsulosin hcl</i>	71	<i>ertapenem sodium</i>	55	FEMRING.....	102

<i>fenofibrate</i>	41	FORTEO.....	102	<i>global alcohol prep ease</i>	43
<i>fenofibrate micronized</i>	41	<i>fosamprenavir calcium</i>	24	GLOPERBA.....	79
<i>fenofibric acid</i>	41	<i>fosinopril sodium</i>	37	GLUCAGEN HYPOKIT.....	43
<i>fenoprofen calcium</i>	80	<i>fosinopril sodium-hctz</i>	39	GLUCAGON EMERGENCY...	44
<i>fentanyl</i>	81	FRAGMIN.....	30	<i>glyburide</i>	45
<i>fentanyl citrate</i>	81	FREAMINE HBC.....	58	<i>glyburide micronized</i>	45
FERRIPROX.....	65, 66	FREESTYLE LIBRE READER.....	43	<i>glyburide-metformin</i>	45
FETZIMA.....	85	FREESTYLE LIBRE SENSOR		<i>glycopyrrolate</i>	52
FETZIMA TITRATION.....	85	SYSTEM.....	43	<i>gnp ultra com insulin syringe</i>	43
FINACEA.....	93	<i>frovatriptan succinate</i>	73	GNP ULTRA COM INSULIN	
<i>finasteride</i>	71	FULPHILA.....	30	SYRINGE.....	43
FINTEPLA.....	76	<i>furosemide</i>	41, 56	<i>granisetron hcl</i>	51
FIRAZYR.....	67	FUZEON.....	24	<i>griseofulvin microsize</i>	21
FIRDAPSE.....	68	<i>fyavolv</i>	102	<i>griseofulvin ultramicrosize</i>	21
FIRMAGON.....	60	FYCOMPA.....	76	<i>guanfacine hcl er</i>	83
FIRMAGON (240 MG DOSE)...	60	<i>gabapentin</i>	76	<i>guanidine hcl</i>	69
FIRVANQ.....	21	GALAFOLD.....	66	GVOKE HYPOPEN 2-PACK...	44
<i>flac</i>	46	<i>galantamine hydrobromide</i>	73	GVOKE PFS.....	44
FLAREX.....	48	<i>galantamine hydrobromide er</i> ...	73	GYNAZOLE-1.....	103
<i>flavoxate hcl</i>	72	GAMMAGARD.....	61	HAEGARDA.....	67
FLEBOGAMMA DIF.....	61	GAMMAGARD S/D LESS		<i>halcinonide</i>	96
<i>flecainide acetate</i>	38	IGA.....	61	<i>halobetasol propionate</i>	96
FLOLIPID.....	42	GAMMAKED.....	61	HALOG.....	96
<i>fluconazole</i>	21	GAMMAPLEX.....	61	<i>haloperidol</i>	88
<i>fluconazole in sodium chloride</i> ...	56	GAMUNEX-C.....	61	<i>haloperidol decanoate</i>	88
<i>flucytosine</i>	21	GARDASIL 9.....	61	<i>haloperidol lactate</i>	88
<i>fludrocortisone acetate</i>	59	<i>gatifloxacin</i>	48	HARVONI.....	24
<i>flunisolide</i>	47	GATTEX.....	52	HAVRIX.....	61
<i>fluocinolone acetonide</i>	46, 95	<i>gauze pads</i>	43	<i>heparin sodium (porcine)</i>	56
<i>fluocinolone acetonide scalp</i>	95	<i>gavilyte-g</i>	52	HEPATAMINE.....	58
<i>fluocinonide</i>	95	GAVRETO.....	32	HETLIOZ.....	87
<i>fluocinonide emulsified base</i>	95	<i>gemfibrozil</i>	42	HIBERIX.....	61
<i>fluorometholone</i>	49	GENERESS FE.....	100	HORIZANT.....	76
<i>fluorouracil</i>	98	<i>generlac</i>	52	HUMALOG.....	44
<i>fluoxetine hcl</i>	85, 86	<i>gengraf</i>	63	HUMALOG JUNIOR	
<i>fluphenazine decanoate</i>	88	GENOTROPIN.....	66	KWIKPEN.....	44
<i>fluphenazine hcl</i>	88	GENOTROPIN MINIQUICK...	66	HUMALOG KWIKPEN.....	44
<i>flurandrenolide</i>	96	<i>gentak</i>	48	HUMALOG MIX 50/50.....	44
<i>flurazepam hcl</i>	87	<i>gentamicin in saline</i>	56	HUMALOG MIX 50/50	
<i>flurbiprofen</i>	80	<i>gentamicin sulfate</i>	48, 56, 94	KWIKPEN.....	44
<i>flurbiprofen sodium</i>	49	GENVOYA.....	24	HUMALOG MIX 75/25.....	44
<i>flutamide</i>	32	GEODON		HUMALOG MIX 75/25	
<i>fluticasone propionate</i>	47, 96	INTRAMUSCULAR		KWIKPEN.....	44
<i>fluticasone-salmeterol</i>	90	INJECTION.....	88	HUMATROPE.....	66
<i>fluvastatin sodium</i>	42	GILENYA.....	68	HUMIRA.....	79
<i>fluvastatin sodium er</i>	42	GILOTRIF.....	32	HUMIRA PEDIATRIC	
<i>fluvoxamine maleate</i>	86	GLASSIA.....	92	CROHNS START.....	79
<i>fluvoxamine maleate er</i>	86	GLEOSTINE.....	32	HUMIRA PEN.....	79
FML.....	49	<i>glimepiride</i>	45	HUMIRA PEN-CD/UC/HS	
FML FORTE.....	49	<i>glipizide</i>	45	STARTER.....	79
FOCALIN XR.....	83	<i>glipizide er</i>	45	HUMIRA PEN-PS/UV/ADOL	
<i>fondaparinux sodium</i>	30	<i>glipizide-metformin hcl</i>	45	HS START.....	79

HUMULIN 70/30.....	44	INFANRIX.....	61	JUXTAPID.....	42
HUMULIN 70/30 KWIKPEN ...	44	INGREZZA.....	71	JYNARQUE.....	72
HUMULIN N.....	44	INLYTA.....	33	KALETRA.....	24
HUMULIN N KWIKPEN.....	44	INQOVI.....	33	KALYDECO.....	65
HUMULIN R.....	44	INREBIC.....	33	KAPVAY.....	84
HUMULIN R U-500		INTELENCE.....	24	<i>kariva</i>	100
(CONCENTRATED).....	44	INTRALIPID.....	58	<i>kcl in dextrose-nacl</i>	57
HUMULIN R U-500		INTRAROSA.....	104	<i>kcl-lactated ringers-d5w</i>	57
KWIKPEN.....	44	INTRON A.....	24	<i>kelnor 1/35</i>	100
HYCAMTIN.....	32	<i>introvale</i>	100	KENALOG.....	96
<i>hydralazine hcl</i>	43	INVANZ.....	56	<i>ketoconazole</i>	21, 97
<i>hydrochlorothiazide</i>	41	INVEGA SUSTENNA.....	88	KETODAN.....	97
<i>hydrocodone-acetaminophen</i>	81	INVEGA TRINZA.....	88	<i>ketoprofen</i>	80
<i>hydrocodone-ibuprofen</i>	81	INVELTYS.....	49	<i>ketoprofen er</i>	80
<i>hydrocortisone</i>	54, 59, 96	INVIRASE.....	24	<i>ketorolac tromethamine</i>	49
<i>hydrocortisone ace-pramoxine</i> ...	98	IOPIDINE.....	50	KEVEYIS.....	71
<i>hydrocortisone butyrate</i>	96	IPOL.....	61	KINERET.....	64
<i>hydrocortisone valerate</i>	96	<i>ipratropium bromide</i>	47, 90	KINRIX.....	62
<i>hydrocortisone-acetic acid</i>	46	<i>ipratropium-albuterol</i>	90	<i>kionex</i>	71
<i>hydromorphone hcl</i>	81	<i>irbesartan</i>	37	KISQALI (200 MG DOSE).....	33
<i>hydromorphone hcl er</i>	81	<i>irbesartan-hydrochlorothiazide</i> ..	39	KISQALI (400 MG DOSE).....	33
<i>hydroxychloroquine sulfate</i>	22	IRESSA.....	33	KISQALI (600 MG DOSE).....	33
<i>hydroxyurea</i>	32	ISENTRESS.....	24	KISQALI FEMARA (400 MG	
<i>hydroxyzine hcl</i>	47	ISENTRESS HD.....	24	DOSE).....	33
<i>hydroxyzine pamoate</i>	47	ISOLYTE-P IN D5W.....	57	KISQALI FEMARA (600 MG	
HYSINGLA ER.....	81	ISOLYTE-S.....	57	DOSE).....	33
<i>ibandronate sodium</i>	102	<i>isoniazid</i>	28	KISQALI FEMARA(200 MG	
IBRANCE.....	32, 33	<i>isosorbide dinitrate</i>	37	DOSE).....	33
<i>ibuprofen</i>	80	<i>isosorbide mononitrate</i>	37	<i>klor-con</i>	42
<i>icatibant acetate</i>	67	<i>isosorbide mononitrate er</i>	37	<i>klor-con 10</i>	42
ICLUSIG.....	33	<i>isotretinoin</i>	94	<i>klor-con m10</i>	42
IDHIFA.....	33	<i>isradipine</i>	40	KLOR-CON M15.....	42
ILEVRO.....	49	ISTALOL.....	50	<i>klor-con m20</i>	42
<i>imatinib mesylate</i>	33	ISTURISA.....	64, 65	KORLYM.....	65
IMBRUVICA.....	33	<i>itraconazole</i>	21	KOSELUGO.....	33
<i>imipenem-cilastatin</i>	56	<i>ivermectin</i>	21	KRINTAFEL.....	22
<i>imipramine hcl</i>	86	IXIARO.....	62	KRISTALOSE.....	52
<i>imipramine pamoate</i>	86	JAKAFI.....	33	K-TAB.....	42
<i>imiquimod</i>	99	<i>jantoven</i>	31	KUVAN.....	70
<i>imiquimod pump</i>	99	JANUMET.....	46	KYNMOBI.....	74
IMOVAX RABIES.....	61	JANUMET XR.....	46	<i>labetalol hcl</i>	39
IMVEXXY MAINTENANCE		JANUVIA.....	46	<i>lactulose</i>	52
PACK.....	102	JARDIANCE.....	46	<i>lamivudine</i>	24
IMVEXXY STARTER PACK.....	102	JENTADUETO.....	46	<i>lamivudine-zidovudine</i>	24
INBRIJA.....	74	JENTADUETO XR.....	46	<i>lamotrigine</i>	76
INCRELEX.....	66	<i>jinteli</i>	102	<i>lamotrigine er</i>	76
INCRUSE ELLIPTA.....	90	JULUCA.....	24	<i>lamotrigine starter kit-blue</i>	76
<i>indapamide</i>	41	<i>junel 1.5/30</i>	100	<i>lamotrigine starter kit-green</i>	76
INDOCIN ORAL		<i>junel 1/20</i>	100	<i>lamotrigine starter kit-orange</i> ...	76
SUSPENSION.....	80	<i>junel fe 1.5/30</i>	100	<i>lancets</i>	43
<i>indomethacin</i>	80	<i>junel fe 1/20</i>	100	LANOXIN.....	38
<i>indomethacin er</i>	80	<i>junel fe 24</i>	100	<i>lansoprazole</i>	53

LANTUS.....	45	<i>lidocaine hcl urethral/mucosal</i> ...	99	MAVYRET.....	24
LANTUS SOLOSTAR.....	45	<i>lidocaine viscous hcl</i>	99	MAXIDEX.....	49
<i>larin 1.5/30</i>	100	<i>lidocaine-prilocaine</i>	99	MAYZENT.....	69
<i>larin 1/20</i>	100	<i>lindane</i>	98	<i>meclizine hcl</i>	51
<i>larin fe 1.5/30</i>	100	<i>linezolid</i>	21, 22, 56	<i>meclofenamate sodium</i>	80
<i>larin fe 1/20</i>	100	LINZESS.....	54	MEDROL.....	59
LASTACAFT.....	47	<i>liothyronine sodium</i>	60	<i>medroxyprogesterone acetate</i> ...	102
<i>latanoprost</i>	50	<i>lisinopril</i>	37	MEDTRONIC GUARDIAN	
LATUDA.....	88	<i>lisinopril-hydrochlorothiazide</i> ...	39	SENSOR.....	43
<i>leflunomide</i>	79	<i>lithium</i>	84	MEDTRONIC GUARDIAN	
LENVIMA (10 MG DAILY		<i>lithium carbonate</i>	84	TRANSMITTER.....	43
DOSE).....	33	<i>lithium carbonate er</i>	84	<i>mefenamic acid</i>	80
LENVIMA (12 MG DAILY		LO LOESTRIN FE.....	101	<i>mefloquine hcl</i>	22
DOSE).....	33	LOKELMA.....	71	<i>megestrol acetate</i>	34, 52
LENVIMA (14 MG DAILY		LONSURF.....	34	MEKINIST.....	34
DOSE).....	33	<i>loperamide hcl</i>	52	MEKTOVI.....	34
LENVIMA (18 MG DAILY		<i>lopinavir-ritonavir</i>	24	<i>meloxicam</i>	80
DOSE).....	33	<i>lorazepam</i>	83	<i>melphalan</i>	34
LENVIMA (20 MG DAILY		LORBRENA.....	34	<i>memantine hcl</i>	73
DOSE).....	33	<i>losartan potassium</i>	37	<i>memantine hcl er</i>	73
LENVIMA (24 MG DAILY		<i>losartan potassium-hctz</i>	39	MENACTRA.....	62
DOSE).....	33	LOTEMAX.....	49	MENEST.....	102
LENVIMA (4 MG DAILY		<i>loteprednol etabonate</i>	49	MENOSTAR.....	103
DOSE).....	33	<i>lovastatin</i>	42	MENQUADFI.....	62
LENVIMA (8 MG DAILY		<i>loxapine succinate</i>	88	MENTAX.....	97
DOSE).....	34	LUCEMYRA.....	70	MENVEO.....	62
<i>lessina</i>	100	LUCENTIS.....	50	<i>mercaptopurine</i>	34
<i>letrozole</i>	34	<i>luliconazole</i>	97	<i>meropenem</i>	56
<i>leucovorin calcium</i>	36	LUMIGAN.....	50	<i>mesalamine</i>	54
LEUKERAN.....	34	LUPRON DEPOT (1-MONTH).60		<i>mesalamine er</i>	54
LEUKINE.....	30	LUPRON DEPOT (3-MONTH).60		MESNEX.....	36
<i>leuprolide acetate</i>	60	LUPRON DEPOT (4-MONTH).60		<i>metaproterenol sulfate</i>	90
<i>levabuterol hcl</i>	90	LUPRON DEPOT (6-MONTH).60		<i>metformin hcl</i>	46
<i>levabuterol tartrate</i>	90	LYNPARZA.....	34	<i>metformin hcl er</i>	46
<i>levetiracetam</i>	76	LYRICA.....	77	<i>methadone hcl</i>	81
<i>levetiracetam er</i>	76	LYRICA CR.....	77	<i>methamphetamine hcl</i>	84
<i>levobunolol hcl</i>	50	LYSODREN.....	34	<i>methazolamide</i>	50
<i>levocarnitine</i>	52	<i>mafenide acetate</i>	99	<i>methenamine hippurate</i>	22
<i>levocetirizine dihydrochloride</i> ...	47	<i>magnesium sulfate</i>	57	<i>methimazole</i>	60
<i>levofloxacin</i>	28, 48, 56	<i>malathion</i>	98	METHITEST.....	59
<i>levofloxacin in d5w</i>	56	<i>maprotiline hcl</i>	86	<i>methotrexate</i>	79
<i>levonest</i>	100	<i>marlissa</i>	101	<i>methotrexate sodium</i>	56
<i>levonorgest-eth estrad 91-day</i> ..	100	MARPLAN.....	86	<i>methotrexate sodium (pf)</i>	56
<i>levonorgestrel-ethinyl estradiol</i>	100	MATULANE.....	34	<i>methoxsalen rapid</i>	98
<i>levora 0.15/30 (28)</i>	100	<i>matzim la</i>	40	<i>methscopolamine bromide</i>	53
<i>levorphanol tartrate</i>	81	MAVENCLAD (10 TABS).....	68	METHYLIN.....	84
<i>levo-t</i>	60	MAVENCLAD (4 TABS).....	68	<i>methylphenidate hcl</i>	84
<i>levothyroxine sodium</i>	60	MAVENCLAD (5 TABS).....	69	<i>methylphenidate hcl er</i>	84
<i>levoxyl</i>	60	MAVENCLAD (6 TABS).....	69	<i>methylphenidate hcl er (cd)</i>	84
LEXIVA.....	24	MAVENCLAD (7 TABS).....	69	<i>methylphenidate hcl er (la)</i>	84
<i>lidocaine</i>	98	MAVENCLAD (8 TABS).....	69	<i>methylprednisolone</i>	59
<i>lidocaine hcl</i>	98	MAVENCLAD (9 TABS).....	69	<i>methyltestosterone</i>	59

<i>metoclopramide hcl</i>	51	<i>nabumetone</i>	80	<i>nitroglycerin</i>	37
<i>metolazone</i>	41	<i>nadolol</i>	39	NITROSTAT.....	37
<i>metoprolol succinate er</i>	39	<i>nafcillin sodium</i>	56	NITYR.....	67
<i>metoprolol tartrate</i>	39	<i>naftifine hcl</i>	97	<i>nizatidine</i>	53
<i>metoprolol-hydrochlorothiazide</i>	39	NAFTIN GEL.....	97	<i>nolix</i>	96
<i>metronidazole</i>	22, 93, 103	<i>naloxone hcl</i>	70	NORDITROPIN FLEXPRO.....	66
<i>metronidazole in nacl</i>	56	<i>naltrexone hcl</i>	82	<i>norethindrone acetate</i>	103
<i>mexiletine hcl</i>	38	<i>naproxen</i>	80	<i>norethindrone-eth estradiol</i>	103
<i>micafungin sodium</i>	56	<i>naproxen dr</i>	80	<i>norethin-eth estradiol-fe</i>	101
<i>miconazole 3</i>	103	<i>naproxen sodium</i>	80	NORITATE.....	93
<i>microgestin 1.5/30</i>	101	<i>naproxen sodium er</i>	80	NORMOSOL-M IN D5W.....	57
<i>microgestin 1/20</i>	101	<i>naratriptan hcl</i>	73	NORPACE CR.....	38
<i>microgestin fe 1.5/30</i>	101	NARCAN.....	70	NORTHERA.....	41
<i>microgestin fe 1/20</i>	101	NATACYN.....	50	<i>nortrel 0.5/35 (28)</i>	101
<i>midodrine hcl</i>	40	<i>nateglinide</i>	46	<i>nortrel 1/35 (21)</i>	101
MIGERGOT.....	73	NATPARA.....	68	<i>nortrel 1/35 (28)</i>	101
<i>miglitol</i>	46	NAYZILAM.....	73	<i>nortrel 7/7/7</i>	101
<i>miglustat</i>	66	NEBUPENT.....	22	<i>nortriptyline hcl</i>	86
MILLIPRED.....	59	<i>necon 0.5/35 (28)</i>	101	NORVIR.....	24
<i>minocycline hcl</i>	29	<i>nefazodone hcl</i>	86	NOURIANZ.....	74
<i>minocycline hcl er</i>	29	<i>neomycin sulfate</i>	22	NOXAFIL.....	21
<i>minoxidil</i>	43	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	48	NUBEQA.....	34
<i>mirtazapine</i>	86	<i>neomycin-polymyxin-dexameth</i> ... <i>neomycin-polymyxin-gramicidin</i>	49	NUCALA.....	92
<i>misoprostol</i>	53	<i>neomycin-polymyxin-hc</i>	48, 49	NUCYNTA ER.....	82
M-M-R II.....	62	NEPHRAMINE.....	58	NUEDEXTA.....	75
<i>modafinil</i>	87	NERLYNX.....	34	NUPLAZID.....	88
<i>moexipril hcl</i>	37	NEULYNX.....	34	NUTRILIPID.....	58
<i>molindone hcl</i>	88	NEULASTA.....	30	NUTROPIN AQ NUSPIN 10.....	66
<i>mometasone furoate</i>	47, 96	NEUPRO.....	74	NUTROPIN AQ NUSPIN 20.....	66
<i>mondoxyne nl</i>	29	<i>nevirapine</i>	24	NUTROPIN AQ NUSPIN 5.....	66
<i>montelukast sodium</i>	90, 91	<i>nevirapine er</i>	24	NUZYRA.....	29
MONUROL.....	22	NEXAVAR.....	34	<i>nyamyc</i>	97
<i>morphine sulfate</i>	82	NEXLETOL.....	42	NYMALIZE.....	40
<i>morphine sulfate (concentrate)</i> ... <i>morphine sulfate er</i>	81, 82	NEXLIZET.....	42	<i>nystatin</i>	21, 97
<i>morphine sulfate er beads</i>	81	<i>niacin er</i>	42	<i>nystatin-triamcinolone</i>	97
MOVANTIK.....	52	<i>niacor</i>	42	<i>nystop</i>	97
MOVIPREP.....	52	<i>nicardipine hcl</i>	40	OICALIVA.....	52
MOXEZA.....	48	NICOTROL.....	71	OCTAGAM.....	62
<i>moxifloxacin hcl</i>	28, 48	NICOTROL NS.....	71	<i>octreotide acetate</i>	64
<i>moxifloxacin hcl in nacl</i>	56	<i>nifedipine</i>	40	ODEFSEY.....	25
MULPLETA.....	30	<i>nifedipine er</i>	40	ODOMZO.....	34
MULTAQ.....	38	<i>nifedipine er osmotic release</i>	40	OFEV.....	91
<i>mupirocin</i>	94	<i>nikki</i>	101	<i>ofloxacin</i>	28, 46, 48
<i>mupirocin calcium</i>	94	<i>nilutamide</i>	34	<i>olanzapine</i>	88
MYCAMINE.....	56	<i>nimodipine</i>	40	<i>olanzapine-fluoxetine hcl</i>	84
MYCAPSSA.....	64	NINLARO.....	34	<i>olmesartan medoxomil</i>	37
<i>mycophenolate mofetil</i>	63	<i>nisoldipine er</i>	40	<i>olmesartan medoxomil-hctz</i>	39
<i>mycophenolate sodium</i>	63	<i>nitisinone</i>	67	<i>olmesartan-amlodipine-hctz</i>	39
MYLERAN.....	34	NITRO-BID.....	37	<i>olopatadine hcl</i>	47
MYRBETRIQ.....	72	<i>nitrofurantoin macrocrystal</i>	22	<i>omega-3-acid ethyl esters</i>	42
MYTESI.....	52	<i>nitrofurantoin monohyd macro</i> ... <i>nitrofurantoin monohyd macro</i> ... <i>nitrofurantoin monohyd macro</i> ...	22	<i>omeprazole</i>	53
				<i>omeprazole-sodium bicarbonate</i>	53

OMNITROPE.....	66, 67	PEDIARIX.....	62	PNEUMOVAX 23.....	62
<i>ondansetron</i>	51	PEDVAX HIB.....	62	<i>podofilox</i>	99
<i>ondansetron hcl</i>	51	<i>peg 3350-kcl-na bicarb-nacl</i>	52	<i>polymyxin b sulfate</i>	56
ONETOUCH VERIO.....	43	<i>peg-3350/electrolytes</i>	52	<i>polymyxin b-trimethoprim</i>	48
OPSUMIT.....	92	PEGANONE.....	77	POMALYST.....	34
ORALAIR.....	92	PEGASYS.....	25	<i>portia-28</i>	101
ORAPRED ODT.....	59	PEGASYS PROCLICK.....	25	<i>posaconazole</i>	21
ORENITRAM.....	92	<i>peg-kcl-nacl-nasulf-na asc-c</i>	52	<i>potassium chloride</i>	42, 57
ORFADIN.....	67	PEMAZYRE.....	34	<i>potassium chloride crys er</i>	42
ORIAHNN.....	101	<i>penicillamine</i>	73	<i>potassium chloride er</i>	42
ORLISSA.....	103	<i>penicillin g pot in dextrose</i>	56	<i>potassium chloride in dextrose</i> ..	57
ORKAMBI.....	65	<i>penicillin g potassium</i>	56	<i>potassium chloride in nacl</i>	57
<i>orsythia</i>	101	<i>penicillin g sodium</i>	56	<i>potassium citrate er</i>	72
<i>oseltamivir phosphate</i>	25	<i>penicillin v potassium</i>	27	PRADAXA.....	31
OSMOPREP.....	52	PENTACEL.....	62	PRALUENT.....	42
OSPHENA.....	104	PENTAM.....	22	<i>pramipexole dihydrochloride</i>	74
<i>oxacillin sodium</i>	56	<i>pentamidine isethionate</i>	22	<i>pramipexole dihydrochloride er</i> ..	74
<i>oxacillin sodium in dextrose</i>	56	<i>pentoxifylline er</i>	31	<i>prasugrel hcl</i>	29
<i>oxandrolone</i>	59	PERFOROMIST.....	91	<i>pravastatin sodium</i>	42
<i>oxaprozin</i>	80	<i>perindopril erbumine</i>	37	<i>praziquantel</i>	22
<i>oxazepam</i>	83	<i>permethrin</i>	98	<i>prazosin hcl</i>	37
OXBRYTA.....	31	<i>perphenazine</i>	88	PRED MILD.....	49
<i>oxcarbazepine</i>	77	<i>perphenazine-amitriptyline</i>	88	PRED-G.....	49
OXERVATE.....	51	PERSERIS.....	89	PRED-G S.O.P.....	49
<i>oxiconazole nitrate</i>	97	PEXEVA.....	86	<i>prednicarbate</i>	96
OXISTAT.....	97	<i>phenelzine sulfate</i>	86	<i>prednisolone</i>	59
OXTELLAR XR.....	77	<i>phenobarbital</i>	77	<i>prednisolone acetate</i>	49
<i>oxybutynin chloride</i>	72	<i>phenoxybenzamine hcl</i>	70	<i>prednisolone sodium phosphate</i>	49, 59
<i>oxybutynin chloride er</i>	72	<i>phenytoin</i>	77	<i>prednisone</i>	59
<i>oxycodone hcl</i>	82	<i>phenytoin sodium extended</i>	77	PREDNISON INTENSOL.....	59
<i>oxycodone hcl er</i>	82	PHOSPHOLINE IODIDE.....	50	<i>preferred plus insulin syringe</i>	43
<i>oxycodone-acetaminophen</i>	82	PIFELTRO.....	25	<i>pregabalin</i>	77
<i>oxycodone-aspirin</i>	82	<i>pilocarpine hcl</i>	47, 50	PREMARIN.....	103
OXYCONTIN.....	82	<i>pimecrolimus</i>	99	PREMASOL.....	58
<i>oxymorphone hcl</i>	82	<i>pimozide</i>	89	PREMPHASE.....	103
<i>oxymorphone hcl er</i>	82	<i>pindolol</i>	39	PREMPRO.....	103
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	45	<i>pioglitazone hcl</i>	46	<i>prenatal</i>	103
OZEMPIC (1 MG/DOSE).....	45	<i>pioglitazone hcl-glimepiride</i>	46	<i>pretomanid</i>	28
<i>paliperidone er</i>	88	<i>pioglitazone hcl-metformin hcl</i> ...	46	PREVALITE.....	42
PALYNZIQ.....	70	<i>piperacillin sod-tazobactam so</i> ...	56	PREVNAR 13.....	62
PANDEL.....	96	PIQRAY (200 MG DAILY DOSE).....	34	PREVYMIS.....	25
PANRETIN.....	99	PIQRAY (250 MG DAILY DOSE).....	34	PREZCOBIX.....	25
<i>pantoprazole sodium</i>	53	PIQRAY (300 MG DAILY DOSE).....	34	PREZISTA.....	25
PANZYGA.....	62	<i>piroxicam</i>	80	PRIFTIN.....	28
<i>paricalcitol</i>	68	PLASMA-LYTE 148.....	57	<i>primaquine phosphate</i>	23
<i>paromomycin sulfate</i>	22	PLASMA-LYTE A.....	57	<i>primidone</i>	77
<i>paroxetine hcl</i>	86	PLEGRIDY.....	69	PRIVIGEN.....	62
<i>paroxetine hcl er</i>	86	PLEGRIDY STARTER PACK..	69	PROAIR RESPICLICK.....	91
<i>paroxetine mesylate</i>	86	PLENAMINE.....	58	<i>probenecid</i>	79
PASER.....	28			PROCALAMINE.....	58
PAXIL ORAL SUSPENSION..	86			<i>prochlorperazine</i>	51

<i>prochlorperazine maleate</i>	51	RAVICTI.....	71	RUCONEST.....	67
<i>procto-med hc</i>	99	REBIF.....	69	RUKOBIA.....	25
<i>procto-pak</i>	99	REBIF REBIDOSE.....	69	RUZURGI.....	68
<i>proctosol hc</i>	99	REBIF REBIDOSE		RYDAPT.....	35
<i>proctozone-hc</i>	99	TITRATION PACK.....	69	RYTARY.....	75
<i>progesterone micronized</i>	103	REBIF TITRATION PACK.....	69	SAIZEN.....	67
PROGLYCEM.....	44	RECOMBIVAX HB.....	62	SAIZENPREP.....	67
PROGRAF INJECTION.....	63	RECTIV.....	99	SAMSCA.....	72
PROLASTIN-C.....	92	REGRANEX.....	99	SANCUSO.....	51
PROLENSA.....	49	RELENZA DISKHALER.....	25	SANTYL.....	99
PROLIA.....	103	<i>relexxii</i>	84	SAPHRIS.....	89
PROMACTA.....	30	RELI-ON INSULIN SYRINGE.....	43	SAVELLA.....	77
<i>promethazine hcl</i>	51	RELISTOR.....	52	SAVELLA TITRATION PACK.....	77
<i>propafenone hcl</i>	38	REMICADE.....	79	<i>scopolamine</i>	51
<i>propafenone hcl er</i>	38	<i>repaglinide</i>	46	SECUADO.....	89
<i>propantheline bromide</i>	52	RESTASIS.....	51	<i>selegiline hcl</i>	75
<i>proparacaine hcl</i>	51	RETACRIT.....	30	<i>selenium sulfide</i>	99
<i>propranolol hcl</i>	40	RETEVMO.....	34	SELZENTRY.....	25
<i>propranolol hcl er</i>	40	RETIN-A.....	94	SENSIPAR.....	68
<i>propranolol-hctz</i>	39	RETIN-A MICRO.....	94	SEREVENT DISKUS.....	91
<i>propylthiouracil</i>	60	RETIN-A MICRO PUMP.....	94	SEROSTIM.....	67
PROQUAD.....	62	REVATIO ORAL SOLUTION.....	92	<i>sertraline hcl</i>	86
PROSOL.....	58	REVLIMID.....	34	<i>sevelamer carbonate oral</i>	
<i>protriptyline hcl</i>	86	REXULTI.....	89	<i>packets</i>	70
PRUDOXIN.....	99	REYATAZ.....	25	<i>sevelamer hcl</i>	70
PULMOZYME.....	65	RHOPRESSA.....	50	<i>sharobel</i>	101
PURIXAN.....	34	<i>ribavirin</i>	25	SHINGRIX.....	62
PYLERA.....	53	RIDAURA.....	79	SIGNIFOR.....	65
<i>pyrazinamide</i>	28	<i>rifabutin</i>	28	<i>sildenafil citrate</i>	92
<i>pyridostigmine bromide</i>	69	<i>rifampin</i>	28, 56	SILENOR.....	87
<i>pyridostigmine bromide er</i>	69	<i>riluzole</i>	64	<i>silodosin</i>	71
<i>pyrimethamine</i>	23	<i>rimantadine hcl</i>	25	<i>silver sulfadiazine</i>	94
QINLOCK.....	34	RIOMET.....	46	SIMBRINZA.....	50
QUADRACEL.....	62	<i>risedronate sodium</i>	103	<i>simvastatin</i>	42
QUDEXY XR.....	77	RISPERDAL CONSTA.....	84	<i>sirolimus</i>	63
<i>quetiapine fumarate</i>	89	<i>risperidone</i>	84	SIRTURO.....	28
<i>quetiapine fumarate er</i>	89	<i>ritonavir</i>	25	SIVEXTRO.....	22, 57
QUILLIVANT XR.....	84	<i>rivastigmine</i>	73	SKLICE.....	98
<i>quinapril hcl</i>	37	<i>rivastigmine tartrate</i>	73	<i>sodium chloride</i>	57, 99
<i>quinapril-hydrochlorothiazide</i>	39	<i>rizatriptan benzoate</i>	73	<i>sodium phenylbutyrate</i>	72
<i>quinidine gluconate er</i>	38	ROCKLATAN.....	50	<i>sodium polystyrene sulfonate</i>	71
<i>quinidine sulfate</i>	38	<i>ropinirole hcl</i>	75	<i>solifenacin succinate</i>	72
<i>quinine sulfate</i>	23	<i>ropinirole hcl er</i>	75	SOLOSEC.....	103
QVAR REDHALER.....	91	<i>rosuvastatin calcium</i>	42	SOLTAMOX.....	35
RABAVERT.....	62	ROTARIX.....	62	SOMATULINE DEPOT.....	64
<i>rabeprazole sodium</i>	53	ROTATEQ.....	62	SOMAVERT.....	64
<i>raloxifene hcl</i>	103	ROWASA.....	54	SOOLANTRA.....	93
<i>ramelteon</i>	87	<i>roweepra</i>	77	<i>sorine</i>	38
<i>ramipril</i>	37	<i>roweepra xr</i>	77	<i>sotalol hcl</i>	38
<i>ranolazine er</i>	37	ROZEREM.....	87	<i>sotalol hcl (af)</i>	38
<i>rasagiline mesylate</i>	75	ROZLYTREK.....	34	SOTYLIZE.....	38
RASUVO.....	79	RUBRACA.....	34	SPIRIVA HANDHALER.....	91

SPIRIVA RESPIMAT	91	<i>tadalafil (pah)</i>	92	<i>tiadylt er</i>	40
<i>spironolactone</i>	41	TAFINLAR	35	<i>tiagabine hcl</i>	77
<i>spironolactone-hctz</i>	41	TAGRISO	35	TIBSOVO	35
SPRITAM	77	TAKHZYRO	67	<i>tigecycline</i>	57
SPRYCEL	35	TALZENNA	35	TIGLUTIK	64
<i>sps</i>	71	<i>tamoxifen citrate</i>	35	<i>timolol maleate</i>	40, 50
<i>ssd</i>	94	<i>tamsulosin hcl</i>	71	<i>tinidazole</i>	23
STAMARIL	62	TARCEVA	35	TIROSINT	60
<i>stavudine</i>	25	TARGRETIN	35, 99	TIROSINT-SOL	60
STELARA	79	<i>tarina fe 1/20</i>	101	TIVICAY	25
STIMATE	31	TASIGNA	35	TIVICAY PD	25
STIVARGA	35	TAVALISSE	31	<i>tizanidine hcl</i>	78
<i>streptomycin sulfate</i>	57	<i>tazarotene</i>	98	TOBI PODHALER	65
STRIBILD	25	TAZORAC	98	TOBRADEX	48
STRIVERDI RESPIMAT	91	<i>taztia xt</i>	40	TOBRADEX ST	48
STROMEKTOL	22	TAZVERIK	35	<i>tobramycin</i>	48, 65
SUBSYS	82	TDVAX	62	<i>tobramycin sulfate</i>	57
SUCRAID	71	TECFIDERA	69	<i>tobramycin-dexamethasone</i>	48
<i>sucrafate</i>	53	TECHLITE INSULIN		<i>tolcapone</i>	75
<i>sulfacetamide sodium</i>	48	SYRINGE	43	<i>tolmetin sodium</i>	80
<i>sulfacetamide sodium (acne)</i>	99	TECHLITE PEN NEEDLES	43	<i>tolterodine tartrate</i>	72
<i>sulfacetamide-prednisolone</i>	48	TEFLARO	57	<i>tolterodine tartrate er</i>	72
<i>sulfadiazine</i>	28	TEGSEDI	64	<i>tolvaptan</i>	72
<i>sulfamethoxazole-trimethoprim</i> ..	29	TEKTURNA HCT	39	<i>topiramate</i>	77
SULFAMYLON	99	<i>telmisartan</i>	37	<i>topiramate er</i>	77
<i>sulfasalazine</i>	54	<i>telmisartan-amlodipine</i>	39	<i>toremifene citrate</i>	35
<i>sulindac</i>	80	<i>telmisartan-hctz</i>	39	<i>torse mide</i>	41
<i>sumatriptan</i>	73, 74	<i>temazepam</i>	87	TOUJEO MAX SOLOSTAR	45
<i>sumatriptan succinate</i>	74	<i>temozolomide</i>	35	TOUJEO SOLOSTAR	45
<i>sumatriptan succinate refill</i>	74	TENIVAC	62	TOVET	96
<i>sumatriptan-naproxen sodium</i>	74	<i>tenofovir disoproxil fumarate</i>	25	<i>tpn electrolytes</i>	58
SUNOSI	87	<i>terazosin hcl</i>	37	TRACLEER	92
SUPRAX	27	<i>terbinafine hcl</i>	21	TRADJENTA	46
SUPREP BOWEL PREP KIT	53	<i>terbutaline sulfate</i>	91	<i>tramadol hcl</i>	82
SUTENT	35	<i>terconazole</i>	103	<i>tramadol hcl er</i>	82
SYMBICORT	91	<i>teriparatide (recombinant)</i>	103	<i>tramadol hcl er (biphasic)</i>	82
SYMDEKO	65	<i>testosterone</i>	59	<i>tramadol-acetaminophen</i>	82
SYMFI	25	<i>testosterone cypionate</i>	59	<i>trandolapril</i>	37
SYMFI LO	25	<i>testosterone enanthate</i>	59	<i>trandolapril-verapamil hcl er</i>	39
SYMLINPEN 120	45	<i>tetrabenazine</i>	67	<i>tranexamic acid</i>	31
SYMLINPEN 60	45	<i>tetracycline hcl</i>	29	TRANSDERM-SCOP PATCH ..	51
SYMPAZAN	77	THALOMID	35	<i>tranylcypromine sulfate</i>	86
SYMTUZA	25	<i>theophylline</i>	91	TRAVASOL	58
SYNAREL	60	<i>theophylline er</i>	91	TRAVATAN Z	50
SYNJARDY	46	THIOLA EC	65	<i>travoprost (bak free)</i>	50
SYNJARDY XR	46	<i>thioridazine hcl</i>	89	<i>trazodone hcl</i>	86
SYNRIBO	31	<i>thiothixene</i>	89	TRECTOR	28
SYNTHROID	60	THYROLAR-1	60	TRELEGY ELLIPTA	91
TABLOID	35	THYROLAR-1/2	60	TRELSTAR MIXJECT	60
TABRECTA	35	THYROLAR-1/4	60	<i>tretinoin</i>	35, 94
<i>tacrolimus</i>	63, 99	THYROLAR-2	60	<i>tretinoin microsphere</i>	94
<i>tadalafil</i>	71	THYROLAR-3	60	TREXALL	79

<i>triamcinolone acetonide</i>	47, 96	VALTOCO 15 MG DOSE.....	78	XCOPRI.....	78
<i>triamterene-hctz</i>	41	VALTOCO 20 MG DOSE.....	78	XCOPRI (250 MG DAILY	
TRIANEX.....	97	VALTOCO 5 MG DOSE.....	78	DOSE).....	78
<i>triazolam</i>	87	<i>vancomycin hcl</i>	22, 57	XCOPRI (350 MG DAILY	
<i>triderm</i>	97	<i>vandazole</i>	103	DOSE).....	78
<i>trientine hcl</i>	73	VAQTA.....	63	XELJANZ.....	79
<i>trifluoperazine hcl</i>	89	VARIVAX.....	63	XELJANZ XR.....	79
<i>trifluridine</i>	49	VARIZIG.....	63	XENLETA.....	22
<i>trihexyphenidyl hcl</i>	75	VARUBI.....	51	XEPI.....	94
TRIKAFTA.....	65	VARUBI (180 MG DOSE).....	51	XERMELO.....	53
<i>trilyte</i>	53	VASCEPA.....	42	XGEVA.....	103
<i>trimethoprim</i>	22	<i>velivet</i>	101	XIFAXAN.....	22
<i>trimipramine maleate</i>	86	VELTASSA.....	71	XIGDUO XR.....	46
TRINTELLIX.....	86	VEMLIDY.....	26	XOFLUZA (40 MG DOSE).....	26
<i>tri-previfem</i>	101	VENCLEXTA.....	35	XOFLUZA (80 MG DOSE).....	26
<i>tri-sprintec</i>	101	VENCLEXTA STARTING		XOLAIR.....	93
TRIUMEQ.....	26	PACK.....	35	XOSPATA.....	36
<i>trivora (28)</i>	101	<i>venlafaxine hcl</i>	86	XPOVIO (100 MG ONCE	
TROKENDI XR.....	77	<i>venlafaxine hcl er</i>	86	WEEKLY).....	36
TROPHAMINE.....	58	VENTAVIS.....	92	XPOVIO (40 MG ONCE	
<i>tropium chloride</i>	72	<i>verapamil hcl</i>	40	WEEKLY).....	36
<i>tropium chloride er</i>	72	<i>verapamil hcl er</i>	40	XPOVIO (40 MG TWICE	
TRUEPLUS INSULIN		VERSACLOZ.....	89	WEEKLY).....	36
SYRINGE.....	43	VERZENIO.....	35	XPOVIO (60 MG ONCE	
TRUEPLUS PEN NEEDLES.....	43	VIBRAMYCIN.....	29	WEEKLY).....	36
TRULICITY.....	45	VICTOZA.....	45	XPOVIO (60 MG TWICE	
TRUMENBA.....	63	VIDEX.....	26	WEEKLY).....	36
TRUVADA.....	26	<i>vigabatrin</i>	78	XPOVIO (80 MG ONCE	
TUKYSA.....	35	<i>vigadrone</i>	78	WEEKLY).....	36
TURALIO.....	35	VIIBRYD.....	86	XPOVIO (80 MG TWICE	
TWINRIX.....	63	VIIBRYD STARTER PACK.....	86	WEEKLY).....	36
TYBOST.....	26	VIMPAT.....	78	XTANDI.....	36
TYGACIL.....	57	VIRACEPT.....	26	XURIDEN.....	36
TYKERB.....	35	VIREAD.....	26	XYOSTED.....	59
TYMLOS.....	103	VITRAKVI.....	35	XYREM.....	87
TYPHIM VI.....	63	VIVITROL.....	82	YF-VAX.....	63
UCERIS.....	53	VIZIMPRO.....	36	YONSA.....	36
UDENYCA.....	30	<i>voriconazole</i>	21, 57	<i>yuvaferm</i>	103
<i>unithroid</i>	60	VOSEVI.....	26	<i>zafirlukast</i>	91
UPTRAVI.....	92	VOTRIENT.....	36	<i>zaleplon</i>	87
UROCIT-K 10.....	72	VRAYLAR.....	89	ZARXIO.....	30
UROCIT-K 15.....	72	<i>vyfemla</i>	101	ZEJULA.....	36
UROCIT-K 5.....	72	VYNDAMAX.....	64	ZELBORAF.....	36
<i>ursodiol</i>	53	VYNDAQEL.....	64	ZEMAIRA.....	93
VABOMERE.....	57	VYVANSE.....	84	ZENPEP.....	51
<i>valacyclovir hcl</i>	26	WAKIX.....	87	ZEPATIER.....	26
VALCHLOR.....	99	<i>warfarin sodium</i>	31	ZERBAXA.....	57
<i>valganciclovir hcl</i>	26	<i>wixela inhub</i>	91	ZIAGEN.....	26
<i>valproic acid</i>	77	XALKORI.....	36	<i>zidovudine</i>	26
<i>valsartan</i>	37	XARELTO.....	31	ZIEXTENZO.....	30
<i>valsartan-hydrochlorothiazide</i>	39	XARELTO STARTER PACK.....	31	ZILEUTON ER.....	91
VALTOCO 10 MG DOSE.....	77	XATMEP.....	79	<i>ziprasidone hcl</i>	89

<i>ziprasidone mesylate</i>	89
ZIRGAN	49
ZOLINZA	36
<i>zolmitriptan</i>	74
<i>zolpidem tartrate</i>	87
<i>zolpidem tartrate er</i>	87
ZOMACTON	67
<i>zonisamide</i>	78
ZONTIVITY	29
ZORBTIVE	67
ZORTRESS	64
<i>zovia 1/35e (28)</i>	101
ZYDELIG	36
ZYKADIA	36
ZYLET	49
ZYPREXA	89
ZYPREXA RELPREVV	89
ZYTIGA	36

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact us at 1-855-670-5934 or, for TTY users, 711. Representatives are available 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.), or visit www.thpmp.org/sco.



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