

HP19FORM03

Harvard Pilgrim Health Care StrideSM Basic Rx (HMO), StrideSM Gain Rx (HMO), StrideSM Value Rx (HMO) and StrideSM Value Rx Plus (HMO)

2019 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN**

Formulary File ID# 19237, Version Number 7



This formulary was updated on 9/24/18. For more recent information or other questions, please contact **Harvard Pilgrim StrideSM (HMO)** Member Services at **1-888-609-0692** or, for TTY users **711**, October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week, and April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday, or visit www.harvardpilgrim.org/medicare.

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 Harvard Pilgrim Health Care, Inc.. When it refers to “plan” or “our plan,” it means Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO).

This document includes the list of the drugs (formulary) for our plan which is current as of 9/24/2018. 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, 2019, and from time to time during the year.

What is the Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Plan 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 new generic drug 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 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.

The enclosed formulary is current as of 9/24/18. To get updated information about the drugs covered by our plan, 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, we will notify you in your monthly Explanation of Benefits and on our website, www.harvardpilgrim.org/medicare.

You may ask us for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 I-1. 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?

Our plans cover 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:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, our plans provide 4 tablets per prescription for alendronate 70mg (generic Fosamax). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require 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, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain 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 us 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 Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO) formulary?” below 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 Member Services and ask if your drug is covered.

If you learn that our plans do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us 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 Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO)'s Formulary?

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day 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.

If during your membership you experience a change in your level of care, including being admitted to, or discharged from, a hospital or long-term care facility, we will cover a 31-day emergency supply of a drug that is either not on our formulary or has requirements or limits. This temporary supply will give you time to talk to your doctor about other treatment options or to request an exception. For more information about our Transition Policy, visit our website, www.harvardpilgrim.org/medicare.

For more information

For more detailed information about your Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plans, 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 <http://www.medicare.gov>.

Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Stride Basic Rx (HMO), Stride Value Rx (HMO), Stride Value Rx Plus (HMO), and Stride Gain Rx (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., XARELTO) and generic drugs are listed in lower-case italics (e.g., *simvastatin*). For generic drugs, we have listed the brand name equivalent in parentheses for your reference only e.g. (Lipitor). If the brand name drug is not also listed in capital letters, it is not covered by our plan.

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

Coverage Notes

Coverage of Excluded Drugs

Our plans cover certain drugs that are excluded from coverage under Medicare Part D. Please refer to the table on page VII that describes "Other Special Requirements for Coverage" for important information about these drugs. Of these drugs, the most commonly used are those for the treatment of erectile dysfunction, such as Viagra. Our plans do not cover the lower daily dose of Cialis (2.5mg and 5mg) for the treatment of erectile dysfunction. Those strengths are only covered under Part D with prior authorization for diagnoses other than erectile dysfunction.

Diabetic Testing Supplies

Diabetic testing supplies, including test strips, lancets, and glucose meters, are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Coverage of test strips and glucose meters is limited to those made by Abbott Diabetes Care and to quantities of 204 test strips per 30 days and 1 glucose meter per 365 days. Authorization is required for coverage of other brand test strips or glucose meters or for quantities of Abbott Diabetes Care brand test strips or glucose meters in excess of the limits stated above when purchased at a retail or mail-order pharmacy.

First Fill Limit

The first time you fill a drug covered on Tier 5, the Specialty Drug Tier, our plans will only cover up to a 30-day supply. This provides you an opportunity to try the new drug and see if it is working or is causing unwanted side effects. After your first fill of a Tier 5 drug, your future fills will be available for an extended days' supply.

Programs to Support the Safe Use of Opioids

Harvard Pilgrim Health Care is committed to supporting the safe and appropriate use of opioid pain medications, such as oxycodone and hydrocodone. To help with these efforts, we use a variety of programs and safeguards at the pharmacy when you fill your medications. The edits below will stop your prescription from being approved at the pharmacy when the conditions described are met. In these situations, we ask the pharmacist to consult with your prescriber to verify the appropriateness of the prescribed medication(s). If you or your prescriber do not think these limitations are right for your situation, you can ask us to cover your drug by contacting our Member Services.

- **Opioid Care Coordination Safety Edit**

Quantity limits apply to most of the individual opioid medications on our formulary. For example, we might limit coverage of an opioid to 60 tablets per 30 days. In addition to quantity limits

applying to individual drugs, we apply additional quantity limits across all drugs in the opioid class when members fill prescriptions for high doses of opioids. The Opioid Care Coordination Safety Edit calculates the total dose of opioid drugs prescribed for you on the date you fill a prescription for an opioid medication. If your provider(s) prescribes more than 90 morphine milligram equivalents (MME) per day, your claim will not approve without an override.

- **Opioid – Benzodiazepine Concurrent Use Edit**

If you are prescribed both an opioid and benzodiazepine (e.g. lorazepam, diazepam) written by two different prescribers, your claim will not approve without an override.

- **Opioid Naïve Day Supply Limitation**

When you fill a prescription for an opioid medication for the first time (you have not filled a prescription for an opioid in the previous 60 days), we will limit your fill to a 7-day supply.

- **Duplicative Long-Acting Opioid Edit**

When you fill prescriptions for two or more long-acting opioids written by two or more prescribers, your claim will not approve without an override.

To obtain an override, your pharmacist can contact our Pharmacy Help Desk, or you or your prescriber can call our Member Services and a representative will be happy to assist you.

Specialty Pharmacy

As a Harvard Pilgrim Stride member you have the flexibility of filling your medications at the network pharmacy of your choice. If you pay a coinsurance for your specialty medication, your out of pocket costs may be lower should you choose to fill your specialty medication with CVS Specialty Pharmacy. Medications available through CVS Specialty Pharmacy are identified in our drug list with the following note: "Available through CVS Specialty (1-800-237-2767)."

Other Pharmacies are available in our network. Information about what other pharmacies are available in our network can be accessed from the Harvard Pilgrim Health Care Pharmacy Directory (available on our website or by request), or by calling our Medicare Advantage Member Services department at 1-888-609-0692 or TTY 711. Representatives are available from October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week and from April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday.

Topical Compounds

Prescriptions for compounded medications that are applied topically, or to the skin, are not covered by our plans. Just as with other drugs not included in this formulary (list of covered drugs), you can ask us to make an exception and cover your drug by calling our Member Services.

The following symbols and abbreviations describing utilization management restrictions and other special requirements may be found within the body of this document.

SYMBOL	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
AGE (Max 64 Years)	Age Restriction	If you are 65 years of age or older, you (or your physician) are required to get prior authorization from our plan before we will cover this drug. This requirement is in place due to safety concerns with using this drug in people over that age. Prior authorization is not required for members 64 years of age or younger.

SYMBOL	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
AGE (Min 65 Years)	Age Restriction	If you are under the age of 65 , you (or your physician) are required to get prior authorization from our plan before we will cover this drug.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plans before we will cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D depending on the circumstances. You (or your physician) may need to submit information describing the use and setting of the drug to make the determination.
PA NSO	Prior Authorization Restriction New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plans before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	Our plans limit the amount of this drug that is covered within a specific time frame, or per prescription.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
CB	Capped Benefit Quantity Limit Restriction	Our plans limit the amount of this drug that is covered within a specific time frame, or per prescription. We will not cover a temporary supply of this drug greater than this quantity limit.
EX	Excluded Part D 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.
GC	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap for members of the Stride Value Rx Plus (HMO) plans. Please refer to our Evidence of Coverage for more information about this coverage.

SYMBOL	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
LA	Limited Availability	This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-888-609-0692. TTY users should call 711. We are here to assist you October 1 to March 31, from 8 a.m. – 8 p.m., 7 days a week and April 1 to September 30, from 8 a.m. – 8 p.m., Monday through Friday.
NM	Non-Mail Order Drugs	This drug is not available through your mail order benefit.

What you pay for your Part D prescription drugs

The costs below are for a 30-day supply at a plan's network pharmacy. For more information about what costs determine when you move from one coverage stage to the next, refer to your Evidence of Coverage.

StrideSM Basic Rx (HMO)

	MAINE	MASSACHUSETTS	NEW HAMPSHIRE
Deductible			
Tiers 3–5 only	\$415	\$415	\$415
Initial Coverage			
Tier 1	\$0	\$0	\$0
Tier 2	\$15	\$15	\$15
Tier 3	\$47	\$47	\$47
Tier 4	\$100	\$100	\$100
Tier 5	25%	25%	25%
Coverage Gap			
All Tiers	You pay 25% of the price for covered brand-name drugs (plus a portion of the dispensing fee) and 37% of the price for covered generic drugs until your costs total \$5,100.		
Catastrophic Coverage			
All Tiers	You pay the greater of either: <ul style="list-style-type: none"> • coinsurance of 5% of the cost or the drug, or • \$3.40 for a generic drug of a drug that is treated like a generic and \$8.50 for all other drugs • Our plan pays the rest of the cost 		

StrideSM Value Rx (HMO)

	MAINE	MASSACHUSETTS	NEW HAMPSHIRE
Deductible			
Tiers 3–5 only	\$300	\$350	\$270
Initial Coverage			
Tier 1	\$0	\$0	\$0
Tier 2	\$10	\$10	\$10
Tier 3	\$47	\$47	\$47
Tier 4	\$100	\$100	\$100
Tier 5	27%	27%	27%
Coverage Gap			
All Tiers	You pay 25% of the price for covered brand-name drugs (plus a portion of the dispensing fee) and 37% of the price for covered generic drugs until your costs total \$5,100.		
Catastrophic Coverage			
All Tiers	<p>You pay the greater of either:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost or the drug, or • \$3.40 for a generic drug of a drug that is treated like a generic and \$8.50 for all other drugs • Our plan pays the rest of the cost 		

StrideSM Value Rx Plus (HMO)

	MASSACHUSETTS	NEW HAMPSHIRE
Deductible		
Tiers 3–5 only	\$0	\$200
Initial Coverage		
Tier 1	\$0	\$0
Tier 2	\$10	\$10
Tier 3	\$47	\$47
Tier 4	\$100	\$100
Tier 5	33%	29%
Coverage Gap		
Tier 1	\$0	
Tiers 2–5	You pay 25% of the price for covered brand-name drugs (plus a portion of the dispensing fee) and 37% of the price for covered generic drugs until your costs total \$5,100.	
Catastrophic Coverage		
All Tiers	<p>You pay the greater of either:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost or the drug, or • \$3.40 for a generic drug of a drug that is treated like a generic and \$8.50 for all other drugs • Our plan pays the rest of the cost 	

StrideSM Gain Rx (HMO)

NEW HAMPSHIRE	
Deductible	
Tiers 2–5 only	\$415
Initial Coverage	
Tier 1	\$0
Tier 2	25%
Tier 3	25%
Tier 4	25%
Tier 5	25%
Coverage Gap	
All Tiers	You pay 25% of the plan’s cost for covered brand name drugs and 37% of the plan’s cost for covered generic drugs.
Catastrophic Coverage	
All Tiers	<p>You pay the greater of either:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost or the drug, or • \$3.40 for a generic drug of a drug that is treated like a generic and \$8.50 for all other drugs • Our plan pays the rest of the cost

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
ABSTRAL SUBLINGUAL TABLET 100 MCG	4	PA; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 (Tylenol-Codeine #3) mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 (Tylenol-Codeine #4) mg</i>	2	QL (180 per 30 days)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
<i>buprenorphine transdermal patch weekly (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg (Bupap)</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg (Tencon)</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)</i>	3	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Capacet)</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral tablet</i> (Esgic) 50-325-40 mg	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i> (Fiorinal) 50-325-40 mg	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i> (Duragesic)	2	QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> (Hycet) 7.5-325 mg/15 ml	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin HP) 10-300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet HD) 10-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Verdrocet) 2.5-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin) 5-300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet (hydrocodone)) 5-325 mg	2	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	QL (240 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> (Exalgo ER)	2	QL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i> (Exalgo ER)	2	QL (60 per 30 days)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG, 40 MG	4	QL (60 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	2	QL (180 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>marten-tab oral tablet 50-325 mg</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	2	QL (360 per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	2	QL (240 per 30 days)
<i>methadose oral tablet,soluble 40 mg</i>	2	QL (90 per 30 days)
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule, er multiphase 24 hr 60 mg, 75 mg</i>	4	QL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 (MS Contin) mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (120 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg, 5 (Roxicodone) mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 (OxyContin) hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)</i>	2	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 15 MG, 20 MG, 30 MG, 60 MG	4	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg (Opana)</i>	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>phrenilin forte (with caffeine) oral capsule 50-300-40 mg</i>	2	PA; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg (Ultram)</i>	2	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	2	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5- 325 mg</i> (Ultracet)	2	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	2	QL (390 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i>	2	QL (150 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	PA; QL (60 per 30 days); AGE (Min 65 Years)
<i>celecoxib oral capsule 400 mg</i> (Celebrex)	2	PA; QL (30 per 30 days); AGE (Min 65 Years)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	4	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	5	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i> (ProFeno)	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i> (NeoProfen (ibuprofen lysn)(PF))	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	2	
INDOCIN RECTAL SUPPOSITORY 50 MG	4	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA; AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	PA; AGE (Max 64 Years)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	2	PA; AGE (Max 64 Years)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg</i>	2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine (pf) injection solution 10 mg/ml (1%), 15 mg/ml (1.5%), 20 mg/ml (2%)</i> (Xylocaine-MPF)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution 40 mg/ml (4%)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1%), 5 mg/ml (0.5%)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2%</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5%</i> (Lidoderm)	2	PA
<i>lidocaine topical ointment 5%</i>	2	PA
<i>lidocaine viscous mucous membrane solution 2%</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5%</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i> (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	4	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	4	QL (336 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	QL (2 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (400 per 365 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 8.6-2.1 MG	3	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	2	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	2	QL (150 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg</i> (Klonopin)	2	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i> (Klonopin)	2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	2	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	2	QL (4800 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	2	QL (2400 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i> (Valium)	2	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i> (Valium)	2	QL (90 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	2	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	2	QL (150 per 30 days)
<i>midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml)</i>	2	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	2	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	2	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	2	
ONFI ORAL SUSPENSION 2.5 MG/ML	5	
ONFI ORAL TABLET 10 MG, 20 MG	5	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	

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Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NM; Available through CVS Specialty (1-800-237-2767)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NM; Available through CVS Specialty (1-800-237-2767)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl oral recon soln</i> (Cleocin Pediatric) 75 mg/5 ml	2	
<i>clindamycin phosphate injection solution</i> 150 (mg/ml) (6 ml)	2	
<i>clindamycin phosphate injection solution</i> (Cleocin) 150 mg/ml	2	
<i>clindamycin phosphate intravenous solution</i> (Cleocin) 600 mg/4 ml	2	
<i>colistin (colistimethate na) injection recon soln</i> (Coly-Mycin M Parenteral) 150 mg	4	
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	
<i>daptomycin intravenous recon soln</i> 350 mg	5	
<i>daptomycin intravenous recon soln</i> 500 mg (Cubicin)	5	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
<i>linezolid 600 mg/300 ml-0.9% nacl</i> 600 mg/300 ml	5	
<i>linezolid in dextrose 5% intravenous piggyback</i> (Zyvox) 600 mg/300 ml	5	
<i>linezolid oral suspension for reconstitution</i> (Zyvox) 100 mg/5 ml	5	
<i>linezolid oral tablet</i> (Zyvox) 600 mg	5	
<i>methenamine hippurate oral tablet</i> (Hiprex) 1 gram	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i> (Metro I.V.) 500 mg/100 ml	2	
<i>metronidazole oral capsule</i> (Flagyl) 375 mg	2	
<i>metronidazole oral tablet</i> (Flagyl) 250 mg, 500 mg	2	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin) 100 mg, 25 mg, 50 mg	2	
<i>nitrofurantoin monohydlm-cryst oral capsule</i> (Macrobid) 100 mg	2	
<i>nitrofurantoin oral suspension</i> (Furadantin) 25 mg/5 ml	2	
<i>polymyxin b sulfate injection recon soln</i> 500,000 unit	2	

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Drug Name	Drug Tier	Requirements/Limits
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	
SIVEXTRO ORAL TABLET 200 MG	5	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	5	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	
XIFAXAN ORAL TABLET 200 MG	5	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (60 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	2	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	2	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	2	
<i>cefotetan intravenous recon soln 10 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (TAZICEF)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
DAXBIA ORAL CAPSULE 333 MG	4	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	

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Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> (Zithromax)	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	2	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA
<i>doripenem intravenous recon soln 250 mg, 500 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	PA BvD
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet (Augmentin XR) extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln (Unasyn) 1.5 gram, 15 gram, 3 gram</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>nafcillin intravenous recon soln 2 gram</i>	2	
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	4	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	4	
<i>oxacillin injection recon soln 10 gram</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon soln (Pfizerpen-G) 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>pfizerpen-g injection recon soln 20 million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)</i>	2	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	QL (28 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg (Cipro XR)</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml (Cipro in D5W)</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	2	
<i>moxifloxacin 400 mg/250 ml bag 400 mg/250 ml</i>	2	
<i>moxifloxacin in nacl (iso-osm) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i> (Oracea)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 75 mg</i>	2	
<i>minocycline oral capsule 50 mg</i> (Minocin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	2	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	4	
Anticancer Agents		
Anticancer Agents		
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	4	PA BvD
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml</i>	4	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ALIMTA INTRAVENOUS RECON SOLN 100 MG	5	PA NSO
ALUNBRIG ORAL TABLET 180 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 90 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	5	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit</i>	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA BvD
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA NSO; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; QL (180 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; Available through CVS Specialty (1-800-237-2767)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	2	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD
<i>dacarbazine intravenous recon soln 100 mg</i>	2	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	LA
<i>daunorubicin intravenous recon soln 20 mg</i>	2	
<i>daunorubicin intravenous solution 5 mg/ml</i>	2	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	5	
<i>docetaxel intravenous solution 20 mg/ml</i>	5	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	4	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml</i> (Adriamycin)	4	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
EMCYT ORAL CAPSULE 140 MG	5	
<i>epirubicin intravenous recon soln 50 mg</i>	2	
<i>epirubicin intravenous solution 50 mg/25 ml</i> (Ellence)	2	
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	5	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fludarabine intravenous solution 50 mg/2 ml</i>	4	
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 500</i> (Adrucil) <i>mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	5	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	
<i>gemcitabine intravenous recon soln 2 gram</i>	5	
<i>gemcitabine intravenous recon soln 200</i> (Gemzar) <i>mg</i>	5	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA BvD
HEXALEN ORAL CAPSULE 50 MG	5	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA NSO
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	2	
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 3 gram</i> (Ifex)	2	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram</i>	2	
<i>ifosfamide-mesna intravenous kit 3,000-1,000 mg</i>	5	PA BvD
<i>ifosfamide-mesna kit ifs=5x1gm,msn=3x1gm 1-1 gram</i>	5	PA BvD
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 560 MG	5	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG	5	PA NSO; QL (30 per 30 days)
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	5	

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Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 1 MG, 5 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
<i>irinotecan intravenous solution 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NM; Available through CVS Specialty (1-800- 237-2767)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; Available through CVS Specialty (1-800- 237-2767)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; Available through CVS Specialty (1-800- 237-2767)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; Available through CVS Specialty (1-800- 237-2767)
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA BvD
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD
<i>mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; Available through CVS Specialty (1-800-237-2767)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	
OPDIVO INTRAVENOUS SOLUTION 240 MG/24 ML	5	PA BvD
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	
<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	
PURIXAN ORAL SUSPENSION 20 MG/ML	5	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; LA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	5	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767); QL (240 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	
TABLOID ORAL TABLET 40 MG	3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237- 2767)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
TARGRETIN TOPICAL GEL 1 %	5	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; QL (60 per 30 days)
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	5	
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	5	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD
TYKERB ORAL TABLET 250 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (56 per 28 days)
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml</i> (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	5	PA NSO
YONSA ORAL TABLET 125 MG	5	PA NSO
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)	5	
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ZYTIGA ORAL TABLET 250 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>propantheline oral tablet 15 mg</i>	2	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML	5	
BANZEL ORAL TABLET 200 MG, 400 MG	5	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	
BRIVIACT ORAL TABLET 10 MG	5	
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	PA NSO
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	5	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
<i>fosphephenytoin injection solution 500 mg per 10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (14) -50 mg (14) -100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	4	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SABRIL ORAL TABLET 500 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	2	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	2	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	2	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>vigadrone oral powder in packet 500 mg</i>	5	NM; Available through CVS Specialty (1-800-237-2767)
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA NSO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA NSO
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	2	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	2	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin XL) 24 hr 150 mg	2	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin XL) 24 hr 300 mg	2	QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release</i> 12 hr 100 mg (Wellbutrin SR)	2	QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release</i> 12 hr 150 mg (Wellbutrin SR)	2	QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release</i> 12 hr 200 mg (Wellbutrin SR)	2	QL (60 per 30 days)
<i>citalopram oral solution</i> 10 mg/5 ml	2	
<i>citalopram oral tablet</i> 10 mg, 40 mg (Celexa)	1	GC; QL (30 per 30 days)
<i>citalopram oral tablet</i> 20 mg (Celexa)	1	GC; QL (60 per 30 days)
<i>clomipramine oral capsule</i> 25 mg, 50 mg, 75 mg (Anafranil)	2	
<i>desipramine oral tablet</i> 10 mg, 25 mg (Norpramin)	2	
<i>desipramine oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release</i> 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
<i>doxepin oral concentrate</i> 10 mg/ml	2	
<i>duloxetine oral capsule, delayed release(drlec)</i> 20 mg, 30 mg, 60 mg (Cymbalta)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec)</i> 40 mg	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
<i>escitalopram oxalate oral solution</i> 5 mg/5 ml	2	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i> 10 mg (Lexapro)	2	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet</i> 20 mg, 5 mg (Lexapro)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i> (Prozac)	1	GC; QL (60 per 30 days)
<i>fluoxetine oral capsule 20 mg</i> (Prozac)	1	GC; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i> (Prozac)	2	QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release (drlec) 90 mg</i>	2	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg</i> (Sarafem)	1	GC
<i>fluoxetine oral tablet 20 mg</i> (Sarafem)	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	2	QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	QL (30 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Paxil)	2	QL (45 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg</i> (Paxil CR)	2	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i> (Paxil CR)	2	QL (90 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg</i> (Zoloft)	1	GC; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	1	GC; QL (90 per 30 days)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	QL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	QL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	QL (60 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	GC; QL (60 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	GC; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	GC; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	2	QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i> (Fortamet)	1	GC; QL (150 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	GC
<i>pioglitazone oral tablet 15 mg</i> (Actos)	1	GC; QL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i> (Actos)	1	GC; QL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i> (Actos)	1	GC; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	1	GC; QL (45 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	GC
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	1	GC
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	QL (150 per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML	4	QL (765 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	
Sulfonylureas		
<i>glimepiride oral tablet 1 mg</i> (Amaryl)	1	GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i> (Amaryl)	1	GC; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i> (Glucotrol XL)	1	GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i> (Glucotrol XL)	1	GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i> (Glynase)	1	PA; GC; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 3 mg</i> (Glynase)	1	PA; GC; QL (120 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 6 mg</i> (Glynase)	1	PA; GC; QL (60 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg</i>	1	PA; GC; QL (480 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 2.5 mg</i>	1	PA; GC; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 5 mg</i>	1	PA; GC; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; GC; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	PA; GC; QL (120 per 30 days); AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	1	GC; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	GC; QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	GC; QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	4	
<i>ciclopirox topical cream 0.77%</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77%</i>	2	
<i>ciclopirox topical shampoo 1%</i> (Loprox)	2	
<i>ciclopirox topical solution 8%</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77%</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	
<i>econazole topical cream 1 %</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
MENTAX TOPICAL CREAM 1 %	4	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i> (Naftin)	2	

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	PA BvD
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	5	
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral powder 150 million unit</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
ONMEL ORAL TABLET 200 MG	4	
<i>oxiconazole topical cream 1%</i> (Oxistat)	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	5	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	2	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	4	ST

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Drug Name	Drug Tier	Requirements/Limits
ZURAMPIC ORAL TABLET 200 MG	4	PA; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	PA; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	2	PA; AGE (Max 64 Years)
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	2	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	PA; AGE (Max 64 Years)
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	PA; AGE (Max 64 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Children's Allergy (diphenhyd))	2	PA; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	2	PA; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA; AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; AGE (Max 64 Years)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	
Antimigraine Agents			
Antimigraine Agents			
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	(Migranal)	2	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	(Relpax)	2	QL (12 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	(Cafergot)	2	
<i>frovatriptan oral tablet 2.5 mg</i>	(Frova)	2	QL (12 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	(Amerge)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg</i>	(Maxalt)	2	QL (12 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>		2	QL (12 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	(Maxalt-MLT)	2	QL (12 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i>	(Imitrex)	2	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	(Imitrex)	2	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Kit Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	2	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	(Zomig)	2	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	(Zomig ZMT)	2	QL (12 per 28 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG		4	QL (18 per 28 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG		4	QL (12 per 28 days)
Antimycobacterials			
Antimycobacterials			
<i>cycloserine oral capsule 250 mg</i>		2	
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	
<i>ethambutol oral tablet 100 mg</i>		2	
<i>ethambutol oral tablet 400 mg</i>	(Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>		2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		4	
PRIFTIN ORAL TABLET 150 MG		4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
RIFAMATE ORAL CAPSULE 300-150 MG	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
ANZEMET ORAL TABLET 100 MG	5	PA BvD
ANZEMET ORAL TABLET 50 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	2	PA BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA BvD; QL (120 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	2	PA BvD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	PA; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	2	PA; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	2	PA; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA BvD
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	
ALINIA ORAL TABLET 500 MG	5	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	3	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg</i>	2	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	2	

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Drug Name	Drug Tier	Requirements/Limits
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	4	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	2	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	2	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	2	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	2	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	2	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	2	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	5	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	PA; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	PA; AGE (Max 64 Years)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	4	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 per 28 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	5	QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 per 56 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	2	
<i>clozapine oral tablet 200 mg, 50 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (FazaClo)	2	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST; QL (60 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	NM; Available through CVS Specialty (1-800- 237-2767); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; Available through CVS Specialty (1-800- 237-2767); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	NM; Available through CVS Specialty (1-800- 237-2767); QL (1.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QL (1.395 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QL (2.625 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG, 17 MG	5	PA NSO; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i> (Zyprexa)	2	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	2	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i> (Invega)	5	QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	
<i>quetiapine oral tablet 100 mg, 300 mg, 400 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet 200 mg, 25 mg, 50 mg</i> (Seroquel)	2	QL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i> (Seroquel XR)	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i> (Seroquel XR)	2	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i> (Seroquel XR)	2	QL (120 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	NM; Available through CVS Specialty (1-800-237-2767); QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i> (Risperdal)	2	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	2	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	4	ST; QL (60 per 30 days)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER 10 MG	4	ST; QL (60 per 30 days)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER 5 MG	4	ST; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	4	ST; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	PA NSO; AGE (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (4 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	4	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	5	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	5	QL (30 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QL (450 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	3	QL (270 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	4	QL (480 per 30 days)
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	5	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	5	QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (300 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (150 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	3	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	QL (480 per 30 days)
NORVIR ORAL TABLET 100 MG	3	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	5	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	QL (360 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	QL (240 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG, 75 MG	5	QL (120 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	
SYMFI ORAL TABLET 600-300-300 MG	5	

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Drug Name	Drug Tier	Requirements/Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	4	
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	4	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
ZERIT ORAL RECON SOLN 1 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	NM; Available through CVS Specialty (1-800- 237-2767)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	NM; Available through CVS Specialty (1-800- 237-2767)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; Available through CVS Specialty (1-800- 237-2767)

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	NM; Available through CVS Specialty (1-800-237-2767)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribasphere oral capsule 200 mg</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>ribasphere ribapak 400-400 mg 400 mg (7)- 400 mg (7)</i>	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>ribasphere ribapak 600-400 mg 600 mg (7)- 400 mg (7)</i>	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)</i>	5	NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NM; Available through CVS Specialty (1-800-237-2767)
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	NM; Available through CVS Specialty (1-800-237-2767); QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	NM; Available through CVS Specialty (1-800-237-2767); QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	NM; Available through CVS Specialty (1-800-237-2767); QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	NM; Available through CVS Specialty (1-800-237-2767); QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	4	NM; Available through CVS Specialty (1-800-237-2767)
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 200 MCG/0.4 ML, 40 MCG/0.4 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (1.6 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (2 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (1.2 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (1.68 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (2.4 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (4 per 28 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (20 per 30 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; Available through CVS Specialty (1-800- 237-2767)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
LEUKINE INJECTION RECON SOLN 250 MCG	5	
MULPLETA ORAL TABLET 3 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NM; Available through CVS Specialty (1-800- 237-2767)

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	2	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>protamine intravenous solution 10 mg/ml</i>	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	
ZONTIVITY ORAL TABLET 2.08 MG	4	
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 20 % in water (d20w)</i> <i>intravenous parenteral solution 20 %</i>	2	PA BvD
<i>dextrose 25 % in water (d25w)</i> <i>intravenous syringe</i>	2	PA BvD
<i>dextrose 40 % in water (d40w)</i> <i>intravenous parenteral solution 40 %</i>	2	PA BvD
<i>dextrose 5 % in ringer's intravenous</i> <i>parenteral solution 5 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous</i> <i>parenteral solution</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous</i> <i>piggyback 5 %</i>	2	PA BvD
<i>dextrose 50 % in water (d50w)</i> <i>intravenous parenteral solution</i>	2	PA BvD
<i>dextrose 50 % in water (d50w)</i> <i>intravenous syringe</i>	2	PA BvD
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	2	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	2	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	PA; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	5	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	4	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 48 mg, 8 mg</i> (Atacand)	1	GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	1	GC; QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	GC
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
EPANED ORAL SOLUTION 1 MG/ML	4	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	1	GC
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	1	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	2	PA BvD
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4%)</i>	4	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8%)</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	4	PA BvD
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	2	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	2	PA BvD
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
LEVATOL ORAL TABLET 20 MG	4	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>propranolol oral tablet 60 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	4	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	2	
<i>verapamil oral tablet 40 mg</i>	2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60 per 30 days)
DEMSEER ORAL CAPSULE 250 MG	5	
<i>digitek oral tablet 125 mcg, 250 mcg</i>	2	QL (30 per 30 days)
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	GC; QL (30 per 30 days)
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	QL (300 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	1	GC; QL (30 per 30 days)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	2	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	2	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>milrinone intravenous solution 1 mg/ml</i>	5	PA BvD
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))	2	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	4	
VECAMYL ORAL TABLET 2.5 MG	5	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	GC
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	GC
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
<i>nimodipine oral capsule 30 mg</i>	5	
NYMALIZE 60 MG/20 ML SOLUTION 60 MG/20 ML	5	
NYMALIZE ORAL SOLUTION 30 MG/10 ML	5	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg</i>	1	GC
<i>chlorthalidone oral tablet 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	5	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; QL (56 per 28 days)
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	2	
<i>toremide oral tablet 100 mg, 5 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	2	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	GC; QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	GC
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; ST; QL (30 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	
<i>pravastatin oral tablet 10 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	GC
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (3.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	GC
<i>simvastatin oral tablet 5 mg</i>	1	GC
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG	3	QL (45 per 30 days)
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	QL (30 per 30 days)
TEKTURNA ORAL TABLET 150 MG	3	QL (45 per 30 days)
TEKTURNA ORAL TABLET 300 MG	3	QL (30 per 30 days)
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	2	
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	2	
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (4 per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg</i> (Focalin XR)	2	QL (60 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 30 mg, 40 mg</i> (Focalin XR)	2	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	QL (30 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (20 per 180 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (12 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
VYVANSE ORAL CAPSULE 10 MG, 20 MG	4	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL CAPSULE 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 per 30 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>chateal oral tablet 0.15-0.03 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4) (Beyaz)</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7) (Safyral)</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Gianvi (28))</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Ocella)</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	3	QL (6 per 365 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)</i>	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>jolivette oral tablet 0.35 mg</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kaitlib fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Aubra)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (Amethyst)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (Introvale)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/175-40 (5)/125-30(10) (Enpresse)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-0.03 mg</i>	2	
<i>melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) 175 mg (4)</i>	2	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) 175 mg (4)</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Generess Fe)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	2	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Melodetta 24 Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho Tri-Cyclen LO (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	2	
<i>norlyroc oral tablet 0.35 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
NUVARING VAGINAL RING 0.015 MG/24 HR	4	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tulana oral tablet 0.35 mg</i>	2	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	2	EX
<i>benzonatate oral capsule 150 mg, 200 mg</i>	2	EX
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> (Tussionex Pennkinetic ER)	3	EX
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Tussigon)	2	EX
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	2	EX
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	EX
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	2	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	4	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	4	
<i>calcitrene topical ointment 0.005 %</i>	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>dapsone topical gel 5 %</i> (Aczone)	2	
DENAVIR TOPICAL CREAM 1 %	5	
<i>doxepin topical cream 5 %</i> (Prudoxin)	2	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
FINACEA TOPICAL FOAM 15 %	4	
FINACEA TOPICAL GEL 15 %	4	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	5	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN TOPICAL GEL 0.1 %	5	
PICATO TOPICAL GEL 0.015 %, 0.05 %	5	
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	4	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
VALCHLOR TOPICAL GEL 0.016 %	5	QL (60 per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZOVIRAX TOPICAL CREAM 5 %	4	
Dermatological Antibacterials		
ALTABAX TOPICAL OINTMENT 1 %	4	
BACTROBAN NASAL NASAL OINTMENT 2 %	4	
<i>clindamycin phosphate topical foam 1 % (Evoclin)</i>	2	
<i>clindamycin phosphate topical gel 1 % (Cleocin T)</i>	2	
<i>clindamycin phosphate topical lotion 1 % (Cleocin T)</i>	2	
<i>clindamycin phosphate topical solution 1 % (Cleocin T)</i>	2	
<i>clindamycin phosphate topical swab 1 % (Cleocin T)</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 % (Duac)</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 % (Acanya)</i>	3	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	4	
CORTISPORIN TOPICAL OINTMENT 1 %	4	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 % (Erygel)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	2	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	2	
<i>ala-scalp topical lotion 2 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	2	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>cormax scalp solution 0.05 %</i>	2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
DESONATE TOPICAL GEL 0.05 %	4	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
ELIDEL TOPICAL CREAM 1 %	4	
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	5	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	3	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical lotion 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	
<i>hydrocort buty 0.1% lipo cream 0.1 %</i> (Locoid Lipocream)	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i> (Analpram-HC)	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	
TEXACORT TOPICAL SOLUTION 2.5 %	4	
<i>triamcinolone acetonide topical cream 0.025 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene 0.3% gel pump 0.3 %</i> (Differin)	2	PA
<i>adapalene topical cream 0.1 %</i> (Differin)	2	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	2	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	2	
<i>avita topical cream 0.025 %</i>	2	PA
<i>avita topical gel 0.025 %</i>	2	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	3	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>permethrin topical cream 5 %</i> (Elimite)	2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	2	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	QL (200 per 30 days)
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	QL (200 per 30 days)
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	QL (200 per 30 days)
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	QL (200 per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
INSULIN SYRINGE-NEEDLE U-100 (Utileit Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	2	QL (200 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes) SYRINGE 1 ML 29 GAUGE X 1/2"	2	QL (200 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin Syringe) SYRINGE 1/2 ML 28 GAUGE	2	QL (200 per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	2	QL (200 per 30 days)
VGO 40 DISPOSABLE DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (56 per 28 days)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN 5 MG	5	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA; QL (14 per 28 days)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; QL (90 per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; Available through CVS Specialty (1-800-237-2767)
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA; LA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 5,000-17,000- 24,000 UNIT	4	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15,000-47,000 - 63,000 UNIT, 40,000-126,000- 168,000 UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	4	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	2	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	2	

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Drug Name	Drug Tier	Requirements/Limits
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> (Ciloxan) 0.3 %	2	
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) 0.2 %	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	2	
<i>gentak ophthalmic (eye) ointment</i> 0.3 % (3 mg/gram)	2	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	2	
<i>hydrocortisone-acetic acid otic (ear)</i> <i>drops</i> 1-2 %	2	
<i>levofloxacin ophthalmic (eye) drops</i> 0.5 %	2	
<i>moxifloxacin ophthalmic (eye) drops</i> 0.5 (Vigamox) %	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic</i> (Neo-Polycin HC) <i>(eye) ointment</i> 3.5-400-10,000 mg- unit/g-1%	2	
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin) <i>ophthalmic (eye) ointment</i> 3.5-400- 10,000 mg-unit-unit/g	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500- 10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	4	
<i>sulfacetamide sodium ophthalmic (eye) (Bleph-10) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	2	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone nasal spray,suspension 50 mcg/lactuation</i> (24 Hour Allergy Relief)	2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	4	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Nasonex)	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	QL (64 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg, 40 mg</i> (Nexium)	3	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral tablet 40 mg</i> (Pepcid)	2	
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	3	
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid)	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	2	
<i>ranitidine hcl injection solution 25 mg/ml</i> (Zantac)	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	2	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	4	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>generlac oral solution 10 gram/15 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	2	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	4	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	4	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	4	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	5	
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	2	
<i>polyethylene glycol 3350 powd 17 gm packets (rx) 17 gram</i> (ClearLax)	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	5	PA; QL (360 per 30 days)
<i>calcium acetate oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	2	
<i>eliphos oral tablet 667 mg</i>	2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	5	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	4	
DEPEN TITRATABS ORAL TABLET 250 MG	5	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	NM; Available through CVS Specialty (1-800-237-2767)
FERRIPROX ORAL SOLUTION 100 MG/ML	5	
FERRIPROX ORAL TABLET 500 MG	5	
<i>trientine oral capsule 250 mg</i> (Syprine)	5	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	QL (150 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>methyltestosterone oral capsule 10 mg</i> (Android)	5	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	QL (5 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	2	QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i> (Vogelxo)	2	QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	2	QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	PA; AGE (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
DUAVEE ORAL TABLET 0.45-20 MG	3	PA; AGE (Max 64 Years)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	PA; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	2	PA; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	2	PA; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	2	PA; AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA; AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01% (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	2	PA; AGE (Max 64 Years)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	2	PA; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	PA; AGE (Max 64 Years)
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	PA; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	2	PA; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	2	
OSPHENA ORAL TABLET 60 MG	3	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	PA BvD
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	PA BvD
<i>cortisone oral tablet 25 mg</i>	2	
<i>deltasone oral tablet 20 mg</i>	2	PA BvD
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	2	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	PA BvD
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (DexPak 6 Day)	2	
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs)</i> (DexPak 10 day)	2	
<i>dexamethasone oral tablets,dose pack 1.5 mg (51 tabs)</i> (DexPak 13 Day)	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i> (Depo-Medrol)	2	PA BvD
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	2	PA BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	4	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	2	PA BvD
<i>prednisone oral tablet 10 mg</i>	2	PA BvD
<i>prednisone oral tablet 20 mg</i> (Deltasone)	2	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	4	PA BvD
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	3	
<i>zonacort oral tablets,dose pack 1.5 mg (27 tabs), 1.5 mg (41 tabs)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; NM; Available through CVS Specialty (1-800-237-2767)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	5	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	5	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>octreotide acetate injection solution 200 mcg/ml</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
MAKENA INTRAMUSCULAR OIL 250 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA NSO; AGE (Max 64 Years)
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	2	PA NSO; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	GC
<i>levothyroxine oral tablet 175 mcg, 200 mcg, 300 mcg</i> (Levo-T)	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents		
Immunological Agents		
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	5	PA BvD
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	5	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	5	
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK), 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	4	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	4	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
OTEZLA ORAL TABLET 30 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (110 per 365 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	
RIDAURA ORAL CAPSULE 3 MG	5	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	4	PA BvD
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	4	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	4	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	4	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	4	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	4	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	4	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	4	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	4	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	4	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	4	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	4	
IPOL INJECTION SUSPENSION 40- 8-32 UNIT/0.5 ML	4	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	4	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	4	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	4	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	4	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	4	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	4	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	4	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	4	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	4	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	4	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	4	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	4	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	4	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	4	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	4	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	4	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	4	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	4	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	4	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	4	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	4	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	4	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	4	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	4	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	4	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	5	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	5	
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	4	
DIPENTUM ORAL CAPSULE 250 MG	4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	2	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> (Asacol HD)	3	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	2	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	NM; Available through CVS Specialty (1-800-237-2767)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	2	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	3	NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 60 MG	5	NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	NM; Available through CVS Specialty (1-800-237-2767); QL (120 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; NM; Available through CVS Specialty (1-800-237-2767)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	NM; Available through CVS Specialty (1-800-237-2767)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACD SOLUTION 2.45-2.2 GRAM-730 MG/100 ML	4	PA BvD
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; Available through CVS Specialty (1-800-237-2767)
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	2	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane hcl intravenous recon soln</i> (Zinecard (as HCl)) 500 mg	2	
<i>droperidol injection solution 2.5 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; QL (180 per 30 days)
<i>guanidine oral tablet 125 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	PA; AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg,</i> (Vistaril) 50 mg	2	PA; AGE (Max 64 Years)
KEVEYIS ORAL TABLET 50 MG	5	PA
<i>leucovorin calcium injection recon soln 50 mg,</i> 500 mg	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg,</i> 25 mg, 5 mg	2	
<i>levocarnitine (with sugar) oral solution</i> (Carnitor) 100 mg/ml	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	5	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	5	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	5	
LITHOSTAT ORAL TABLET 250 MG	4	
MESNEX ORAL TABLET 400 MG	5	
MESTINON ORAL SYRUP 60 MG/5 ML	4	
<i>methylergonovine injection solution 0.2 mg/ml</i> (1 ml)	2	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA BvD; NM; Available through CVS Specialty (1-800-237-2767)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	2	

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Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	4	
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	PA BvD
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	NM; Available through CVS Specialty (1-800- 237-2767)
TYBOST ORAL TABLET 150 MG	3	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT	4	PA BvD; NM; Available through CVS Specialty (1-800-237- 2767)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	ST
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	4	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	2	ST
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	PA BvD
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	PA BvD
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	PA BvD
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	PA BvD
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	PA BvD
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	PA BvD
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	2	PA BvD
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)</i>	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R IV SOLUTION L/F, SINGLE-USE	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	PA BvD
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq</i>	2	
<i>potassium chloride oral capsule, extended (Klor-Con Sprinkle) release 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq (Klor-Con)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	4	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION	3	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol (AirDuo RespiClick) powdr breath activated 113-14 mcglactuation, 232-14 mcglactuation, 55- 14 mcglactuation</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	4	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	4	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	4	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (10.2 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg (Singulair)</i>	2	
<i>montelukast oral tablet 10 mg (Singulair)</i>	2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	2	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>aminophylline intravenous solution 500 mg/20 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	PA BvD
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	2	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	2	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	2	
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	PA BvD
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	4	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release (Theochron) 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)</i>	2	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA NSO; NM; Available through CVS Specialty (1-800-237-2767)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; QL (56 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	PA; AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	PA; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	2	PA; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
<i>metaxalone oral tablet 400 mg</i>	2	PA; AGE (Max 64 Years)
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	2	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	2	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	PA; AGE (Max 64 Years)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	4	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	4	PA
ROZEREM ORAL TABLET 8 MG	4	ST
XYREM ORAL SOLUTION 500 MG/ML	5	LA
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	ST; QL (8 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Drug Tier	Requirements/Limits
CIALIS ORAL TABLET 10 MG, 20 MG	4	EX; CB (4 EA per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA BvD
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA BvD
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	EX; CB (4 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	2	PA
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; CB (4 EA per 30 days)
STAXYN ORAL TABLET, DISINTEGRATING 10 MG	4	EX; CB (4 EA per 30 days)
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA; Available through CVS Specialty (1-800-237-2767)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; Available through CVS Specialty (1-800-237-2767); QL (400 per 365 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; NM; Available through CVS Specialty (1-800-237-2767)
Vitamins And Minerals		
Vitamins And Minerals		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	EX
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	GC; EX; QL (4 per 28 days)
FLUORIDE (SODIUM) ORAL TABLET 1 MG (2.2 MG SOD. FLUORIDE)	2	
<i>folic acid oral tablet 1 mg</i>	1	GC; EX
LUDENT FLUORIDE 1 MG TAB CHEW D/F, S/F, CHEWABLE (OTC) 1 MG (2.2 MG SOD. FLUORIDE)	2	
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	2	

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TWINRIX (PF).....	125	VGO 40.....	100	XARELTO.....	65
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<i>tydemy</i>	92	VIBERZI.....	109	XELJANZ.....	122
TYKERB.....	30	VIBRAMYCIN.....	21	XELJANZ XR.....	122
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TYPHIM VI.....	125	<i>vicodin es</i>	7	XERMELO.....	109
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<i>valganciclovir</i>	64	<i>vigadrone</i>	35	XYREM.....	140
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<i>valproic acid (as sodium salt)</i> ..	35	VIMIZIM.....	101	YF-VAX (PF).....	125
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This formulary was updated on 9/24/18. For more recent information or other questions, please contact **Harvard Pilgrim StrideSM (HMO)** Member Services at **1-888-609-0692** or, for TTY users **711**, October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week, and April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday, or visit www.harvardpilgrim.org/medicare.

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