TUFTS Health Plan

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

Tufts Medicare Preferred PDP Plans

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

21577 Version 6

This formulary was updated on 09/01/2020. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

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

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

When this drug list (formulary) refers to "we," "us," or "our," it means Tufts Health Plan Medicare Preferred. When it refers to "plan" or "our plan," it means Tufts Medicare Preferred PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of September 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Tufts Medicare Preferred PDP Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

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

The enclosed formulary is current as of September 2020. To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Tufts Medicare Preferred PDP Formulary

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

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

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

B vs D: Medicare Part B or D

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

QL: Quantity Limit Applies

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

EC: Enhanced Coverage Drug

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

LA: Limited Access Drug

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

PA: Prior Authorization Required

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

STPA: Step Therapy Prior Authorization Applies

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

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

Part B Drug:

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

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

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

Tufts Health Plan:

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

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

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

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St., Watertown, MA 02472
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)
Fax: 1-617-972-9048
Email: 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 (TDD: 1-800-537-7697)

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

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

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

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

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

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

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

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

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

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

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

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

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

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

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-701-9000 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-701-9000 (TTY: 711).

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
tinidazole oral tablet	Tier-1	
ANTIVIRALS		
abacavir sulfate oral solution	Tier-2	
abacavir sulfate oral tablet	Tier-1	
abacavir sulfate-lamivudine oral tablet	Tier-2	
abacavir-lamivudine-zidovudine oral tablet	Tier-3	NEDS
acyclovir oral capsule	Tier-1	
acyclovir oral suspension	Tier-2	
acyclovir oral tablet	Tier-1	
adefovir dipivoxil oral tablet	Tier-3	NEDS
amantadine hcl oral capsule	Tier-1	
amantadine hcl oral syrup	Tier-1	
amantadine hcl oral tablet	Tier-1	
APTIVUS ORAL CAPSULE	Tier-3	NEDS
APTIVUS ORAL SOLUTION	Tier-3	NEDS
atazanavir sulfate oral capsule	Tier-3	
ATRIPLA ORAL TABLET	Tier-3	NEDS
BIKTARVY ORAL TABLET	Tier-3	NEDS
CIMDUO ORAL TABLET	Tier-3	NEDS
COMPLERA ORAL TABLET	Tier-3	NEDS
CRIXIVAN ORAL CAPSULE	Tier-2	
DELSTRIGO ORAL TABLET	Tier-2	
DESCOVY ORAL TABLET	Tier-3	NEDS
didanosine oral capsule delayed release	Tier-1	
DOVATO ORAL TABLET	Tier-3	NEDS
EDURANT ORAL TABLET	Tier-3	NEDS
efavirenz oral capsule	Tier-2	
efavirenz oral tablet	Tier-3	NEDS
EMTRIVA ORAL CAPSULE	Tier-2	
EMTRIVA ORAL SOLUTION	Tier-2	
entecavir oral tablet	Tier-2	
EPCLUSA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
EPIVIR ORAL SOLUTION	Tier-2	
EVOTAZ ORAL TABLET	Tier-3	NEDS
famciclovir oral tablet	Tier-3	
fosamprenavir calcium oral tablet	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
GENVOYA ORAL TABLET	Tier-3	NEDS
HARVONI ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
HARVONI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-2	
INTELENCE ORAL TABLET 200 MG	Tier-3	NEDS
INTRON A INJECTION SOLUTION	Tier-2	SP-CVS specialty
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier-2	SP-CVS specialty
INVIRASE ORAL TABLET	Tier-3	NEDS
ISENTRESS HD ORAL TABLET	Tier-3	QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-3	QL (120 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-3	QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
JULUCA ORAL TABLET	Tier-3	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier-2	
KALETRA ORAL TABLET 200-50 MG	Tier-3	NEDS
lamivudine oral solution	Tier-1	
lamivudine oral tablet	Tier-1	
lamivudine-zidovudine oral tablet	Tier-1	
LEXIVA ORAL SUSPENSION	Tier-2	
lopinavir-ritonavir oral solution	Tier-2	
MAVYRET ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
nevirapine er oral tablet extended release 24 hour	Tier-1	
nevirapine oral suspension	Tier-1	
nevirapine oral tablet	Tier-1	
NORVIR ORAL PACKET	Tier-2	
NORVIR ORAL SOLUTION	Tier-2	
ODEFSEY ORAL TABLET	Tier-3	NEDS
oseltamivir phosphate oral capsule	Tier-1	
oseltamivir phosphate oral suspension reconstituted	Tier-1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	Tier-3	SP-CVS specialty; QL (4 ML per 28 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION	Tier-3	SP-CVS specialty; QL (4 ML per 28 days); NEDS
PIFELTRO ORAL TABLET	Tier-3	NEDS
PREVYMIS ORAL TABLET	Tier-3	PA; NEDS
PREZCOBIX ORAL TABLET	Tier-3	NEDS
PREZISTA ORAL SUSPENSION	Tier-3	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier-3	NEDS
PREZISTA ORAL TABLET 75 MG	Tier-3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (60 EA per 180 days)
REYATAZ ORAL PACKET	Tier-3	NEDS
ribavirin oral capsule	Tier-1	SP-CVS specialty
ribavirin oral tablet	Tier-1	SP-CVS specialty
rimantadine hcl oral tablet	Tier-1	
ritonavir oral tablet	Tier-2	
SELZENTRY ORAL SOLUTION	Tier-2	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	Tier-3	QL (60 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 25 MG	Tier-2	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-3	QL (120 EA per 30 days); NEDS
SELZENTRY ORAL TABLET 75 MG	Tier-2	QL (60 EA per 30 days)
stavudine oral capsule	Tier-1	
STRIBILD ORAL TABLET	Tier-3	NEDS
SYMFI LO ORAL TABLET	Tier-3	NEDS
SYMFI ORAL TABLET	Tier-3	NEDS
SYMTUZA ORAL TABLET	Tier-3	NEDS
tenofovir disoproxil fumarate oral tablet	Tier-2	
TIVICAY ORAL TABLET 10 MG	Tier-2	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-3	NEDS
TRIUMEQ ORAL TABLET	Tier-3	NEDS
TRUVADA ORAL TABLET	Tier-3	NEDS
TYBOST ORAL TABLET	Tier-2	
valacyclovir hcl oral tablet	Tier-2	
valganciclovir hcl oral solution reconstituted	Tier-3	NEDS
valganciclovir hcl oral tablet	Tier-3	NEDS
VEMLIDY ORAL TABLET	Tier-3	NEDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	Tier-2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
cefdinir oral suspension reconstituted	Tier-1	
cefixime oral capsule	Tier-2	
cefixime oral suspension reconstituted	Tier-1	
cefpodoxime proxetil oral suspension reconstituted	Tier-1	
cefpodoxime proxetil oral tablet	Tier-1	
cefprozil oral suspension reconstituted	Tier-1	
cefprozil oral tablet	Tier-1	
cefuroxime axetil oral tablet	Tier-1	
cephalexin oral capsule	Tier-1	
cephalexin oral suspension reconstituted	Tier-2	
cephalexin oral tablet	Tier-1	
dicloxacillin sodium oral capsule	Tier-2	
penicillin v potassium oral solution reconstituted	Tier-1	
penicillin v potassium oral tablet	Tier-1	
SUPRAX ORAL SUSPENSION RECONSTITUTED	Tier-3	
SUPRAX ORAL TABLET CHEWABLE	Tier-3	
MACROLIDES AND CLINDAMYCIN		
azithromycin oral packet	Tier-1	
azithromycin oral suspension reconstituted	Tier-1	
azithromycin oral tablet	Tier-1	
clarithromycin er oral tablet extended release 24 hour	Tier-1	
clarithromycin oral suspension reconstituted	Tier-2	
clarithromycin oral tablet	Tier-1	
clindamycin hcl oral capsule	Tier-1	
clindamycin palmitate hcl oral solution reconstituted	Tier-2	
DIFICID ORAL TABLET	Tier-3	PA; NEDS
e.e.s. 400 oral tablet	Tier-1	
erythrocin stearate oral tablet	Tier-2	
erythromycin base oral capsule delayed release particles	Tier-1	
erythromycin base oral tablet	Tier-2	
erythromycin base oral tablet delayed release	Tier-2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	Tier-1	
erythromycin ethylsuccinate oral tablet	Tier-1	
MYCOBACTERIAL INFECTIONS		
ethambutol hcl oral tablet	Tier-2	
isoniazid oral syrup	Tier-1	
isoniazid oral tablet	Tier-1	
PASER ORAL PACKET	Tier-3	
pretomanid oral tablet	Tier-3	
PRIFTIN ORAL TABLET	Tier-2	
pyrazinamide oral tablet	Tier-1	
rifabutin oral capsule	Tier-1	
rifampin oral capsule	Tier-2	
SIRTURO ORAL TABLET	Tier-3	PA; NEDS
TRECATOR ORAL TABLET	Tier-3	
QUINOLONES		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B; NEDS
BAXDELA ORAL TABLET	Tier-3	NEDS
ciprofloxacin hcl oral tablet	Tier-1	
levofloxacin oral solution	Tier-2	
levofloxacin oral tablet	Tier-1	
moxifloxacin hcl oral tablet	Tier-2	
ofloxacin oral tablet	Tier-1	
SULFONAMIDES		
sulfadiazine oral tablet	Tier-1	
sulfamethoxazole-trimethoprim oral suspension	Tier-1	
sulfamethoxazole-trimethoprim oral tablet	Tier-1	
TETRACYCLINES		
demeclocycline hcl oral tablet	Tier-3	
doxycycline hyclate oral capsule 100 mg	Tier-2	
doxycycline hyclate oral capsule 50 mg	Tier-1	
doxycycline hyclate oral tablet	Tier-1	
doxycycline hyclate oral tablet delayed release	Tier-2	
doxycycline monohydrate oral capsule	Tier-1	
doxycycline monohydrate oral suspension reconstituted	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier-1	
doxycycline monohydrate oral tablet 150 mg	Tier-2	
minocycline hcl er oral tablet extended release 24 hour	Tier-2	
minocycline hcl oral capsule	Tier-1	
minocycline hcl oral tablet	Tier-3	
mondoxyne nl oral capsule	Tier-1	
NUZYRA ORAL TABLET	Tier-3	NEDS
tetracycline hcl oral capsule	Tier-2	
VIBRAMYCIN ORAL SYRUP	Tier-3	
BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
anagrelide hcl oral capsule	Tier-1	
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier-2	
BRILINTA ORAL TABLET	Tier-2	
cilostazol oral tablet	Tier-1	
clopidogrel bisulfate oral tablet	Tier-1	
dipyridamole oral tablet	Tier-2	
prasugrel hcl oral tablet	Tier-2	
BLOOD CELL STIMULATORS		
DOPTELET ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
MULPLETA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
PROMACTA ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
PROMACTA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-2	SP-CVS specialty
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier-3	SP-CVS specialty; NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	Tier-2	
ELIQUIS ORAL TABLET	Tier-2	
enoxaparin sodium subcutaneous solution	Tier-2	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier-3	NEDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-3	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-2	
jantoven oral tablet	Tier-1	
PRADAXA ORAL CAPSULE	Tier-3	
warfarin sodium oral tablet	Tier-1	
XARELTO ORAL TABLET	Tier-2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier-2	
BLOOD, MISCELLANEOUS		
CABLIVI INJECTION KIT	Tier-3	NEDS
OXBRYTA ORAL TABLET	Tier-3	SP-CVS specialty; NEDS
pentoxifylline er oral tablet extended release	Tier-1	
STIMATE NASAL SOLUTION	Tier-3	SP-CVS specialty
TAVALISSE ORAL TABLET	Tier-3	QL (60 EA per 30 days); NEDS
tranexamic acid oral tablet	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
SYLATRON SUBCUTANEOUS KIT	Tier-3	SP-CVS specialty; QL (4 EA per 28 days); NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ORAL AGENTS		
abiraterone acetate oral tablet	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
AFINITOR ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
ALECENSA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ALKERAN ORAL TABLET	Tier-2	Part B
ALUNBRIG ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
anastrozole oral tablet	Tier-1	
AYVAKIT ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
BALVERSA ORAL TABLET	Tier-3	PA; NEDS
bexarotene oral capsule	Tier-3	SP-CVS specialty; NEDS
bicalutamide oral tablet	Tier-1	SP-CVS specialty
BOSULIF ORAL TABLET 100 MG	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	Tier-3	PA; NEDS
BRUKINSA ORAL CAPSULE	Tier-3	PA; NEDS
CABOMETYX ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
CALQUENCE ORAL CAPSULE	Tier-3	PA; NEDS
capecitabine oral tablet	Tier-3	Part B; SP-CVS specialty; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier-3	PA; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Tier-3	PA; QL (30 EA per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier-3	PA; NEDS
COPIKTRA ORAL CAPSULE	Tier-3	PA; NEDS
COTELLIC ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-2	B vs D; SP-CVS specialty
DAURISMO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
DROXIA ORAL CAPSULE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE	Tier-2	SP-CVS specialty
ERIVEDGE ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ERLEADA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
erlotinib hcl oral tablet 100 mg	Tier-3	SP-CVS specialty; QL (90 EA per 30 days); NEDS
erlotinib hcl oral tablet 150 mg, 25 mg	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
etoposide oral capsule	Tier-1	Part B; SP-CVS specialty
everolimus oral tablet	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
exemestane oral tablet	Tier-1	
FARYDAK ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
flutamide oral capsule	Tier-1	
GILOTRIF ORAL TABLET	Tier-3	PA; NEDS
GLEOSTINE ORAL CAPSULE	Tier-3	SP-CVS specialty
HYCAMTIN ORAL CAPSULE	Tier-2	Part B; SP-CVS specialty
hydroxyurea oral capsule	Tier-1	
IBRANCE ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
IBRANCE ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ICLUSIG ORAL TABLET	Tier-3	PA; NEDS
IDHIFA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
imatinib mesylate oral tablet	Tier-3	SP-CVS specialty; NEDS
IMBRUVICA ORAL CAPSULE	Tier-3	PA; NEDS
IMBRUVICA ORAL TABLET	Tier-3	PA; NEDS
INLYTA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
INREBIC ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
IRESSA ORAL TABLET	Tier-3	PA; NEDS
JAKAFI ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
KOSELUGO ORAL CAPSULE	Tier-3	PA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
letrozole oral tablet	Tier-1	
LEUKERAN ORAL TABLET	Tier-2	
LONSURF ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
LORBRENA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
LYNPARZA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
LYSODREN ORAL TABLET	Tier-2	
MATULANE ORAL CAPSULE	Tier-3	NEDS
megestrol acetate oral tablet	Tier-1	
MEKINIST ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
MEKTOVI ORAL TABLET	Tier-3	PA; NEDS
melphalan oral tablet	Tier-1	Part B
mercaptopurine oral tablet	Tier-1	
MYLERAN ORAL TABLET	Tier-2	Part B
NERLYNX ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
NEXAVAR ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS
nilutamide oral tablet	Tier-3	NEDS
NINLARO ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
NUBEQA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
ODOMZO ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET	Tier-3	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
POMALYST ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
PURIXAN ORAL SUSPENSION	Tier-3	NEDS
QINLOCK ORAL TABLET	Tier-3	PA; NEDS
RETEVMO ORAL CAPSULE	Tier-3	PA; NEDS
REVLIMID ORAL CAPSULE	Tier-3	PA; LA; SP-CVS specialty; NEDS
ROZLYTREK ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
RUBRACA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
RYDAPT ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
SOLTAMOX ORAL SOLUTION	Tier-2	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
STIVARGA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS
SUTENT ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
TABLOID ORAL TABLET	Tier-2	SP-CVS specialty
TABRECTA ORAL TABLET	Tier-3	PA; NEDS
TAFINLAR ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
TAGRISSO ORAL TABLET	Tier-3	PA; NEDS
TALZENNA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
tamoxifen citrate oral tablet	Tier-1	
TARGRETIN ORAL CAPSULE	Tier-3	SP-CVS specialty; NEDS
TASIGNA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
TAZVERIK ORAL TABLET	Tier-3	PA; NEDS
temozolomide oral capsule	Tier-2	Part B; SP-CVS specialty
THALOMID ORAL CAPSULE	Tier-3	SP-CVS specialty; NEDS
TIBSOVO ORAL TABLET	Tier-3	PA; NEDS
toremifene citrate oral tablet	Tier-2	
tretinoin oral capsule	Tier-3	SP-CVS specialty; NEDS
TUKYSA ORAL TABLET	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
TURALIO ORAL CAPSULE	Tier-3	PA; NEDS
TYKERB ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-2	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-3	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
VERZENIO ORAL TABLET	Tier-3	PA; NEDS
VITRAKVI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
VITRAKVI ORAL SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
VIZIMPRO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
VOTRIENT ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
XALKORI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
XOSPATA ORAL TABLET	Tier-3	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XTANDI ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
YONSA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZEJULA ORAL CAPSULE	Tier-3	PA; NEDS
ZELBORAF ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZOLINZA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
ZYDELIG ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZYKADIA ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
ZYTIGA ORAL TABLET 500MG	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
PROTECTIVE AGENTS		
leucovorin calcium oral tablet	Tier-1	
MESNEX ORAL TABLET	Tier-3	NEDS
XURIDEN ORAL PACKET	Tier-3	PA; QL (120 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
benazepril hcl oral tablet	Tier-1	
captopril oral tablet	Tier-3	
enalapril maleate oral tablet	Tier-1	
fosinopril sodium oral tablet	Tier-1	
lisinopril oral tablet	Tier-1	
moexipril hcl oral tablet	Tier-2	
perindopril erbumine oral tablet	Tier-2	
quinapril hcl oral tablet	Tier-1	
ramipril oral capsule	Tier-1	
trandolapril oral tablet	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
doxazosin mesylate oral tablet	Tier-1	
prazosin hcl oral capsule	Tier-1	
terazosin hcl oral capsule	Tier-1	
ANGINA		
CORLANOR ORAL SOLUTION	Tier-3	
CORLANOR ORAL TABLET	Tier-3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier-1	
isosorbide dinitrate oral tablet 40 mg	Tier-2	
isosorbide mononitrate er oral tablet extended release 24 hour	Tier-1	
isosorbide mononitrate oral tablet	Tier-1	
NITRO-BID TRANSDERMAL OINTMENT	Tier-3	
nitroglycerin sublingual tablet sublingual	Tier-1	
nitroglycerin transdermal patch 24 hour	Tier-1	
nitroglycerin translingual solution	Tier-2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	Tier-2	
ranolazine er oral tablet extended release 12 hour	Tier-2	
ANGIOTENSIN II RECEPTOR BLOCKERS		
candesartan cilexetil oral tablet	Tier-1	
irbesartan oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
losartan potassium oral tablet	Tier-1	
olmesartan medoxomil oral tablet	Tier-2	
telmisartan oral tablet	Tier-2	
valsartan oral tablet	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
amiodarone hcl oral tablet	Tier-1	
digitek oral tablet	Tier-1	
digox oral tablet	Tier-1	
digoxin oral solution	Tier-1	
digoxin oral tablet	Tier-1	
disopyramide phosphate oral capsule	Tier-3	
dofetilide oral capsule	Tier-3	
flecainide acetate oral tablet	Tier-1	
LANOXIN ORAL TABLET	Tier-3	
mexiletine hcl oral capsule	Tier-1	
MULTAQ ORAL TABLET	Tier-3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
propafenone hcl er oral capsule extended release 12 hour	Tier-3	
propafenone hcl oral tablet	Tier-1	
quinidine gluconate er oral tablet extended release	Tier-1	
quinidine sulfate oral tablet	Tier-1	
sorine oral tablet	Tier-1	
sotalol hcl (af) oral tablet	Tier-1	
sotalol hcl oral tablet	Tier-1	
SOTYLIZE ORAL SOLUTION	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
amlodipine besy-benazepril hcl oral capsule	Tier-1	
amlodipine besylate-valsartan oral tablet	Tier-1	
amlodipine-atorvastatin oral tablet	Tier-3	
amlodipine-olmesartan oral tablet	Tier-2	
amlodipine-valsartan-hctz oral tablet	Tier-2	
atenolol-chlorthalidone oral tablet	Tier-1	
benazepril-hydrochlorothiazide oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet	Tier-1	
candesartan cilexetil-hctz oral tablet	Tier-1	
captopril-hydrochlorothiazide oral tablet	Tier-1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
enalapril-hydrochlorothiazide oral tablet	Tier-1	
ENTRESTO ORAL TABLET	Tier-2	
fosinopril sodium-hctz oral tablet	Tier-1	
irbesartan-hydrochlorothiazide oral tablet	Tier-1	
lisinopril-hydrochlorothiazide oral tablet	Tier-1	
losartan potassium-hctz oral tablet	Tier-1	
metoprolol-hydrochlorothiazide oral tablet	Tier-1	
olmesartan medoxomil-hctz oral tablet	Tier-2	
olmesartan-amlodipine-hctz oral tablet	Tier-2	
propranolol-hctz oral tablet	Tier-1	
quinapril-hydrochlorothiazide oral tablet	Tier-1	
TEKTURNA HCT ORAL TABLET	Tier-2	
telmisartan-amlodipine oral tablet	Tier-1	
telmisartan-hctz oral tablet	Tier-2	
trandolapril-verapamil hcl er oral tablet extended release	Tier-1	
valsartan-hydrochlorothiazide oral tablet	Tier-1	
BETA AND ALPHA BLOCKERS		
carvedilol oral tablet	Tier-1	
carvedilol phosphate er oral capsule extended release 24 hour	Tier-2	
labetalol hcl oral tablet	Tier-1	
BETA BLOCKERS		
acebutolol hcl oral capsule	Tier-1	
atenolol oral tablet	Tier-1	
betaxolol hcl oral tablet	Tier-1	
bisoprolol fumarate oral tablet	Tier-1	
BYSTOLIC ORAL TABLET	Tier-3	
metoprolol succinate er oral tablet extended release 24 hour	Tier-1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier-1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
nadolol oral tablet	Tier-2	
pindolol oral tablet	Tier-2	
propranolol hcl er oral capsule extended release 24 hour	Tier-2	
propranolol hcl oral solution	Tier-1	
propranolol hcl oral tablet	Tier-1	
timolol maleate oral tablet	Tier-1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate oral tablet	Tier-1	
cartia xt oral capsule extended release 24 hour	Tier-1	
diltiazem hcl er beads oral capsule extended release 24 hour	Tier-1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	Tier-1	
diltiazem hcl er oral capsule extended release 12 hour	Tier-1	
diltiazem hcl oral tablet	Tier-1	
dilt-xr oral capsule extended release 24 hour	Tier-1	
felodipine er oral tablet extended release 24 hour	Tier-1	
isradipine oral capsule	Tier-3	
matzim la oral tablet extended release 24 hour	Tier-1	
nicardipine hcl oral capsule	Tier-3	
nifedipine er oral tablet extended release 24 hour	Tier-1	
nifedipine er osmotic release oral tablet extended release 24 hour	Tier-1	
nifedipine oral capsule	Tier-1	
nimodipine oral capsule	Tier-1	
nisoldipine er oral tablet extended release 24 hour	Tier-3	
NYMALIZE ORAL SOLUTION	Tier-3	NEDS
taztia xt oral capsule extended release 24 hour	Tier-1	
tiadylt er oral capsule extended release 24 hour	Tier-1	
verapamil hcl er oral capsule extended release 24 hour	Tier-2	
verapamil hcl er oral tablet extended release	Tier-1	
verapamil hcl oral tablet	Tier-1	
CENTRALLY ACTING AGENTS		
clonidine hcl oral tablet	Tier-1	
clonidine transdermal patch weekly	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl oral tablet	Tier-1	
NORTHERA ORAL CAPSULE	Tier-3	PA; NEDS
DIRECT RENIN INHIBITORS		
aliskiren fumarate oral tablet	Tier-2	
DIURETICS		
amiloride hcl oral tablet	Tier-1	
amiloride-hydrochlorothiazide oral tablet	Tier-1	
bumetanide oral tablet	Tier-2	
CAROSPIR ORAL SUSPENSION	Tier-3	
chlorthalidone oral tablet	Tier-1	
eplerenone oral tablet	Tier-1	
ethacrynic acid oral tablet	Tier-3	
furosemide oral solution	Tier-1	
furosemide oral tablet	Tier-1	
hydrochlorothiazide oral capsule	Tier-1	
hydrochlorothiazide oral tablet	Tier-1	
indapamide oral tablet	Tier-1	
metolazone oral tablet	Tier-1	
spironolactone oral tablet	Tier-1	
spironolactone-hctz oral tablet	Tier-1	
torsemide oral tablet	Tier-1	
triamterene-hctz oral capsule	Tier-1	
triamterene-hctz oral tablet	Tier-1	
LIPID LOWERING AGENTS		
atorvastatin calcium oral tablet	Tier-1	
cholestyramine light oral powder	Tier-2	
cholestyramine oral packet	Tier-2	
colesevelam hcl oral packet	Tier-2	
colesevelam hcl oral tablet	Tier-2	
colestipol hcl oral packet	Tier-1	
colestipol hcl oral tablet	Tier-1	
ezetimibe oral tablet	Tier-2	
ezetimibe-simvastatin oral tablet	Tier-2	
fenofibrate micronized oral capsule	Tier-2	
fenofibrate oral capsule	Tier-1	
fenofibrate oral tablet	Tier-1	
fenofibric acid oral capsule delayed release	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
FLOLIPID ORAL SUSPENSION	Tier-2	
fluvastatin sodium er oral tablet extended release 24 hour	Tier-3	
fluvastatin sodium oral capsule	Tier-2	
gemfibrozil oral tablet	Tier-1	
JUXTAPID ORAL CAPSULE	Tier-3	PA; NEDS
lovastatin oral tablet	Tier-1	
NEXLETOL ORAL TABLET	Tier-2	PA
niacin er (antihyperlipidemic) oral tablet extended release	Tier-2	
niacor oral tablet	Tier-1	
omega-3-acid ethyl esters oral capsule	Tier-2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty
pravastatin sodium oral tablet	Tier-1	
prevalite oral packet	Tier-2	
rosuvastatin calcium oral tablet	Tier-1	
simvastatin oral tablet	Tier-1	
VASCEPA ORAL CAPSULE	Tier-2	
POTASSIUM REPLACEMENT		
klor-con 10 oral tablet extended release	Tier-1	
klor-con m10 oral tablet extended release	Tier-1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier-3	
klor-con m20 oral tablet extended release	Tier-1	
klor-con oral packet	Tier-1	
klor-con oral tablet extended release	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE	Tier-3	
potassium chloride crys er oral tablet extended release	Tier-1	
potassium chloride er oral capsule extended release	Tier-1	
potassium chloride er oral tablet extended release	Tier-1	
potassium chloride oral packet	Tier-1	
potassium chloride oral solution	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
BIDIL ORAL TABLET	Tier-2	
hydralazine hcl oral tablet	Tier-1	
minoxidil oral tablet	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
assure insulin safety syringe	Tier-1	
BD DISP NEEDLE	Tier-3	
BD INSULIN SYRINGE	Tier-3	
BD INSULIN SYRINGE U-500	Tier-3	
comfort assist insulin syringe	Tier-1	
cvs gauze sterile pad	Tier-1	
DEXCOM RECEIVER DEVICE	Tier-2	Part B; PA
DEXCOM SENSOR	Tier-2	Part B; PA
DEXCOM TRANSMITTER	Tier-2	Part B; PA
exel comfort point pen needle	Tier-1	
FREESTYLE LIBRE READER DEVICE	Tier-2	Part B; PA
FREESTYLE LIBRE SENSOR SYSTEM	Tier-2	Part B; PA
gauze pads pad	Tier-1	
global alcohol prep ease pad	Tier-1	
insulin syringe	Tier-1	
INSULIN SYRINGE	Tier-2	
MEDTRONIC GUARDIAN SENSOR	Tier-2	Part B; PA
MEDTRONIC GUARDIAN TRANSMITTER	Tier-2	Part B; PA
lancets	Tier-1	Part B
ONETOUCH TEST STRIPS	Tier-2	Part B
preferred plus insulin syringe	Tier-1	
RELI-ON INSULIN SYRINGE	Tier-2	
TECHLITE INSULIN SYRINGE	Tier-3	
TECHLITE PEN NEEDLES	Tier-3	
TRUEPLUS INSULIN SYRINGE	Tier-3	
TRUEPLUS PEN NEEDLES	Tier-3	
GLUCOSE ELEVATING		
diazoxide oral suspension	Tier-2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier-2	
GLUCAGON EMERGENCY INJECTION KIT	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	
INSULINS		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier-2	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier-2	
HUMULIN R INJECTION SOLUTION	Tier-2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier-2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-2	
LANTUS SUBCUTANEOUS SOLUTION	Tier-2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
glyburide oral tablet	Tier-1	PA
glyburide-metformin oral tablet	Tier-1	PA
GLYXAMBI ORAL TABLET	Tier-2	
JANUMET ORAL TABLET	Tier-2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
JANUVIA ORAL TABLET	Tier-2	
JARDIANCE ORAL TABLET	Tier-2	
JENTADUETO ORAL TABLET	Tier-2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
metformin hcl er oral tablet extended release 24 hour (generic glucophage xl)	Tier-1	
metformin hcl oral solution	Tier-2	
metformin hcl oral tablet	Tier-1	
miglitol oral tablet	Tier-2	
nateglinide oral tablet	Tier-2	
pioglitazone hcl oral tablet	Tier-1	
pioglitazone hcl-glimepiride oral tablet	Tier-1	
pioglitazone hcl-metformin hcl oral tablet	Tier-2	
repaglinide oral tablet	Tier-1	
RIOMET ORAL SOLUTION	Tier-2	
RYBELSUS ORAL TABLET	Tier-2	
SYNJARDY ORAL TABLET	Tier-2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
TRADJENTA ORAL TABLET	Tier-2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
EAR, NOSE AND THROAT		
EAR		
acetic acid otic solution	Tier-1	
CIPRODEX OTIC SUSPENSION	Tier-2	
ciprofloxacin hcl otic solution	Tier-1	
flac otic oil	Tier-1	
fluocinolone acetonide otic oil	Tier-2	
hydrocortisone-acetic acid otic solution	Tier-1	
ofloxacin otic solution	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
MOUTH AND THROAT		
cevimeline hcl oral capsule	Tier-2	
chlorhexidine gluconate mouth/throat solution	Tier-1	
pilocarpine hcl oral tablet	Tier-1	
triamcinolone acetonide mouth/throat paste	Tier-1	
NOSE		
azelastine hcl nasal solution	Tier-1	QL (120 ML per 90 days)
cyproheptadine hcl oral syrup	Tier-1	
cyproheptadine hcl oral tablet	Tier-1	
desloratadine oral tablet	Tier-1	
desloratadine oral tablet dispersible	Tier-3	
flunisolide nasal solution	Tier-2	QL (150 ML per 90 days)
fluticasone propionate nasal suspension	Tier-1	QL (48 GM per 90 days)
hydroxyzine hcl oral syrup	Tier-1	PA
hydroxyzine hcl oral tablet	Tier-1	PA
hydroxyzine pamoate oral capsule	Tier-1	PA
ipratropium bromide nasal solution 0.03 %	Tier-1	QL (180 ML per 90 days)
ipratropium bromide nasal solution 0.06 %	Tier-1	QL (90 ML per 90 days)
levocetirizine dihydrochloride oral solution	Tier-1	
levocetirizine dihydrochloride oral tablet	Tier-1	
mometasone furoate nasal suspension	Tier-2	QL (102 GM per 90 days)
olopatadine hcl nasal solution	Tier-2	QL (91.5 GM per 90 days)
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
benzonatate oral capsule	Tier-2	EC
hydrocodone-homatropine oral syrup	Tier-2	EC
hydrocodone-homatropine oral tablet	Tier-2	EC
promethazine vc/codeine oral syrup	Tier-2	EC
promethazine-codeine oral syrup	Tier-2	EC
promethazine-dm oral syrup	Tier-2	EC
pseudoeph-chlorphen-hydrocod oral solution	Tier-2	EC
ERECTILE DYSFUNCTION		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	Tier-3	EC
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier-3	EC
EDEX INTRACAVERNOSAL KIT	Tier-3	EC

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl oral capsule	Tier-1	
dicyclomine hcl oral solution	Tier-1	
dicyclomine hcl oral tablet	Tier-1	
enulose oral solution	Tier-1	
GATTEX SUBCUTANEOUS KIT	Tier-3	PA; SP-CVS specialty; NEDS
gavilyte-g oral solution reconstituted	Tier-1	
generlac oral solution	Tier-1	
glycopyrrolate oral tablet	Tier-1	
KRISTALOSE ORAL PACKET	Tier-2	
lactulose oral packet	Tier-2	
lactulose oral solution	Tier-1	
levocarnitine oral solution	Tier-1	
levocarnitine oral tablet	Tier-1	
loperamide hcl oral capsule	Tier-1	
megestrol acetate oral suspension	Tier-1	
MOVANTIK ORAL TABLET	Tier-2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	Tier-3	
MYTESI ORAL TABLET DELAYED RELEASE	Tier-2	PA
OCALIVA ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier-3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Tier-1	
peg-3350/electrolytes oral solution reconstituted	Tier-1	
propantheline bromide oral tablet	Tier-1	
RELISTOR ORAL TABLET	Tier-3	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier-3	NEDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier-3	
trilyte oral solution reconstituted	Tier-1	
UCERIS RECTAL FOAM	Tier-3	
ursodiol oral capsule	Tier-1	
ursodiol oral tablet	Tier-3	
XERMELO ORAL TABLET	Tier-3	PA; NEDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
amoxicill-clarithro-lansopraz oral	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
cimetidine hcl oral solution	Tier-1	
cimetidine oral tablet	Tier-2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier-3	
esomeprazole magnesium oral capsule delayed release	Tier-2	
famotidine oral suspension reconstituted	Tier-3	
famotidine oral tablet	Tier-1	
lansoprazole oral capsule delayed release	Tier-2	
lansoprazole oral tablet delayed release dispersible	Tier-3	
methscopolamine bromide oral tablet	Tier-3	
misoprostol oral tablet	Tier-1	
nizatidine oral capsule	Tier-1	
nizatidine oral solution	Tier-1	
omeprazole oral capsule delayed release	Tier-1	
omeprazole-sodium bicarbonate oral capsule	Tier-3	NEDS
omeprazole-sodium bicarbonate oral packet	Tier-3	NEDS
pantoprazole sodium oral tablet delayed release	Tier-1	
PYLERA ORAL CAPSULE	Tier-2	
rabeprazole sodium oral tablet delayed release	Tier-2	
sucralfate oral suspension	Tier-2	
sucralfate oral tablet	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA ORAL CAPSULE	Tier-2	
balsalazide disodium oral capsule	Tier-1	
budesonide er oral tablet extended release 24 hour	Tier-3	NEDS
budesonide 3 mg oral capsule delayed release	Tier-2	
hydrocortisone rectal enema	Tier-1	
LINZESS ORAL CAPSULE	Tier-3	
mesalamine er oral capsule extended release 24 hour	Tier-2	
mesalamine oral capsule delayed release	Tier-2	
mesalamine oral tablet delayed release	Tier-2	
mesalamine rectal enema	Tier-1	
mesalamine rectal suppository	Tier-3	
ROWASA RECTAL KIT	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine oral tablet	Tier-1	
sulfasalazine oral tablet delayed release	Tier-1	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET INTRAVENOUS SUSPENSION	Tier-3	PA
acyclovir sodium intravenous solution	Tier-1	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier-3	PA; NEDS
amikacin sulfate injection solution	Tier-1	HI; Part B
amphotericin b intravenous solution reconstituted	Tier-1	PA
ampicillin sodium injection solution reconstituted	Tier-1	HI; Part B
ampicillin sodium intravenous solution reconstituted	Tier-1	HI; Part B
ampicillin-sulbactam sodium injection solution reconstituted	Tier-1	HI; Part B
ampicillin-sulbactam sodium intravenous solution reconstituted	Tier-1	HI; Part B
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
azithromycin intravenous solution reconstituted	Tier-1	HI; Part B
aztreonam injection solution reconstituted	Tier-1	HI; Part B
bactocill in dextrose intravenous solution	Tier-1	HI; Part B
bumetanide injection solution	Tier-1	
caspofungin acetate intravenous solution reconstituted	Tier-3	NEDS
cefazolin sodium injection solution reconstituted	Tier-1	HI; Part B
cefepime hcl injection solution reconstituted	Tier-1	HI; Part B
cefotetan disodium injection solution reconstituted	Tier-1	HI; Part B
cefoxitin sodium injection solution reconstituted	Tier-1	HI; Part B
cefoxitin sodium intravenous solution reconstituted	Tier-1	HI; Part B
ceftazidime injection solution reconstituted	Tier-1	HI; Part B
ceftriaxone sodium injection solution reconstituted	Tier-1	HI; Part B
ceftriaxone sodium intravenous solution reconstituted	Tier-1	HI; Part B
cefuroxime sodium injection solution reconstituted	Tier-1	HI; Part B

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

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium intravenous solution reconstituted	Tier-1	HI; Part B
ciprofloxacin in d5w intravenous solution	Tier-1	HI; Part B
clindamycin phosphate in d5w intravenous solution	Tier-1	HI; Part B
clindamycin phosphate injection solution	Tier-1	HI; Part B
colistimethate sodium (cba) injection solution reconstituted	Tier-1	HI; Part B
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
daptomycin intravenous solution reconstituted	Tier-1	HI; Part B
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	
ertapenem sodium injection solution reconstituted	Tier-1	HI; Part B
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
fluconazole in sodium chloride intravenous solution	Tier-1	
furosemide injection solution	Tier-1	
gentamicin in saline intravenous solution	Tier-1	HI; Part B
gentamicin sulfate injection solution	Tier-1	HI; Part B
heparin sodium (porcine) injection solution	Tier-1	
imipenem-cilastatin intravenous solution reconstituted	Tier-1	HI; Part B
INVANZ INJECTION SOLUTION RECONSTITUTED	Tier-2	HI; Part B
levofloxacin in d5w intravenous solution	Tier-1	HI; Part B
levofloxacin intravenous solution	Tier-1	HI; Part B
linezolid intravenous solution	Tier-1	HI; Part B
meropenem intravenous solution reconstituted	Tier-1	HI; Part B
methotrexate sodium (pf) injection solution	Tier-1	B vs D; SP-CVS specialty
methotrexate sodium injection solution 250 mg/10ml	Tier-1	B vs D
methotrexate sodium injection solution 50 mg/2ml	Tier-1	B vs D; SP-CVS specialty
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	Tier-1	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	Tier-1	HI; Part B

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

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl in nacl intravenous solution	Tier-1	HI; Part B
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	
nafcillin sodium injection solution reconstituted	Tier-1	HI; Part B
nafcillin sodium intravenous solution reconstituted	Tier-1	HI; Part B
oxacillin sodium in dextrose intravenous solution	Tier-1	HI; Part B
oxacillin sodium injection solution reconstituted	Tier-1	HI; Part B
oxacillin sodium intravenous solution reconstituted	Tier-1	HI; Part B
penicillin g pot in dextrose intravenous solution	Tier-1	HI; Part B
penicillin g potassium injection solution reconstituted	Tier-1	HI; Part B
penicillin g sodium injection solution reconstituted	Tier-1	HI; Part B
piperacillin sod-tazobactam so intravenous solution reconstituted	Tier-1	HI; Part B
polymyxin b sulfate injection solution reconstituted	Tier-1	HI; Part B
rifampin intravenous solution reconstituted	Tier-1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
streptomycin sulfate intramuscular solution reconstituted	Tier-1	HI; Part B
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
tigecycline intravenous solution reconstituted	Tier-1	HI; Part B
tobramycin sulfate injection solution	Tier-1	HI; Part B
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-2	HI; Part B
vancomycin hcl intravenous solution reconstituted	Tier-1	HI; Part B
voriconazole intravenous solution reconstituted	Tier-1	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	HI; Part B; NEDS
ELECTROLYTES		
dextrose intravenous solution	Tier-1	
dextrose-nacl intravenous solution	Tier-1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier-2	
ISOLYTE-S INTRAVENOUS SOLUTION	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
kcl in dextrose-nacl intravenous solution	Tier-1	
kcl-lactated ringers-d5w intravenous solution	Tier-1	
magnesium sulfate injection solution	Tier-1	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier-2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier-2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier-2	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier-2	
potassium chloride in dextrose intravenous solution	Tier-1	
potassium chloride in nacl intravenous solution	Tier-1	
potassium chloride intravenous solution	Tier-1	
sodium chloride intravenous solution	Tier-1	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION	Tier-2	B vs D
AMINOSYN-PF INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier-2	B vs D
CLINISOL SF INTRAVENOUS SOLUTION	Tier-2	B vs D
FREAMINE HBC INTRAVENOUS SOLUTION	Tier-2	B vs D
HEPATAMINE INTRAVENOUS SOLUTION	Tier-2	B vs D
INTRALIPID INTRAVENOUS EMULSION	Tier-2	B vs D

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

Drug Name	Drug Tier	Requirements/Limits
NEPHRAMINE INTRAVENOUS SOLUTION	Tier-2	B vs D
NUTRILIPID INTRAVENOUS EMULSION	Tier-2	B vs D
PLENAMINE INTRAVENOUS SOLUTION	Tier-2	B vs D
PREMASOL INTRAVENOUS SOLUTION	Tier-2	B vs D
PROCALAMINE INTRAVENOUS SOLUTION	Tier-2	B vs D
PROSOL INTRAVENOUS SOLUTION	Tier-2	B vs D
tpn electrolytes intravenous concentrate	Tier-1	B vs D
tpn electrolytes intravenous solution	Tier-1	B vs D
TRAVASOL INTRAVENOUS SOLUTION	Tier-2	B vs D
TROPHAMINE INTRAVENOUS SOLUTION	Tier-2	B vs D
HORMONES		
ADRENAL CORTICOSTEROIDS		
ACTHAR INJECTION GEL	Tier-3	PA; SP-CVS specialty; NEDS
cortisone acetate oral tablet	Tier-3	
dexamethasone intensol oral concentrate	Tier-1	
dexamethasone oral elixir	Tier-1	
dexamethasone oral tablet	Tier-1	
dexamethasone oral tablet therapy pack	Tier-1	
fludrocortisone acetate oral tablet	Tier-1	
hydrocortisone oral tablet	Tier-1	
MEDROL ORAL TABLET	Tier-3	Transplant
methylprednisolone oral tablet	Tier-1	Transplant
methylprednisolone oral tablet therapy pack	Tier-1	Transplant
MILLIPRED ORAL TABLET	Tier-3	Transplant
ORAPRED ODT ORAL TABLET DISPERSIBLE	Tier-3	Transplant
prednisolone oral solution	Tier-1	Transplant
prednisolone sodium phosphate oral solution	Tier-1	Transplant
prednisolone sodium phosphate oral tablet dispersible	Tier-1	Transplant
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier-3	Transplant
prednisone oral solution	Tier-1	Transplant
prednisone oral tablet	Tier-1	Transplant
prednisone oral tablet therapy pack	Tier-1	Transplant
ANDROGENS		
ANADROL-50 ORAL TABLET	Tier-3	
AVEED INTRAMUSCULAR SOLUTION	Tier-3	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
methimazole oral tablet	Tier-1	
propylthiouracil oral tablet	Tier-1	
SYNTHROID ORAL TABLET	Tier-3	
THYROLAR-1 ORAL TABLET	Tier-3	
THYROLAR-1/2 ORAL TABLET	Tier-3	
THYROLAR-1/4 ORAL TABLET	Tier-3	
THYROLAR-2 ORAL TABLET	Tier-3	
THYROLAR-3 ORAL TABLET	Tier-3	
TIROSINT ORAL CAPSULE	Tier-3	
TIROSINT-SOL ORAL SOLUTION	Tier-3	
unithroid oral tablet	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier-3	NEDS
ADACEL INTRAMUSCULAR SUSPENSION	Tier-2	
BCG VACCINE INJECTION INJECTABLE	Tier-2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
BIVIGAM INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION	Tier-2	
DAPTACEL INTRAMUSCULAR SUSPENSION	Tier-2	
diphtheria-tetanus toxoids dt intramuscular suspension	Tier-2	
ENGERIX-B INJECTION SUSPENSION	Tier-2	B vs D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAGARD INJECTION SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAKED INJECTION SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier-2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier-2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier-2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier-2	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier-2	
IPOL INJECTION INJECTABLE	Tier-2	
IXIARO INTRAMUSCULAR SUSPENSION	Tier-2	
KINRIX INTRAMUSCULAR SUSPENSION	Tier-2	
MENACTRA INTRAMUSCULAR INJECTABLE	Tier-2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier-2	
M-M-R II SUBCUTANEOUS INJECTABLE	Tier-2	
OCTAGAM INTRAVENOUS SOLUTION	Tier-2	PA; HI; Part B; SP-CVS specialty
PANZYGA INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier-2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier-2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
PNEUMOVAX 23 INJECTION INJECTABLE	Tier-2	Part B
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier-2	Part B
PRIVIGEN INTRAVENOUS SOLUTION	Tier-3	PA; HI; Part B; SP-CVS specialty; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier-2	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier-2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil oral suspension reconstituted	Tier-3	B vs D; NEDS
mycophenolate mofetil oral tablet	Tier-1	B vs D
mycophenolate sodium oral tablet delayed release	Tier-3	B vs D
PROGRAF ORAL PACKET 0.2 MG	Tier-3	B vs D
PROGRAF ORAL PACKET 1 MG	Tier-3	B vs D; NEDS
sirolimus oral solution	Tier-2	B vs D
sirolimus oral tablet	Tier-1	B vs D
tacrolimus oral capsule	Tier-1	B vs D
ZORTRESS ORAL TABLET	Tier-3	B vs D; QL (60 EA per 30 days); NEDS
MISCELLANEOUS DRUGS		
ACROMEGALY		
octreotide acetate injection solution	Tier-1	SP-CVS specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier-3	SP-CVS specialty; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY		
VYNDAMAX ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
VYNDAQEL ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS
AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; QL (6 ML per 30 days); NEDS
AMYOTROPHIC LATERAL SCLEROSIS		
riluzole oral tablet	Tier-2	
TIGLUTIK ORAL SUSPENSION	Tier-3	NEDS
ANAPHYLAXIS EMERGENCY		
epinephrine injection solution	Tier-1	QL (2 EA per 1 day)
epinephrine injection solution auto-injector	Tier-1	QL (2 EA per 1 day)
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET	Tier-3	NEDS
DUCHENNE MUSCULAR DYSTROPHY		
EMFLAZA ORAL SUSPENSION	Tier-3	PA; NEDS
EMFLAZA ORAL TABLET	Tier-3	PA; NEDS
FABRY DISEASE		
GALAFOLD ORAL CAPSULE	Tier-3	PA; NEDS
GAUCHER'S DISEASE		
CERDELGA ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; NEDS
miglustat oral capsule	Tier-3	PA; NEDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP-CVS specialty
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP-CVS specialty
HUMATROPE INJECTION SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML	Tier-3	PA; SP-CVS specialty; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML	Tier-2	PA; SP-CVS specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP-CVS specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; SP-CVS specialty
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-3	PA; SP-CVS specialty; NEDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
icatibant acetate subcutaneous solution	Tier-3	PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	SP-CVS specialty; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
HEREDITARY TYROSINEMIA TYPE 1		
nitisinone oral capsule	Tier-3	PA; NEDS
NITYR ORAL TABLET	Tier-3	PA; NEDS
ORFADIN ORAL CAPSULE	Tier-3	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier-3	PA; NEDS
HUNTINGTON'S CHOREA		
AUSTEDO ORAL TABLET	Tier-3	PA; SP-CVS specialty; NEDS
tetrabenazine oral tablet	Tier-3	PA; SP-CVS specialty; NEDS
HYPERPARATHYROIDISM		
calcitriol oral capsule	Tier-1	
calcitriol oral solution	Tier-1	
cinacalcet hcl oral tablet 30 mg	Tier-3	
cinacalcet hcl oral tablet 60 mg, 90 mg	Tier-3	NEDS
doxercalciferol oral capsule	Tier-3	
paricalcitol oral capsule	Tier-1	
HYPOPARATHYROIDISM		
NATPARA SUBCUTANEOUS CARTRIDGE	Tier-3	PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS
LAMBERT-EATON MYASTHENIC SYNDROME		
FIRDAPSE ORAL TABLET	Tier-3	PA; NEDS
RUZURGI ORAL TABLET	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier-3	SP-CVS specialty; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier-3	SP-CVS specialty; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier-3	SP-CVS specialty; QL (15 EA per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-3	SP-CVS specialty; QL (30 ML per 30 days); NEDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-3	SP-CVS specialty; QL (12 ML per 28 days); NEDS
dalfampridine er oral tablet extended release 12 hour	Tier-3	SP-CVS specialty; QL (60 EA per 30 days); NEDS
EXTAVIA SUBCUTANEOUS KIT	Tier-3	SP-CVS specialty; QL (15 EA per 30 days); NEDS
GILENYA ORAL CAPSULE	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier-3	SP-CVS specialty; NEDS
MAYZENT ORAL TABLET 0.25 MG	Tier-3	SP-CVS specialty; QL (120 EA per 30 days); NEDS
MAYZENT ORAL TABLET 2 MG	Tier-3	SP-CVS specialty; QL (30 EA per 30 days); NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	SP-CVS specialty; NEDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	SP-CVS specialty; QL (1 ML per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; QL (1 ML per 28 days); NEDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	SP-CVS specialty; NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; QL (12 ML per 28 days); NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	SP-CVS specialty; NEDS
TECFIDERA ORAL STARTER PACK	Tier-3	SP-CVS specialty; NEDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-3	SP-CVS specialty; QL (60 EA per 30 days); NEDS
MYASTHENIA GRAVIS		
guanidine hcl oral tablet	Tier-1	
pyridostigmine bromide er oral tablet extended release	Tier-3	
pyridostigmine bromide oral solution	Tier-2	
pyridostigmine bromide oral tablet	Tier-1	
OPIOID ANTAGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier-1	QL (360 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier-1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg	Tier-1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Tier-1	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	Tier-1	QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier-1	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier-1	QL (90 EA per 30 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR	Tier-3	PA; NEDS
LUCEMYRA ORAL TABLET	Tier-3	QL (224 EA per 14 days); NEDS
naloxone hcl injection solution	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl injection solution cartridge	Tier-1	
naloxone hcl injection solution prefilled syringe	Tier-1	
NARCAN NASAL LIQUID	Tier-2	QL (4 EA per 30 days)
PHENYLKETONURIA		
KUVAN ORAL PACKET	Tier-3	PA; SP-CVS specialty; NEDS
KUVAN ORAL TABLET SOLUBLE	Tier-3	PA; SP-CVS specialty; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; NEDS
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE	Tier-3	NEDS
DIBENZYLINE ORAL CAPSULE	Tier-3	
phenoxybenzamine hcl oral capsule	Tier-2	
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	Tier-3	PA; NEDS
calcium acetate (phos binder) oral capsule	Tier-1	
calcium acetate (phos binder) oral tablet	Tier-1	
sevelamer carbonate oral packet	Tier-2	
sevelamer carbonate oral tablet	Tier-2	
sevelamer hcl oral tablet	Tier-2	
POTASSIUM BINDER		
kionex oral suspension	Tier-1	
LOKELMA ORAL PACKET	Tier-3	
sodium polystyrene sulfonate oral powder	Tier-1	
sodium polystyrene sulfonate oral suspension	Tier-1	
sps oral suspension	Tier-1	
VELTASSA ORAL PACKET	Tier-3	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS ORAL TABLET	Tier-3	PA; NEDS
SMOKING CESSATION		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Tier-1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier-2	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier-2	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier-2	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier-2	
NICOTROL NS NASAL SOLUTION	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
SUCRASE DEFICIENCY		
SUCRAID ORAL SOLUTION	Tier-3	NEDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er oral tablet extended release 24 hour	Tier-1	
dutasteride oral capsule	Tier-1	
dutasteride-tamsulosin hcl oral capsule	Tier-2	
finasteride oral tablet	Tier-1	
silodosin oral capsule	Tier-2	
tadalafil oral tablet	Tier-2	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	Tier-1	
TARDIVE DYSKINESIA		
INGREZZA ORAL CAPSULE	Tier-3	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier-3	PA; NEDS
UREA CYCLE DISORDERS		
RAVICTI ORAL LIQUID	Tier-3	PA; SP-CVS specialty; NEDS
sodium phenylbutyrate oral powder	Tier-3	NEDS
sodium phenylbutyrate oral tablet	Tier-3	NEDS
UROLOGIC DISORDERS		
bethanechol chloride oral tablet	Tier-2	
darifenacin hydrobromide er oral tablet extended release 24 hour	Tier-2	
desmopressin ace spray refrig nasal solution	Tier-1	
desmopressin acetate oral tablet	Tier-1	
ELMIRON ORAL CAPSULE	Tier-3	
flavoxate hcl oral tablet	Tier-1	
JYNARQUE ORAL TABLET	Tier-3	NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier-3	NEDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
oxybutynin chloride er oral tablet extended release 24 hour	Tier-1	
oxybutynin chloride oral syrup	Tier-1	
oxybutynin chloride oral tablet	Tier-1	
potassium citrate er oral tablet extended release	Tier-1	
SAMSCA ORAL TABLET	Tier-3	NEDS

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

Drug Name	Drug Tier	Requirements/Limits
solifenacin succinate oral tablet	Tier-2	
tolterodine tartrate er oral capsule extended release 24 hour	Tier-2	
tolterodine tartrate oral tablet	Tier-2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-2	
trospium chloride er oral capsule extended release 24 hour	Tier-2	
trospium chloride oral tablet	Tier-2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	Tier-3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	Tier-3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	Tier-3	
WILSON'S DISEASE		
clovique oral capsule	Tier-3	NEDS
penicillamine oral capsule	Tier-3	NEDS
penicillamine oral tablet	Tier-2	
trientine hcl oral capsule	Tier-3	NEDS
NEUROLOGICAL DRUGS		
ALZHEIMER'S DISEASE		
donepezil hcl oral tablet	Tier-1	
donepezil hcl oral tablet dispersible	Tier-1	
ergoloid mesylates oral tablet	Tier-1	
galantamine hydrobromide er oral capsule extended release 24 hour	Tier-1	
galantamine hydrobromide oral solution	Tier-2	
galantamine hydrobromide oral tablet	Tier-1	
memantine hcl er oral capsule extended release 24 hour	Tier-2	
memantine hcl oral solution	Tier-2	
memantine hcl oral tablet	Tier-1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
rivastigmine tartrate oral capsule	Tier-1	
rivastigmine transdermal patch 24 hour	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE THERAPY		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (1 ML per 30 days)
almotriptan malate oral tablet	Tier-3	
dihydroergotamine mesylate nasal solution	Tier-3	NEDS
eletriptan hydrobromide oral tablet	Tier-2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-2	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; QL (2 ML per 30 days)
frovatriptan succinate oral tablet	Tier-3	
MIGERGOT RECTAL SUPPOSITORY	Tier-3	NEDS
naratriptan hcl oral tablet	Tier-3	
NAYZILAM NASAL SOLUTION	Tier-3	PA; QL (10 EA per 30 days)
rizatriptan benzoate oral tablet	Tier-1	
rizatriptan benzoate oral tablet dispersible	Tier-1	
sumatriptan nasal solution 20 mg/act	Tier-2	
sumatriptan nasal solution 5 mg/act	Tier-1	
sumatriptan succinate oral tablet	Tier-1	
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	Tier-1	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	Tier-2	
sumatriptan succinate subcutaneous solution	Tier-2	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	Tier-1	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier-2	
sumatriptan succinate subcutaneous solution prefilled syringe	Tier-2	
sumatriptan-naproxen sodium oral tablet	Tier-2	
zolmitriptan oral tablet	Tier-3	
zolmitriptan oral tablet dispersible	Tier-1	
PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	NEDS
benztropine mesylate oral tablet	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate oral capsule	Tier-1	
bromocriptine mesylate oral tablet	Tier-1	
cabergoline oral tablet	Tier-1	
carbidopa oral tablet	Tier-1	
carbidopa-levodopa er oral tablet extended release	Tier-1	
carbidopa-levodopa oral tablet	Tier-1	
carbidopa-levodopa oral tablet dispersible	Tier-1	
carbidopa-levodopa-entacapone oral tablet	Tier-1	
DUOPA ENTERAL SUSPENSION	Tier-3	
entacapone oral tablet	Tier-1	
INBRIJA INHALATION CAPSULE	Tier-3	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier-3	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
pramipexole dihydrochloride er oral tablet extended release 24 hour	Tier-3	
pramipexole dihydrochloride oral tablet	Tier-1	
rasagiline mesylate oral tablet	Tier-3	
ropinirole hcl er oral tablet extended release 24 hour	Tier-1	
ropinirole hcl oral tablet	Tier-1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier-3	
selegiline hcl oral capsule	Tier-1	
selegiline hcl oral tablet	Tier-1	
tolcapone oral tablet	Tier-3	NEDS
trihexyphenidyl hcl oral elixir	Tier-1	PA
trihexyphenidyl hcl oral solution	Tier-1	PA
trihexyphenidyl hcl oral tablet	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA ORAL CAPSULE	Tier-2	PA
SEIZURES		
APTIOM ORAL TABLET	Tier-3	
BANZEL ORAL SUSPENSION	Tier-3	
BANZEL ORAL TABLET	Tier-3	
BRIVIACT ORAL SOLUTION	Tier-3	PA; NEDS
BRIVIACT ORAL TABLET	Tier-3	PA; NEDS

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

Drug Name	Drug Tier	Requirements/Limits
carbamazepine er oral capsule extended release 12 hour	Tier-2	
carbamazepine er oral tablet extended release 12 hour	Tier-2	
carbamazepine oral suspension	Tier-3	
carbamazepine oral tablet	Tier-1	
carbamazepine oral tablet chewable	Tier-1	
CELONTIN ORAL CAPSULE	Tier-3	
clobazam oral suspension	Tier-2	
clobazam oral tablet	Tier-2	QL (60 EA per 30 days)
clonazepam oral tablet	Tier-1	
clonazepam oral tablet dispersible	Tier-2	
DIASTAT ACUDIAL RECTAL GEL	Tier-2	
DIASTAT PEDIATRIC RECTAL GEL	Tier-2	
diazepam oral concentrate	Tier-1	
diazepam oral solution	Tier-1	
diazepam oral tablet	Tier-1	
diazepam rectal gel	Tier-1	
DILANTIN INFATABS ORAL TABLET CHEWABLE	Tier-2	
DILANTIN ORAL CAPSULE	Tier-2	
DILANTIN ORAL SUSPENSION	Tier-2	
divalproex sodium er oral tablet extended release 24 hour	Tier-2	
divalproex sodium oral capsule delayed release sprinkle	Tier-1	
divalproex sodium oral tablet delayed release	Tier-1	
EPIDIOLEX ORAL SOLUTION	Tier-3	PA; SP-CVS specialty
epitol oral tablet	Tier-1	
ethosuximide oral capsule	Tier-1	
ethosuximide oral solution	Tier-1	
felbamate oral suspension	Tier-1	
felbamate oral tablet	Tier-1	
FYCOMPA ORAL SUSPENSION	Tier-3	PA
FYCOMPA ORAL TABLET	Tier-3	PA
gabapentin oral capsule	Tier-1	
gabapentin oral solution	Tier-1	
gabapentin oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier-3	QL (60 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour	Tier-2	
lamotrigine oral tablet	Tier-1	
lamotrigine oral tablet chewable	Tier-1	
lamotrigine oral tablet dispersible	Tier-1	
lamotrigine starter kit-blue oral kit	Tier-1	
lamotrigine starter kit-green oral kit	Tier-1	
lamotrigine starter kit-orange oral kit	Tier-1	
levetiracetam er oral tablet extended release 24 hour	Tier-1	
levetiracetam oral solution	Tier-1	
levetiracetam oral tablet	Tier-1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	
oxcarbazepine oral suspension	Tier-1	
oxcarbazepine oral tablet	Tier-1	
PEGANONE ORAL TABLET	Tier-3	
phenobarbital oral elixir	Tier-1	PA
phenobarbital oral tablet	Tier-1	PA
phenytoin oral suspension	Tier-1	
phenytoin oral tablet chewable	Tier-1	
phenytoin sodium extended oral capsule	Tier-1	
pregabalin oral capsule	Tier-2	
pregabalin oral solution	Tier-2	
primidone oral tablet	Tier-1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Tier-3	
roweepra oral tablet	Tier-1	
roweepra xr oral tablet extended release 24 hour	Tier-1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier-3	
SYMPAZAN ORAL FILM	Tier-3	
tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg	Tier-3	
tiagabine hcl oral tablet 16 mg	Tier-3	NEDS
topiramate er oral capsule er 24 hour sprinkle	Tier-1	
topiramate oral capsule sprinkle	Tier-1	
topiramate oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
valproic acid oral capsule	Tier-1	
valproic acid oral solution	Tier-1	
VALTOCO 10 MG DOSE NASAL LIQUID	Tier-3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier-3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	Tier-3	PA; QL (10 EA per 30 days)
vigabatrin oral packet	Tier-3	NEDS
vigabatrin oral tablet	Tier-3	NEDS
vigadrone oral packet	Tier-3	NEDS
VIMPAT ORAL SOLUTION	Tier-3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier-3	QL (60 EA per 30 days); NEDS
VIMPAT ORAL TABLET 50 MG	Tier-3	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier-3	PA; NEDS
XCOPRI ORAL TABLET	Tier-3	PA; NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier-3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier-3	PA; NEDS
zonisamide oral capsule	Tier-1	
SPASTICITY		
baclofen oral tablet	Tier-1	
cyclobenzaprine hcl oral tablet	Tier-2	PA
dantrolene sodium oral capsule	Tier-1	
tizanidine hcl oral capsule 2 mg, 4 mg	Tier-3	
tizanidine hcl oral capsule 6 mg	Tier-2	
tizanidine hcl oral tablet	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
AZASAN ORAL TABLET	Tier-3	B vs D
azathioprine oral tablet	Tier-1	B vs D

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-3	PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	Tier-3	PA; SP-CVS specialty; NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS
leflunomide oral tablet	Tier-1	
methotrexate oral tablet	Tier-1	B vs D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
RIDAURA ORAL CAPSULE	Tier-3	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA; SP-CVS specialty; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier-3	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS
TREXALL ORAL TABLET	Tier-3	B vs D
XATMEP ORAL SOLUTION	Tier-3	B vs D
XELJANZ ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier-3	PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS
GOUT		
allopurinol oral tablet	Tier-1	
colchicine oral capsule	Tier-2	
colchicine oral tablet	Tier-1	
colchicine-probenecid oral tablet	Tier-1	
febuxostat oral tablet	Tier-2	STPA
GLOPERBA ORAL SOLUTION	Tier-3	
probenecid oral tablet	Tier-1	
PAIN, NSAID ANALGESICS		
celecoxib oral capsule	Tier-2	
diclofenac potassium oral tablet	Tier-2	
diclofenac sodium er oral tablet extended release 24 hour	Tier-1	
diclofenac sodium oral tablet delayed release	Tier-1	
diclofenac-misoprostol oral tablet delayed release	Tier-3	
diflunisal oral tablet	Tier-2	
etodolac er oral tablet extended release 24 hour	Tier-2	
etodolac oral capsule	Tier-2	
etodolac oral tablet	Tier-1	
fenoprofen calcium oral capsule	Tier-3	
fenoprofen calcium oral tablet	Tier-1	
flurbiprofen oral tablet	Tier-1	
ibuprofen oral suspension	Tier-1	
ibuprofen oral tablet	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-3	
indomethacin er oral capsule extended release	Tier-2	
indomethacin oral capsule	Tier-1	
ketoprofen er oral capsule extended release 24 hour	Tier-3	
ketoprofen oral capsule	Tier-1	
meclofenamate sodium oral capsule	Tier-3	
mefenamic acid oral capsule	Tier-1	
meloxicam oral tablet	Tier-1	
nabumetone oral tablet	Tier-1	
naproxen dr oral tablet delayed release	Tier-1	
naproxen oral suspension	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
naproxen oral tablet	Tier-1	
naproxen sodium er oral tablet extended release 24 hour	Tier-3	NEDS
naproxen sodium oral tablet	Tier-1	
oxaprozin oral tablet	Tier-3	
piroxicam oral capsule	Tier-2	
sulindac oral tablet	Tier-1	
tolmetin sodium oral capsule	Tier-3	
tolmetin sodium oral tablet	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
acetaminophen-codeine #3 oral tablet	Tier-1	QL (240 EA per 30 days)
acetaminophen-codeine oral solution	Tier-1	QL (3600 ML per 30 days)
acetaminophen-codeine oral tablet	Tier-1	QL (240 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	Tier-3	PA; QL (120 EA per 30 days); NEDS
BELBUCA BUCCAL FILM	Tier-3	QL (60 EA per 30 days)
buprenorphine transdermal patch weekly	Tier-2	QL (4 EA per 28 days)
butorphanol tartrate nasal solution	Tier-1	QL (7.5 ML per 30 days)
codeine sulfate oral tablet	Tier-2	QL (180 EA per 30 days)
endocet oral tablet	Tier-2	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle	Tier-3	PA; QL (120 EA per 30 days); NEDS
fentanyl citrate buccal tablet	Tier-3	PA; QL (120 EA per 30 days); NEDS
fentanyl transdermal patch 72 hour	Tier-1	QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution	Tier-1	QL (3600 ML per 30 days)
hydrocodone-acetaminophen oral tablet	Tier-1	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet	Tier-1	QL (240 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	Tier-2	QL (30 EA per 30 days)
hydromorphone hcl oral liquid	Tier-1	QL (1350 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	Tier-1	QL (240 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	Tier-1	QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Tier-2	QL (60 EA per 30 days)
levorphanol tartrate oral tablet	Tier-3	QL (240 EA per 30 days); NEDS
methadone hcl oral solution 10 mg/5ml	Tier-1	QL (600 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	Tier-1	QL (1200 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
methadone hcl oral tablet	Tier-1	QL (120 EA per 30 days)
morphine sulfate (concentrate) oral solution	Tier-1	QL (180 ML per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour	Tier-3	QL (60 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour	Tier-3	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release	Tier-2	QL (60 EA per 30 days)
morphine sulfate oral solution	Tier-1	QL (900 ML per 30 days)
morphine sulfate oral tablet	Tier-1	QL (180 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent	Tier-2	QL (60 EA per 30 days)
oxycodone hcl oral capsule	Tier-1	QL (240 EA per 30 days)
oxycodone hcl oral concentrate	Tier-1	QL (120 ML per 30 days)
oxycodone hcl oral solution	Tier-1	QL (2400 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg	Tier-1	QL (180 EA per 30 days)
oxycodone hcl oral tablet 20 mg, 30 mg	Tier-1	QL (120 EA per 30 days)
oxycodone hcl oral tablet 5 mg	Tier-1	QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet	Tier-1	QL (240 EA per 30 days)
oxycodone-aspirin oral tablet	Tier-1	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier-2	QL (60 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour	Tier-1	QL (60 EA per 30 days)
oxymorphone hcl oral tablet	Tier-1	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	Tier-3	PA; QL (120 EA per 30 days); NEDS
tramadol hcl er (biphasic) oral tablet extended release 24 hour	Tier-1	QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour	Tier-1	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour	Tier-1	QL (30 EA per 30 days)
tramadol hcl oral tablet 100 mg	Tier-1	QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	Tier-1	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet	Tier-1	QL (240 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
acamprosate calcium oral tablet delayed release	Tier-1	
disulfiram oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
naltrexone hcl oral tablet	Tier-1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier-3	NEDS
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier-3	SP-CVS specialty; NEDS
ANXIETY		
alprazolam er oral tablet extended release 24 hour	Tier-1	
alprazolam intensol oral concentrate	Tier-1	
alprazolam oral tablet	Tier-1	
alprazolam oral tablet dispersible	Tier-2	
buspirone hcl oral tablet	Tier-1	
chlordiazepoxide-amitriptyline oral tablet	Tier-1	
clorazepate dipotassium oral tablet	Tier-3	
lorazepam oral concentrate	Tier-1	
lorazepam oral tablet	Tier-1	
oxazepam oral capsule	Tier-2	
ATTENTION DEFICIT DISORDER		
amphetamine er oral suspension extended release	Tier-2	
amphetamine sulfate oral tablet	Tier-2	
amphetamine-dextroamphet er oral capsule extended release 24 hour	Tier-2	
amphetamine-dextroamphetamine oral tablet	Tier-2	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg	Tier-3	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 80 mg	Tier-3	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	Tier-1	
DESOXYN ORAL TABLET	Tier-3	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	
dexmethylphenidate hcl er oral capsule extended release 24 hour	Tier-2	
dexmethylphenidate hcl oral tablet	Tier-1	
dextroamphetamine sulfate er oral capsule extended release 24 hour	Tier-2	
dextroamphetamine sulfate oral solution	Tier-1	
dextroamphetamine sulfate oral tablet	Tier-2	
guanfacine hcl er oral tablet extended release 24 hour	Tier-2	QL (90 EA per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier-3	
methamphetamine hcl oral tablet	Tier-1	PA
METHYLIN ORAL SOLUTION	Tier-2	
methylphenidate hcl er (cd) oral capsule extended release	Tier-1	
methylphenidate hcl er (la) oral capsule extended release 24 hour	Tier-1	
methylphenidate hcl er oral tablet extended release	Tier-1	
methylphenidate hcl er oral tablet extended release 24 hour	Tier-1	
methylphenidate hcl oral solution	Tier-1	
methylphenidate hcl oral tablet	Tier-1	
methylphenidate hcl oral tablet chewable	Tier-1	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Tier-3	
relexxii oral tablet extended release	Tier-1	
VYVANSE ORAL CAPSULE	Tier-3	PA
VYVANSE ORAL TABLET CHEWABLE	Tier-3	PA
BIPOLAR DISORDER		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier-3	
lithium carbonate er oral tablet extended release	Tier-1	
lithium carbonate oral capsule	Tier-1	
lithium carbonate oral tablet	Tier-1	
lithium oral solution	Tier-1	
olanzapine-fluoxetine hcl oral capsule	Tier-1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-2	
risperidone oral solution	Tier-1	
risperidone oral tablet	Tier-1	
risperidone oral tablet dispersible	Tier-1	
DEPRESSION		
amitriptyline hcl oral tablet	Tier-1	PA
amoxapine oral tablet	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-3	STPA

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

Drug Name	Drug Tier	Requirements/Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-3	STPA; NEDS
bupropion hcl er (sr) oral tablet extended release 12 hour	Tier-1	
bupropion hcl er (xl) oral tablet extended release 24 hour	Tier-1	
bupropion hcl oral tablet	Tier-1	
citalopram hydrobromide oral solution	Tier-1	
citalopram hydrobromide oral tablet	Tier-1	
clomipramine hcl oral capsule	Tier-1	PA
desipramine hcl oral tablet	Tier-1	
desvenlafaxine er oral tablet extended release 24 hour	Tier-1	
desvenlafaxine succinate er oral tablet extended release 24 hour	Tier-1	
doxepin hcl oral capsule	Tier-2	
doxepin hcl oral concentrate	Tier-1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier-3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier-3	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	Tier-2	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg	Tier-2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier-3	STPA; NEDS
escitalopram oxalate oral solution	Tier-3	
escitalopram oxalate oral tablet	Tier-1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier-3	STPA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier-3	STPA
fluoxetine hcl oral capsule	Tier-1	
fluoxetine hcl oral capsule delayed release	Tier-1	
fluoxetine hcl oral solution	Tier-2	
fluoxetine hcl oral tablet	Tier-3	
fluvoxamine maleate er oral capsule extended release 24 hour	Tier-3	
fluvoxamine maleate oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
imipramine hcl oral tablet	Tier-1	PA
imipramine pamoate oral capsule	Tier-3	PA
maprotiline hcl oral tablet	Tier-2	
MARPLAN ORAL TABLET	Tier-3	
mirtazapine oral tablet	Tier-1	
mirtazapine oral tablet dispersible	Tier-1	
nefazodone hcl oral tablet	Tier-1	
nortriptyline hcl oral capsule	Tier-1	
nortriptyline hcl oral solution	Tier-1	
paroxetine hcl er oral tablet extended release 24 hour	Tier-3	
paroxetine hcl oral tablet	Tier-1	
paroxetine mesylate oral capsule	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA ORAL TABLET	Tier-3	STPA
phenelzine sulfate oral tablet	Tier-1	
protriptyline hcl oral tablet	Tier-1	
sertraline hcl oral concentrate	Tier-1	
sertraline hcl oral tablet	Tier-1	
tranylcypromine sulfate oral tablet	Tier-1	
trazodone hcl oral tablet	Tier-1	
trimipramine maleate oral capsule	Tier-1	PA
TRINTELLIX ORAL TABLET	Tier-3	
venlafaxine hcl er oral capsule extended release 24 hour	Tier-1	
venlafaxine hcl er oral tablet extended release 24 hour	Tier-1	
venlafaxine hcl oral tablet	Tier-1	
VIIBRYD ORAL TABLET	Tier-3	
VIIBRYD STARTER PACK ORAL KIT	Tier-3	
INSOMNIA		
doxepin hcl oral tablet	Tier-2	QL (30 EA per 30 days)
estazolam oral tablet	Tier-1	
eszopiclone oral tablet	Tier-2	
flurazepam hcl oral capsule	Tier-1	
HETLIOZ ORAL CAPSULE	Tier-3	PA; NEDS
ramelteon oral tablet	Tier-2	QL (30 EA per 30 days)
temazepam oral capsule	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
triazolam oral tablet	Tier-1	
zaleplon oral capsule	Tier-1	
zolpidem tartrate er oral tablet extended release	Tier-3	
zolpidem tartrate oral tablet	Tier-1	
zolpidem tartrate sublingual tablet sublingual	Tier-2	
NARCOLEPSY		
armodafinil oral tablet	Tier-2	PA
modafinil oral tablet	Tier-3	PA
SUNOSI ORAL TABLET	Tier-3	PA
WAKIX ORAL TABLET	Tier-3	PA; QL (60 EA per 30 days); NEDS
XYREM ORAL SOLUTION	Tier-3	LA; NEDS
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier-3	NEDS
ABILIFY MYCITE ORAL TABLET	Tier-3	PA; QL (30 EA per 30 days); NEDS
aripiprazole oral solution	Tier-2	
aripiprazole oral tablet	Tier-2	
aripiprazole oral tablet dispersible	Tier-2	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Tier-3	NEDS
CAPLYTA ORAL CAPSULE	Tier-3	PA; QL (30 EA per 30 days); NEDS
chlorpromazine hcl oral tablet	Tier-3	
clozapine oral tablet	Tier-1	
clozapine oral tablet dispersible	Tier-1	
FANAPT ORAL TABLET	Tier-3	STPA
FANAPT TITRATION PACK ORAL TABLET	Tier-3	STPA
fluphenazine decanoate injection solution	Tier-1	
fluphenazine hcl injection solution	Tier-1	
fluphenazine hcl oral concentrate	Tier-1	
fluphenazine hcl oral elixir	Tier-1	
fluphenazine hcl oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-3	
haloperidol decanoate intramuscular solution	Tier-1	
haloperidol lactate injection solution	Tier-1	
haloperidol lactate oral concentrate	Tier-1	
haloperidol oral tablet	Tier-1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-3	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier-2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier-2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 days)
loxapine succinate oral capsule	Tier-1	
molindone hcl oral tablet	Tier-2	
NUPLAZID ORAL CAPSULE	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
olanzapine intramuscular solution reconstituted	Tier-1	
olanzapine oral tablet	Tier-1	
olanzapine oral tablet dispersible	Tier-1	
paliperidone er oral tablet extended release 24 hour	Tier-2	
perphenazine oral tablet	Tier-2	
perphenazine-amitriptyline oral tablet	Tier-2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier-3	NEDS
pimozide oral tablet	Tier-3	
quetiapine fumarate er oral tablet extended release 24 hour	Tier-2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier-1	
quetiapine fumarate oral tablet 25 mg, 50 mg	Tier-1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier-3	NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	Tier-3	STPA; NEDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	Tier-3	STPA
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier-3	NEDS
thioridazine hcl oral tablet	Tier-1	PA
thiothixene oral capsule	Tier-2	
trifluoperazine hcl oral tablet	Tier-1	
VERSACLOZ ORAL SUSPENSION	Tier-3	NEDS
VRAYLAR ORAL CAPSULE	Tier-3	NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-3	
ziprasidone hcl oral capsule	Tier-1	
ziprasidone mesylate intramuscular solution reconstituted	Tier-2	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier-2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier-2	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR HFA INHALATION AEROSOL	Tier-2	QL (72 GM per 90 days)
albuterol sulfate er oral tablet extended release 12 hour	Tier-3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier-1	PA; QL (51 GM per 90 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	Tier-1	QL (40.2 GM per 90 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	Tier-1	QL (108 GM per 90 days)
albuterol sulfate inhalation nebulization solution	Tier-1	B vs D
albuterol sulfate oral syrup	Tier-1	
albuterol sulfate oral tablet	Tier-2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier-2	QL (77.4 GM per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
BROVANA INHALATION NEBULIZATION SOLUTION	Tier-3	B vs D
budesonide inhalation suspension	Tier-1	B vs D
budesonide-formoterol fumarate inhalation aerosol	Tier-2	QL (30.6 GM per 90 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier-2	QL (24 GM per 90 days)
cromolyn sodium inhalation nebulization solution	Tier-1	B vs D
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier-2	QL (180 EA per 90 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Tier-1	QL (3 EA per 90 days)
ipratropium bromide inhalation solution	Tier-1	B vs D
ipratropium-albuterol inhalation solution	Tier-1	B vs D
levalbuterol hcl inhalation nebulization solution	Tier-1	B vs D
levalbuterol tartrate inhalation aerosol	Tier-2	QL (90 GM per 90 days)
metaproterenol sulfate oral syrup	Tier-1	
montelukast sodium oral packet	Tier-1	
montelukast sodium oral tablet	Tier-1	
montelukast sodium oral tablet chewable	Tier-1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier-2	B vs D
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (6 EA per 90 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	Tier-2	QL (63.6 GM per 90 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier-2	QL (180 EA per 90 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier-2	QL (90 EA per 90 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET	Tier-3	PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier-3	PA; SP-CVS specialty; NEDS
VENTAVIS INHALATION SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
RESPIRATORY DRUGS, MISCELLANEOUS		
acetylcysteine inhalation solution	Tier-1	B vs D
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier-2	QL (10.7 GM per 30 days)
DALIRESP ORAL TABLET	Tier-3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier-3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier-3	NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-3	PA; SP-CVS specialty; NEDS
SKIN		
ACNE ROSACEA		
azelaic acid external gel	Tier-2	
metronidazole external cream	Tier-1	
metronidazole external gel	Tier-1	
metronidazole external lotion	Tier-3	
ACNE VULGARIS		
adapalene external cream	Tier-1	PA
adapalene external gel	Tier-3	PA
adapalene external solution	Tier-2	PA
adapalene-benzoyl peroxide external gel	Tier-2	PA
amnesteem oral capsule	Tier-1	
ATRALIN EXTERNAL GEL	Tier-3	PA
avita external cream	Tier-1	PA
avita external gel	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
AZELEX EXTERNAL CREAM	Tier-3	
benzoyl peroxide-erythromycin external gel	Tier-3	
claravis oral capsule	Tier-3	
clindamycin phos-benzoyl perox external gel	Tier-3	
clindamycin phosphate external foam	Tier-3	
clindamycin phosphate external gel	Tier-1	
clindamycin phosphate external lotion	Tier-1	
clindamycin phosphate external solution	Tier-1	
clindamycin phosphate external swab	Tier-1	
ery external pad	Tier-1	
erythromycin external gel	Tier-1	
erythromycin external solution	Tier-1	
EVOCLIN EXTERNAL FOAM	Tier-3	
FABIOR EXTERNAL FOAM	Tier-3	PA
isotretinoin oral capsule	Tier-3	
RETIN-A EXTERNAL CREAM	Tier-3	PA
RETIN-A EXTERNAL GEL	Tier-3	PA
RETIN-A MICRO EXTERNAL GEL	Tier-3	PA
RETIN-A MICRO PUMP EXTERNAL GEL	Tier-3	PA
tretinoin external cream	Tier-1	PA
tretinoin external gel	Tier-3	PA
tretinoin microsphere external gel	Tier-3	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN EXTERNAL CREAM	Tier-3	
CORTISPORIN EXTERNAL OINTMENT	Tier-3	
gentamicin sulfate external cream	Tier-2	
gentamicin sulfate external ointment	Tier-2	
mupirocin calcium external cream	Tier-2	QL (180 GM per 30 days)
mupirocin external ointment	Tier-1	QL (44 GM per 30 days)
silver sulfadiazine external cream	Tier-1	
ssd external cream	Tier-1	
XEPI EXTERNAL CREAM	Tier-3	QL (60 GM per 30 days)
CORTICOSTEROIDS, TOPICAL		
ALA SCALP EXTERNAL LOTION	Tier-3	
ala-cort external cream	Tier-1	
alclometasone dipropionate external cream	Tier-3	
alclometasone dipropionate external ointment	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
amcinonide external cream	Tier-3	
amcinonide external lotion	Tier-1	
amcinonide external ointment	Tier-3	
APEXICON E EXTERNAL CREAM	Tier-3	
betamethasone dipropionate aug external cream	Tier-1	
betamethasone dipropionate aug external gel	Tier-3	
betamethasone dipropionate aug external lotion	Tier-3	
betamethasone dipropionate aug external ointment	Tier-1	
betamethasone dipropionate external cream	Tier-3	
betamethasone dipropionate external lotion	Tier-1	
betamethasone dipropionate external ointment	Tier-3	
betamethasone valerate external cream	Tier-1	
betamethasone valerate external foam	Tier-3	
betamethasone valerate external lotion	Tier-1	
betamethasone valerate external ointment	Tier-1	
CAPEX EXTERNAL SHAMPOO	Tier-3	
clobetasol propionate e external cream	Tier-2	QL (240 GM per 30 days)
clobetasol propionate emulsion external foam	Tier-3	QL (200 GM per 30 days)
clobetasol propionate external cream	Tier-3	QL (240 GM per 30 days)
clobetasol propionate external foam	Tier-3	QL (200 GM per 30 days)
clobetasol propionate external gel	Tier-2	QL (240 GM per 30 days)
clobetasol propionate external liquid	Tier-3	QL (250 ML per 30 days)
clobetasol propionate external lotion	Tier-3	QL (236 ML per 30 days)
clobetasol propionate external ointment	Tier-3	QL (240 GM per 30 days)
clobetasol propionate external shampoo	Tier-3	QL (236 ML per 30 days)
clobetasol propionate external solution	Tier-2	QL (200 ML per 30 days)
clocortolone pivalate external cream	Tier-3	
clodan external shampoo	Tier-2	
CORDRAN EXTERNAL TAPE	Tier-3	
desonide external cream	Tier-3	
desonide external lotion	Tier-3	
desonide external ointment	Tier-3	
desoximetasone external cream	Tier-3	
desoximetasone external gel	Tier-3	
desoximetasone external liquid	Tier-3	
desoximetasone external ointment	Tier-3	
diflorasone diacetate external cream	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
diflorasone diacetate external ointment	Tier-3	
fluocinolone acetonide external cream	Tier-2	
fluocinolone acetonide external ointment	Tier-2	
fluocinolone acetonide external solution	Tier-3	
fluocinolone acetonide scalp external oil	Tier-2	
fluocinonide emulsified base external cream	Tier-3	
fluocinonide external cream	Tier-3	QL (120 GM per 30 days)
fluocinonide external gel	Tier-3	
fluocinonide external ointment	Tier-3	
fluocinonide external solution	Tier-3	
flurandrenolide external cream	Tier-2	
flurandrenolide external lotion	Tier-2	
flurandrenolide external ointment	Tier-3	QL (120 GM per 30 days)
fluticasone propionate external cream	Tier-1	
fluticasone propionate external lotion	Tier-3	
fluticasone propionate external ointment	Tier-1	
halcinonide external cream	Tier-2	
halobetasol propionate external cream	Tier-3	
halobetasol propionate external ointment	Tier-3	
HALOG EXTERNAL OINTMENT	Tier-3	
hydrocortisone butyrate external cream	Tier-3	
hydrocortisone butyrate external lotion	Tier-1	
hydrocortisone butyrate external ointment	Tier-3	
hydrocortisone butyrate external solution	Tier-3	
hydrocortisone external cream	Tier-1	
hydrocortisone external lotion	Tier-1	
hydrocortisone external ointment	Tier-1	
hydrocortisone valerate external cream	Tier-3	
hydrocortisone valerate external ointment	Tier-3	
KENALOG EXTERNAL AEROSOL SOLUTION	Tier-3	
mometasone furoate external cream	Tier-1	
mometasone furoate external ointment	Tier-1	
mometasone furoate external solution	Tier-1	
nolix external cream	Tier-2	
nolix external lotion	Tier-2	
PANDEL EXTERNAL CREAM	Tier-3	
prednicarbate external cream	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
prednicarbate external ointment	Tier-1	
TOVET EXTERNAL FOAM	Tier-3	QL (200 GM per 30 days)
triamcinolone acetonide external aerosol solution	Tier-3	
triamcinolone acetonide external cream	Tier-1	
triamcinolone acetonide external lotion	Tier-1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier-1	
triamcinolone acetonide external ointment 0.05 %	Tier-2	
TRIANEX EXTERNAL OINTMENT	Tier-3	
triderm external cream	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
ciclopirox external gel	Tier-1	
ciclopirox external shampoo	Tier-3	
ciclopirox external solution	Tier-2	
ciclopirox olamine external cream	Tier-1	
ciclopirox olamine external suspension	Tier-1	
clotrimazole external cream	Tier-2	
clotrimazole external solution	Tier-1	
clotrimazole-betamethasone external cream	Tier-2	
clotrimazole-betamethasone external lotion	Tier-3	
econazole nitrate external cream	Tier-2	
ketoconazole external cream	Tier-2	QL (120 GM per 30 days)
ketoconazole external foam	Tier-3	
ketoconazole external shampoo	Tier-1	
KETODAN EXTERNAL FOAM	Tier-3	
luliconazole external cream	Tier-2	
MENTAX EXTERNAL CREAM	Tier-3	
naftifine hcl external cream 1 %	Tier-3	
naftifine hcl external cream 2 %	Tier-2	
NAFTIN EXTERNAL GEL	Tier-2	
nyamyc external powder	Tier-1	
nystatin external cream	Tier-1	
nystatin external ointment	Tier-1	
nystatin external powder	Tier-1	
nystatin mouth/throat suspension	Tier-1	
nystatin-triamcinolone external cream	Tier-2	
nystatin-triamcinolone external ointment	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
nystop external powder	Tier-1	
oxiconazole nitrate external cream	Tier-3	QL (90 GM per 30 days)
PSORIASIS AND SEBORRHEA		
acitretin oral capsule 10 mg, 25 mg	Tier-3	
acitretin oral capsule 17.5 mg	Tier-3	NEDS
calcipotriene external cream	Tier-2	QL (120 GM per 30 days)
calcipotriene external ointment	Tier-3	QL (120 GM per 30 days)
calcipotriene external solution	Tier-3	QL (120 ML per 30 days)
calcipotriene-betameth diprop external ointment	Tier-3	NEDS
calcipotriene-betameth diprop external suspension	Tier-3	NEDS
calcitriol external ointment	Tier-2	
methoxsalen rapid oral capsule	Tier-3	NEDS
tazarotene external cream	Tier-2	PA
TAZORAC EXTERNAL CREAM	Tier-3	PA
TAZORAC EXTERNAL GEL	Tier-3	PA
SCABIES AND PEDICULOSIS		
lindane external shampoo	Tier-1	
malathion external lotion	Tier-1	
permethrin external cream	Tier-2	
SKLICE EXTERNAL LOTION	Tier-3	
TOPICAL, MISCELLANEOUS		
ammonium lactate external cream	Tier-2	
ammonium lactate external lotion	Tier-1	
ANUSOL-HC EXTERNAL CREAM	Tier-3	
ANUSOL-HC RECTAL CREAM	Tier-3	
diclofenac epolamine transdermal patch	Tier-2	PA; QL (60 EA per 30 days)
diclofenac sodium transdermal gel 1 %	Tier-2	QL (960 GM per 30 days)
diclofenac sodium transdermal gel 3 %	Tier-2	QL (200 GM per 30 days)
diclofenac sodium transdermal solution	Tier-1	QL (300 ML per 30 days)
doxepin hcl external cream	Tier-3	QL (90 GM per 30 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; SP-CVS specialty; NEDS
EUCRISA EXTERNAL OINTMENT	Tier-3	PA
fluorouracil external cream	Tier-1	
fluorouracil external solution	Tier-3	
hydrocortisone ace-pramoxine external cream	Tier-1	
hydrocortisone ace-pramoxine rectal cream	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
lidocaine external ointment	Tier-2	QL (100 GM per 30 days)
lidocaine external patch	Tier-2	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	Tier-1	QL (100 ML per 30 days)
lidocaine hcl urethral/mucosal external gel	Tier-1	QL (100 ML per 30 days)
lidocaine viscous hcl mouth/throat solution	Tier-1	
lidocaine-prilocaine external cream	Tier-2	QL (60 GM per 30 days)
mafenide acetate external packet	Tier-2	
PANRETIN EXTERNAL GEL	Tier-3	NEDS
PICATO EXTERNAL GEL	Tier-3	
pimecrolimus external cream	Tier-2	
procto-med hc external cream	Tier-1	
procto-med hc rectal cream	Tier-1	
procto-pak external cream	Tier-1	
procto-pak rectal cream	Tier-1	
proctosol hc external cream	Tier-1	
proctosol hc rectal cream	Tier-1	
proctozone-hc external cream	Tier-1	
proctozone-hc rectal cream	Tier-1	
PRUDOXIN EXTERNAL CREAM	Tier-3	QL (90 GM per 30 days)
RECTIV RECTAL OINTMENT	Tier-3	QL (30 GM per 30 days)
REGRANEX EXTERNAL GEL	Tier-2	
SANTYL EXTERNAL OINTMENT	Tier-2	
selenium sulfide external lotion	Tier-1	
sodium chloride irrigation solution	Tier-1	
sulfacetamide sodium (acne) external lotion	Tier-1	
SULFAMYLON EXTERNAL CREAM	Tier-3	
SULFAMYLON EXTERNAL PACKET	Tier-3	
tacrolimus external ointment	Tier-2	
TARGRETIN EXTERNAL GEL	Tier-3	PA; SP-CVS specialty; NEDS
VALCHLOR EXTERNAL GEL	Tier-3	NEDS
VIRAL INFECTIONS, TOPICAL		
acyclovir external cream	Tier-2	
CONDYLOX EXTERNAL GEL	Tier-3	
DENAVIR EXTERNAL CREAM	Tier-3	NEDS
imiquimod external cream	Tier-3	
imiquimod pump external cream	Tier-3	
podofilox external solution	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
WOMEN'S HEALTH		
CONTRACEPTIVES		
amethia oral tablet	Tier-1	
ANNOVERA VAGINAL RING	Tier-3	QL (1 EA per 365 days)
apri oral tablet	Tier-1	
aranelle oral tablet	Tier-1	
ashlyna oral tablet	Tier-1	
aubra oral tablet	Tier-1	
aviane oral tablet	Tier-1	
balziva oral tablet	Tier-1	
briellyn oral tablet	Tier-1	
camila oral tablet	Tier-1	
deblitane oral tablet	Tier-1	
desogestrel-ethinyl estradiol oral tablet	Tier-1	
drospirenone-ethinyl estradiol oral tablet	Tier-1	
eluryng vaginal ring	Tier-2	
emoquette oral tablet	Tier-1	
errin oral tablet	Tier-1	
estradiol-norethindrone acet oral tablet	Tier-1	
etonogestrel-ethinyl estradiol vaginal ring	Tier-2	
falmina oral tablet	Tier-1	
introvale oral tablet	Tier-1	
junel 1.5/30 oral tablet	Tier-1	
junel 1/20 oral tablet	Tier-1	
junel fe 1.5/30 oral tablet	Tier-1	
junel fe 1/20 oral tablet	Tier-1	
junel fe 24 oral tablet	Tier-1	
kariva oral tablet	Tier-1	
kelnor 1/35 oral tablet	Tier-1	
larin 1.5/30 oral tablet	Tier-1	
larin 1/20 oral tablet	Tier-1	
larin fe 1.5/30 oral tablet	Tier-1	
larin fe 1/20 oral tablet	Tier-1	
lessina oral tablet	Tier-1	
levonest oral tablet	Tier-1	
levonorgest-eth estrad 91-day oral tablet	Tier-1	
levonorgestrel-ethinyl estrad oral tablet	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
levora 0.15/30 (28) oral tablet	Tier-1	
LO LOESTRIN FE ORAL TABLET	Tier-3	
marlissa oral tablet	Tier-1	
microgestin 1.5/30 oral tablet	Tier-1	
microgestin 1/20 oral tablet	Tier-1	
microgestin fe 1.5/30 oral tablet	Tier-1	
microgestin fe 1/20 oral tablet	Tier-1	
necon 0.5/35 (28) oral tablet	Tier-1	
nikki oral tablet	Tier-1	
norethin-eth estradiol-fe oral tablet chewable	Tier-1	
nortrel 0.5/35 (28) oral tablet	Tier-1	
nortrel 1/35 (21) oral tablet	Tier-1	
nortrel 1/35 (28) oral tablet	Tier-1	
nortrel 7/7/7 oral tablet	Tier-1	
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier-3	PA; QL (56 EA per 28 days); NEDS
orsythia oral tablet	Tier-1	
portia-28 oral tablet	Tier-1	
sharobel oral tablet	Tier-1	
tarina fe 1/20 oral tablet	Tier-1	
tri-previfem oral tablet	Tier-1	
tri-sprintec oral tablet	Tier-1	
trivora (28) oral tablet	Tier-1	
velivet oral tablet	Tier-1	
vyfemla oral tablet	Tier-1	
zovia 1/35e (28) oral tablet	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
alendronate sodium oral solution	Tier-1	
alendronate sodium oral tablet	Tier-1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	PA
ANGELIQ ORAL TABLET	Tier-3	
calcitonin (salmon) nasal solution	Tier-1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier-3	PA
CRINONE VAGINAL GEL	Tier-2	PA
DELESTROGEN INTRAMUSCULAR OIL	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL	Tier-2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier-2	
DIVIGEL TRANSDERMAL GEL	Tier-3	
dotti transdermal patch twice weekly	Tier-1	PA
DUAVEE ORAL TABLET	Tier-3	
ELESTRIN TRANSDERMAL GEL	Tier-3	
estradiol oral tablet	Tier-1	PA
estradiol transdermal patch twice weekly	Tier-1	PA
estradiol transdermal patch weekly	Tier-1	PA
estradiol vaginal cream	Tier-2	
estradiol vaginal tablet	Tier-2	
estradiol valerate intramuscular oil	Tier-1	
ESTRING VAGINAL RING	Tier-2	
EVAMIST TRANSDERMAL SOLUTION	Tier-3	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-3	PA; NEDS
FEMHRT LOW DOSE ORAL TABLET	Tier-3	PA
FEMRING VAGINAL RING	Tier-2	
FORTEO SUBCUTANEOUS SOLUTION	Tier-3	PA; SP-CVS specialty; NEDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
fyavolv oral tablet	Tier-2	PA
ibandronate sodium oral tablet	Tier-1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	Tier-3	
IMVEXXY STARTER PACK VAGINAL INSERT	Tier-3	
jinteli oral tablet	Tier-1	PA
medroxyprogesterone acetate intramuscular suspension	Tier-1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Tier-1	
medroxyprogesterone acetate oral tablet	Tier-1	
MENEST ORAL TABLET	Tier-3	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier-3	PA

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

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate oral tablet	Tier-1	
norethindrone-eth estradiol oral tablet	Tier-1	PA
ORILISSA ORAL TABLET 150 MG	Tier-3	PA; QL (30 EA per 30 days); NEDS
ORILISSA ORAL TABLET 200 MG	Tier-3	PA; QL (60 EA per 30 days); NEDS
PREMARIN ORAL TABLET	Tier-3	PA
PREMARIN VAGINAL CREAM	Tier-3	
PREMPHASE ORAL TABLET	Tier-3	PA
PREMPRO ORAL TABLET	Tier-3	PA
progesterone micronized oral capsule	Tier-1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA
raloxifene hcl oral tablet	Tier-1	
risedronate sodium oral tablet	Tier-2	
risedronate sodium oral tablet delayed release	Tier-2	
teriparatide (recombinant) subcutaneous solution pen-injector	Tier-3	PA; SP-CVS specialty; NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier-3	PA; SP-CVS specialty; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier-3	PA; NEDS
yuvafem vaginal tablet	Tier-2	
PRENATAL VITAMINS		
prenatal oral tablet	Tier-1	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
clindamycin phosphate vaginal cream	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
metronidazole vaginal gel	Tier-2	
miconazole 3 vaginal suppository	Tier-1	
SOLOSEC ORAL PACKET	Tier-3	
terconazole vaginal cream	Tier-1	
terconazole vaginal suppository	Tier-1	
vandazole vaginal gel	Tier-2	
WOMEN'S HEALTH, MISCELLANEOUS		
INTRAROSA VAGINAL INSERT	Tier-3	
OSPHENA ORAL TABLET	Tier-3	

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

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This formulary was updated on 09/01/2020. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30.

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TUFTS Health Plan
705 Mount Auburn Street
Watertown, MA 02472