

# Harvard Pilgrim Health Care Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS)

2022 Formulary (List of Covered Drugs)

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

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Formulary File ID#22405, Version Number 7



This formulary was updated on 01/03/22. For more recent information or other questions, please contact Harvard Pilgrim's 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](http://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. When it refers to “plan” or “our plan,” it means Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS).

This document includes the list of the drugs (formulary) for our plan which is current as of 01/03/22. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **What is the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) 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?**

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

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

- **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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **01/03/22**. 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/striderx](http://www.harvardpilgrim.org/striderx).

## **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 Drugs. 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 follows the drug list. 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 online 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<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO) and Stride<sup>SM</sup> Choice Rx (HMO-POS) 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<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. 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, we 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/striderx](http://www.harvardpilgrim.org/striderx).

### **For more information**

For more detailed information about your Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) 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<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS) Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that follows the drug list. Only drugs that are covered on the formulary are listed.

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 (e.g., simvastatin). For generic drugs, we have listed the brand name equivalent in the second column for your reference only. 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.

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

<b>SYMBOL</b>	<b>DESCRIPTION</b>	<b>EXPLANATION</b>
<b>AGE (Max 64 Years)</b>	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.
<b>EX</b>	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.
<b>GC</b>	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You pay your copay of \$0 for drugs on Tier 1 until you reach the Catastrophic Coverage stage.
<b>PA</b>	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plans before we will cover this drug.
<b>PA BvD</b>	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.
<b>PA NSO</b>	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.
<b>QL</b>	Quantity Limit Restriction	Our plans limit the amount of this drug that is covered within a specific time frame, or per prescription.
<b>SI</b>	Select Insulin	This select insulin is covered at a flat \$35 copayment for a 30-day supply during the Deductible, Initial Coverage Limit and Coverage Gap stages of your Part D benefit.
<b>ST</b>	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.

## 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 sildenafil (generic Viagra). Our plans do not cover the lower daily dose of tadalafil (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. The Freestyle Libre system is covered through pharmacy with prior authorization. You can request coverage by contacting our Member Services at the number listed on the front and back covers of this booklet.

### Extended Day Supplies

Drugs covered on all tiers are eligible for extended day supplies (up to 90 days) at participating network retail, specialty and mail order pharmacies.

### 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), your claim will not approve without an override.

- **Opioid-Buprenorphine Concurrent Use Edit**

If you have filled a prescription for buprenorphine for medication-assisted treatment (MAT), your claim for an opioid 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 120 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, 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<sup>SM</sup> 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 Member Services 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.

## **Vaccines**

Our plans cover the flu and pneumonia vaccines under Part B at no cost-share. The hepatitis B vaccine may be covered under Part B or Part D, depending on your risk of becoming infected with hepatitis B. All other vaccines are covered under your Part D benefit on Tier 1. This means that there is no cost to you for your vaccines unless you are in the Catastrophic Coverage stage. The easiest way to receive a vaccine is at a network pharmacy where your cost-sharing (if any) will be determined at the time of administration. When you get a Part D-covered vaccine outside of a network pharmacy, your provider will bill you for both the vaccine and its administration. You can then pay your provider and submit a request for reimbursement to our Pharmacy Benefits Manager (PBM), OptumRx. Member Services can direct you to the form for reimbursement.



## 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.

Coverage Stage	Formulary Tier	PLAN NAME			
		Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
Deductible	Tiers 3 – 5	\$445	\$270	\$270	\$270
Initial Coverage	Tier 1	\$0	\$0	\$0	\$0
	Tier 2	\$15	\$10	\$10	\$10
	Tier 3	\$47	\$47	\$47	\$47
	Tier 4	\$100	\$100	\$100	\$100
	Tier 5	25%	28%	28%	28%
Coverage Gap	Tier 1	\$0			
	Tiers 2 - 5	You pay 25% of the cost for covered brand-name drugs (plus a portion of the dispensing fee) and 25% of the cost for covered generic drugs.			
Catastrophic Coverage	All Tiers	You pay the greater of either: <ul style="list-style-type: none"> <li>• Coinsurance of 5% of the cost of the drug, or</li> <li>• \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs</li> </ul>			
<b>Tier Descriptions</b> Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand-Name Drugs Tier 4: Non-Preferred Brand-Name Drugs Tier 5: Specialty Drugs					

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Antihistamine Drugs</b>			
<b>First Generation Antihistamines</b>			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		2	PA; AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>		2	PA; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		2	PA; AGE (Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		2	PA; AGE (Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		2	PA; AGE (Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	2	PA; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	Promethegan	2	PA; AGE (Max 64 Years)
<i>promethegan rectal suppository 50 mg</i>		2	PA; AGE (Max 64 Years)
<b>Second Generation Antihistamines</b>			
<i>cetirizine hcl oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	2	
<i>desloratadine oral tablet 5 mg</i>	Clarinx	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	2	
<b>Anti-infective Agents</b>			
<b>Anthelmintics</b>			
<i>albendazole oral tablet 200 mg</i>	Albenza	5	
<i>ivermectin oral tablet 3 mg</i>	Stromectol	2	
<i>praziquantel oral tablet 600 mg</i>	Biltricide	4	
<b>Antibacterials</b>			
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>		2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		2	

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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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		2	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	2	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 875-125 mg</i>		2	
<i>amoxicillin-potassium clavulanate oral tablet 500-125 mg</i>	Augmentin	2	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		2	
<i>ampicillin oral capsule 500 mg</i>		2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>		2	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Unasyn	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>		2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Unasyn	2	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Zithromax	2	
AZITHROMYCIN ORAL PACKET 1 GM		2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	Zithromax	2	

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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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 600 mg</i>		2	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Azactam	2	
BAXDELA ORAL TABLET 450 MG		5	QL (28 EA per 14 days)
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML		4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>		2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		2	
<i>cefadroxil oral capsule 500 mg</i>		2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		2	
<i>cefadroxil oral tablet 1 gm</i>		2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>		2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>		2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>		2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>		2	
<i>cefdinir oral capsule 300 mg</i>		2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>		2	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>		2	

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<b>Drug Name</b>	<b>Brand Name (Reference Only)</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepime hcl intravenous solution reconstituted 100 gm</i>		2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>		2	
<i>cefixime oral capsule 400 mg</i>	Suprax	2	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Suprax	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>		2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Cefotan	2	
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)</i>		2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>		2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>		2	
<i>ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>		2	
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tazicef	2	
<i>ceftazidime injection solution reconstituted 6 gm</i>		2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tazicef	2	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>		2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>		2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>		2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>		2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>		2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>		2	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>		2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	Cleocin Phosphate	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Coly-Mycin M	5	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		5	
<i>daptomycin intravenous solution reconstituted 350 mg</i>		5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Cubicin	5	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		2	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		5	
DIFICID ORAL TABLET 200 MG		5	QL (20 EA per 10 days)
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	Doxy 100	2	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Doxy 100	2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	2	
<i>doxycycline hyclate oral capsule 50 mg</i>		2	
<i>doxycycline hyclate oral tablet 100 mg</i>	Lymepak	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	Acticlate	2	
<i>doxycycline hyclate oral tablet 20 mg</i>		2	
<i>doxycycline hyclate oral tablet 50 mg</i>	TargaDOX	2	
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxylene NL	2	
<i>doxycycline monohydrate oral capsule 150 mg, 50 mg, 75 mg</i>		2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Vibramycin	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	INVanz	2	
<i>erythrocin lactobionate intravenous solution reconstituted 500 mg</i>		4	
<i>erythrocin stearate oral tablet 250 mg</i>		2	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		2	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		2	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Ery-Tab	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	EryPed 400	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	2	
<i>erythromycin oral tablet delayed release 250 mg</i>	Ery-Tab	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML		3	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>		2	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>		2	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		2	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	Primaxin IV	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>		2	
<i>levofloxacin intravenous solution 25 mg/ml</i>		2	
<i>levofloxacin oral solution 25 mg/ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Levaquin	2	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>		5	
<i>linezolid intravenous solution 600 mg/300ml</i>	Zyvox	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	5	
<i>linezolid oral tablet 600 mg</i>	Zyvox	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>		2	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>		2	
<i>minocycline hcl oral capsule 100 mg</i>	Minocin	2	
<i>minocycline hcl oral capsule 50 mg, 75 mg</i>		2	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		2	
<i>mondoxyne nl oral capsule 100 mg</i>	Mondoxyne NL	2	
<i>mondoxyne nl oral capsule 75 mg</i>		2	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>		2	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>		2	
<i>moxifloxacin hcl oral tablet 400 mg</i>		2	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>		5	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		2	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		2	
<i>neomycin sulfate oral tablet 500 mg</i>		2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML		4	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>		4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>		4	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml</i>		2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML		2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	Pfizerpen	2	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>		2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>		2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>		2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		5	
SIVEXTRO ORAL TABLET 200 MG		5	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		2	
<i>sulfadiazine oral tablet 500 mg</i>		2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	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>sulfasalazine oral tablet 500 mg</i>	Azulfidine	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		4	
<i>suprax oral tablet chewable 100 mg, 200 mg</i>		4	
<i>tazicef injection solution reconstituted 1 gm</i>	Tazicef	2	
<i>tazicef intravenous solution reconstituted 1 gm, 6 gm</i>		2	
<i>tazicef intravenous solution reconstituted 2 gm</i>	Tazicef	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		2	
TOBI PODHALER INHALATION CAPSULE 28 MG		5	Available through CVS Specialty (1-800-237-2767)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Bethkis	5	PA BvD
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	5	PA BvD; Available through CVS Specialty (1-800-237-2767)
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>		2	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>		2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>		2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>		2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>		2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		2	
<i>vancomycin hcl oral capsule 125 mg</i>	Vancocin HCl	2	
<i>vancomycin hcl oral capsule 250 mg</i>	Vancocin	2	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	Firvanq	2	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML		4	
XIFAXAN ORAL TABLET 200 MG		5	
XIFAXAN ORAL TABLET 550 MG		5	PA; QL (60 EA per 30 days)
<b>Antifungals</b>			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		5	PA BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		2	PA BvD
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	Cancidas	5	
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	Cancidas	4	
CRESEMBA ORAL CAPSULE 186 MG		5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		2	
<i>fluconazole oral suspension reconstituted 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/5ml</i>		2	
<i>griseofulvin microsize oral tablet 500 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<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>micafungin sodium intravenous solution reconstituted 100 mg</i>		2	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>		5	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML		5	
NOXAFIL ORAL SUSPENSION 40 MG/ML		5	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		2	
<i>nystatin oral tablet 500000 unit</i>		2	
<i>posaconazole oral tablet delayed release 100 mg</i>	Noxafil	5	
<i>terbinafine hcl oral tablet 250 mg</i>		2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Vfend IV	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	2	
<b>Antimycobacterials</b>			
<i>cycloserine oral capsule 250 mg</i>		2	
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	
<i>ethambutol hcl oral tablet 100 mg</i>		2	
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	2	
<i>isoniazid oral syrup 50 mg/5ml</i>		2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		2	
<i>paser oral packet 4 gm</i>		4	
PRIFTIN ORAL TABLET 150 MG		4	
<i>pyrazinamide oral tablet 500 mg</i>		2	
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	Rifadin	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA
TRECATOR ORAL TABLET 250 MG		4	
<b>Antiprotozoals</b>			
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		2	
COARTEM ORAL TABLET 20-120 MG		4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>		2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	2	
IMPAVIDO ORAL CAPSULE 50 MG		5	
<i>mefloquine hcl oral tablet 250 mg</i>		2	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%</i>		2	
<i>metronidazole oral capsule 375 mg</i>	Flagyl	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>		2	
<i>nitazoxanide oral tablet 500 mg</i>	Alinia	5	
<i>paromomycin sulfate oral capsule 250 mg</i>	Humatin	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Nebupent	2	PA BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Pentam	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		4	
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	Qualaquin	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>		2	
<b>Antivirals</b>			
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>abacavir sulfate oral tablet 300 mg</i>	Ziagen	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Trizivir	5	
<i>acyclovir oral capsule 200 mg</i>		2	
<i>acyclovir oral suspension 200 mg/5ml</i>	Zovirax	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>		2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		2	PA BvD
<i>adefovir dipivoxil oral tablet 10 mg</i>	Hepsera	2	
<i>amantadine hcl oral capsule 100 mg</i>		2	
<i>amantadine hcl oral solution 50 mg/5ml</i>		2	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		5	
APTIVUS ORAL CAPSULE 250 MG		5	
APTIVUS ORAL SOLUTION 100 MG/ML		5	
<i>atazanavir sulfate oral capsule 150 mg</i>		4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		5	
CIMDUO ORAL TABLET 300-300 MG		5	
COMPLERA ORAL TABLET 200-25-300 MG		5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG		3	QL (450 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
CRIXIVAN ORAL CAPSULE 400 MG		3	QL (270 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG		5	
DESCOVY ORAL TABLET 200-25 MG		5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>		2	
DOVATO ORAL TABLET 50-300 MG		5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG		5	
<i>efavirenz oral capsule 200 mg</i>	Sustiva	2	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Sustiva	2	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	2	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	Atripla	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	5	
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	5	
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	2	
EPCLUSA ORAL PACKET 150-37.5 MG		5	PA; QL (28 EA per 28 days)
EPCLUSA ORAL PACKET 200-50 MG		5	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		5	PA; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML		3	
<i>etravirine oral tablet 100 mg</i>	Intelence	4	QL (120 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>etravirine oral tablet 200 mg</i>	Intelece	5	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG		5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	5	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	Available through CVS Specialty (1-800-237-2767)
GENVOYA ORAL TABLET 150-150-200-10 MG		5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG		4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG		5	QL (60 EA per 30 days)
INVIRASE ORAL TABLET 500 MG		5	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG		5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG		5	QL (300 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG		5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG		5	QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG		4	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG		5	QL (150 EA 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	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Combivir	2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Kaletra	4	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Kaletra	4	QL (150 EA per 30 days)
MAVYRET ORAL PACKET 50-20 MG		5	PA; QL (140 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (84 EA per 28 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Viramune XR	2	
<i>nevirapine oral suspension 50 mg/5ml</i>		2	
<i>nevirapine oral tablet 200 mg</i>		2	
NORVIR ORAL PACKET 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	QL (480 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	2	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	Available through CVS Specialty (1-800-237-2767)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		5	Available through CVS Specialty (1-800-237-2767)
PIFELTRO ORAL TABLET 100 MG		5	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	
PREZCOBIX ORAL TABLET 800-150 MG		5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML		5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG		5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG		4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG		5	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		4	
REYATAZ ORAL PACKET 50 MG		5	
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		5	Available through CVS Specialty (1-800-237-2767)
<i>ribavirin oral capsule 200 mg</i>		2	Available through CVS Specialty (1-800-237-2767)
<i>ribavirin oral tablet 200 mg</i>		2	Available through CVS Specialty (1-800-237-2767)
<i>rimantadine hcl oral tablet 100 mg</i>		2	
<i>ritonavir oral tablet 100 mg</i>	Norvir	2	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		5	
SELZENTRY ORAL SOLUTION 20 MG/ML		5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG		5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG		3	QL (240 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 300 MG, 75 MG		5	QL (120 EA per 30 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>		2	
STRIBILD ORAL TABLET 150-150-200-300 MG		5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	
TEMIXYS ORAL TABLET 300-300 MG		5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	4	
TIVICAY ORAL TABLET 10 MG		4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG		5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG		5	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	2	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Valcyte	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	2	
VEMLIDY ORAL TABLET 25 MG		5	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
VOCABRIA ORAL TABLET 30 MG		5	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG		3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG		3	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule 100 mg</i>	Retrovir	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	2	
<i>zidovudine oral tablet 300 mg</i>		2	
<b>Urinary Anti-infectives</b>			
<i>fosfomycin tromethamine oral packet 3 gm</i>	Monurol	2	
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	2	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	Macrobid	2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		2	
<i>trimethoprim oral tablet 100 mg</i>		2	
<b>Antineoplastic Agents</b>			
<b>Antineoplastic Agents</b>			
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	Zytiga	5	PA NSO; QL (60 EA per 30 days)
<i>adriamycin intravenous solution reconstituted 10 mg</i>		4	PA BvD
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ALUNBRIG ORAL TABLET 180 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
<i>anastrozole oral tablet 1 mg</i>	Arimidex	2	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG		5	PA NSO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	Targretin	5	
<i>bicalutamide oral tablet 50 mg</i>	Casodex	2	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		5	PA NSO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
CALQUENCE ORAL CAPSULE 100 MG		5	PA NSO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	PA NSO
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG		5	PA NSO

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		2	PA BvD
<i>cyclophosphamide oral tablet 25 mg</i>		2	PA BvD
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		2	PA BvD
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML		5	
DAURISMO ORAL TABLET 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<i>doxorubicin hcl intravenous solution reconstituted 10 mg</i>		4	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		4	
EMCYT ORAL CAPSULE 140 MG		5	
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ERLEADA ORAL TABLET 60 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>everolimus oral tablet 10 mg</i>	Afinitor	5	PA NSO; QL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Afinitor Disperz	5	PA NSO; QL (60 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Aromasin	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>flutamide oral capsule 125 mg</i>	Eulexin	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML		5	
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA NSO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		5	PA NSO
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Gleevec	5	PA NSO; Available through CVS Specialty (1-800-237-2767)
IMBRUVICA ORAL CAPSULE 140 MG		5	PA NSO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		5	PA NSO; QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 560 MG		5	PA NSO; QL (120 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 280 MG		5	PA NSO; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG		5	PA NSO; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
INQOVI ORAL TABLET 35-100 MG		5	PA NSO; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	Available through CVS Specialty (1-800-237-2767)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	Available through CVS Specialty (1-800-237-2767)
IRESSA ORAL TABLET 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KISQALI ORAL TABLET THERAPY PACK 200 MG		5	PA NSO
KISQALI ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		5	PA NSO; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	5	PA NSO
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG		5	PA NSO
LEUKERAN ORAL TABLET 2 MG		5	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG		5	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA NSO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG		5	
MATULANE ORAL CAPSULE 50 MG		5	
<i>megestrol acetate 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; Available through CVS Specialty (1-800-237-2767)
MEKTOVI ORAL TABLET 15 MG		5	PA NSO; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>		2	
<i>methotrexate oral tablet 2.5 mg</i>		2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>		2	
NERLYNX ORAL TABLET 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA 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; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ONUREG ORAL TABLET 200 MG, 300 MG		5	PA NSO; QL (14 EA per 28 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		5	PA NSO; QL (30 EA per 30 days)
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG		5	PA NSO; QL (56 EA per 28 days)
PIQRAY ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG		5	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
PURIXAN ORAL SUSPENSION 2000 MG/100ML		5	
QINLOCK ORAL TABLET 50 MG		5	PA NSO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG		5	PA NSO; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (150 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
RYDAPT ORAL CAPSULE 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (240 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
STIVARGA ORAL TABLET 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	5	PA NSO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		5	
TABLOID ORAL TABLET 40 MG		3	
TABRECTA ORAL TABLET 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG		5	PA NSO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
TAGRISSE ORAL TABLET 40 MG, 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
TAZVERIK ORAL TABLET 200 MG		5	PA NSO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG		5	PA NSO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; QL (60 EA per 30 days)
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	2	
<i>tretinoin oral capsule 10 mg</i>		5	
<i>trexall oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>		4	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG		5	PA NSO; QL (42 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG		5	PA NSO; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG		5	PA NSO; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG		5	PA NSO; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG		5	PA NSO; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG		5	PA NSO; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG		5	PA NSO; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG		5	PA NSO; QL (120 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML		5	
VENCLEXTA ORAL TABLET 10 MG		3	PA NSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG		5	PA NSO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 30 MG, 45 MG		5	PA NSO; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG		5	PA NSO; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		4	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG		5	PA NSO; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (32 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		5	PA NSO; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		5	PA NSO; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
XTANDI ORAL TABLET 40 MG, 80 MG		5	PA NSO
YONSA ORAL TABLET 125 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZEJULA ORAL CAPSULE 100 MG		5	PA NSO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO
ZYKADIA ORAL TABLET 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>			
<b>Antitoxins and Immune Globulins</b>			
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		5	PA BvD
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	PA BvD
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		5	PA BvD
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML		4	
<i>nabi-hb intramuscular solution 312 unit/ml</i>		1	GC
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		4	
<b>Toxoids</b>			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		1	GC
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		1	GC
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		1	GC
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		1	GC
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		1	GC
KINRIX INTRAMUSCULAR SUSPENSION		1	GC
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	GC
QUADRACEL INTRAMUSCULAR SUSPENSION		1	GC
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		1	GC
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU		1	GC
<b>Vaccines</b>			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		1	GC
BCG VACCINE INJECTION INJECTABLE		1	GC
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		1	GC
<i>dengvaxia subcutaneous suspension reconstituted</i>		1	GC
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML		1	PA BvD; GC
GARDASIL 9 INTRAMUSCULAR SUSPENSION		1	GC
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		1	GC
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML		1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		1	GC
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML		1	GC
IPOL INJECTION INJECTABLE		1	GC
IXIARO INTRAMUSCULAR SUSPENSION		1	GC
MENACTRA INTRAMUSCULAR SOLUTION		1	GC
MENQUADFI INTRAMUSCULAR SOLUTION		1	GC
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		1	GC
M-M-R II INJECTION SOLUTION RECONSTITUTED		1	GC
PEDIARIX INTRAMUSCULAR SUSPENSION		1	GC
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		1	GC
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	GC
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		1	GC
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		1	GC
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML		1	PA BvD; GC
ROTARIX ORAL SUSPENSION RECONSTITUTED		1	GC
ROTATEQ ORAL SOLUTION		1	GC
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		1	GC
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		1	GC
<i>ticovac intramuscular suspension prefilled syringe 2.4 mcg/0.5ml</i>		1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		1	GC
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		1	GC
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)		1	GC
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		1	GC
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		1	GC
<i>vaxelis intramuscular suspension</i>		1	GC
<i>vaxelis intramuscular suspension prefilled syringe</i>		1	GC
YF-VAX SUBCUTANEOUS INJECTABLE		1	GC
<b>Autonomic Drugs</b>			
<b>Anticholinergic Agents</b>			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	QL (60 EA per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml, 1 mg/10ml</i>		2	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		2	PA; AGE (Max 64 Years)
<i>dicyclomine hcl oral capsule 10 mg</i>		2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		2	
<i>dicyclomine hcl oral tablet 20 mg</i>		2	
<i>glycate oral tablet 1.5 mg</i>		2	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>		2	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		3	
<i>ipratropium bromide inhalation solution 0.02 %</i>		2	PA BvD
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		2	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>		2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		2	PA; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		2	PA; AGE (Max 64 Years)
<b>Autonomic Drugs, Miscellaneous</b>			
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG		4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG		4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		4	
NICOTROL INHALATION INHALER 10 MG		4	
NICOTROL NS NASAL SOLUTION 10 MG/ML		4	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		2	
<b>Parasympathomimetic (Cholinergic) Agents</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		2	
<i>cevimeline hcl oral capsule 30 mg</i>	Evoxac	2	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Aricept	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Razadyne ER	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		2	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		2	
<i>guanidine hcl oral tablet 125 mg</i>		2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	2	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Mestinon	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Mestinon	5	
<i>pyridostigmine bromide oral tablet 30 mg</i>		4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	2	
<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/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	2	QL (30 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>			
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		2	PA; AGE (Max 64 Years)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Fexmid	2	PA; AGE (Max 64 Years)
<i>dantrolene sodium oral capsule 100 mg</i>		2	
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	Dantrium	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		2	PA; AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 2 mg</i>		2	
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	2	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	2	QL (30 EA per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Migranal	5	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Dibenzyline	5	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Rapaflo	4	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	2	
<b>Sympathomimetic (Adrenergic) Agents</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		2	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	ProAir HFA	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		4	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	4	PA BvD
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	
<i>dobutamine hcl intravenous solution 250 mg/20ml</i>		2	PA BvD
<i>dobutamine in d5w intravenous solution 1-5 mg/ml-%, 2 mg/ml, 4-5 mg/ml-%</i>		2	PA BvD
<i>dopamine hcl intravenous solution 40 mg/ml</i>		2	PA BvD
<i>dopamine in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>		2	PA BvD

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Nothera	5	PA
<i>epinephrine injection solution 0.3 mg/0.3ml</i>		2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	2	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Perforomist	3	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		2	PA BvD
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Xopenex	2	PA BvD
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Xopenex Concentrate	2	PA BvD
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	Xopenex HFA	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	Levophed	2	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		4	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Blood Formation, Coagulation &amp; Thrombosis</b>			
<b>Antihemorrhagic Agents</b>			
<i>aminocaproic acid intravenous solution 250 mg/ml</i>		2	
<i>tranexamic acid oral tablet 650 mg</i>	Lysteda	2	QL (30 EA per 30 days)
<b>Antithrombotic Agents</b>			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	2	
<i>anagrelide hcl oral capsule 1 mg</i>		2	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		2	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	
<i>cilostazol oral tablet 100 mg, 50 mg</i>		2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>		2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	1	GC
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	2	QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (48 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (18 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (24 ML per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	5	Available through CVS Specialty (1-800-237-2767)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Arixtra	4	Available through CVS Specialty (1-800-237-2767)
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%</i>		2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		2	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>		2	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/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>	Jantoven	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	2	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	
<b>Blood Formation, Coagulation, and Thrombosis Agents Misc.</b>			
TAVALISSE ORAL TABLET 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
<b>Hematopoietic Agents</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML		4	PA; Available through CVS Specialty (1-800-237-2767)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML		4	PA; Available through CVS Specialty (1-800-237-2767)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 300 MCG/0.6ML, 60 MCG/0.3ML		5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 200 MCG/0.4ML, 500 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
MULPLETA ORAL TABLET 3 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		4	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20000 UNIT/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (6 ML per 28 days)
PROMACTA ORAL PACKET 12.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
PROMACTA ORAL PACKET 25 MG		5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Hemorrhologic Agents</b>			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		2	
<b>Cardiovascular Drugs</b>			
<b>alpha-Adrenergic Blocking Agents</b>			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		2	
<b>Antilipemic Agents</b>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	1	GC
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	2	
<i>cholestyramine oral packet 4 gm</i>	Questran	2	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	2	
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	2	
<i>colestipol hcl oral granules 5 gm</i>	Colestid	2	
<i>colestipol hcl oral packet 5 gm</i>	Colestid	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	2	
<i>ezetimibe oral tablet 10 mg</i>	Zetia	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Vytorin	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		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 145 mg, 48 mg</i>	Tricor	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Trilipix	2	
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	2	
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		1	GC
NEXLETOL ORAL TABLET 180 MG		4	PA
NEXLIZET ORAL TABLET 180-10 MG		4	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Niaspan	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	2	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		1	GC
<i>pravastatin sodium oral tablet 40 mg</i>	Pravachol	1	GC
<i>prevalite oral packet 4 gm</i>	Prevalite	2	
<i>prevalite oral powder 4 gm/dose</i>	Prevalite	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		4	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		4	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		4	PA; QL (3 ML per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium 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 GM		3	
<b>beta-Adrenergic Blocking Agents</b>			
<i>acebutolol hcl 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 hcl 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	
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 er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Coreg CR	2	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	Brevibloc	2	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	Brevibloc in NaCl	2	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	1	GC
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Corgard	2	
<i>nebivolol hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Bystolic	2	
<i>nebivolol hcl oral tablet 2.5 mg</i>	Bystolic	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>		2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	GC
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Sorine	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Sorine	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		2	
<b>Calcium-Channel Blocking Agents</b>			
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	1	GC
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	1	GC
<i>amlodipine besylate-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		1	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	1	GC
<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 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		1	GC; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	1	GC
<i>amlodipine-valsartan-hctz 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
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Taztia XT	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tiadylt ER	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Cardizem CD	2	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Matzim LA	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		2	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>		2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	2	
<i>diltiazem hcl oral tablet 90 mg</i>		2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		2	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Matzim LA	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Afeditab CR	2	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	2	
<i>nimodipine oral capsule 30 mg</i>		4	
NYMALIZE ORAL SOLUTION 6 MG/ML		5	
<i>olmesartan-amlodipine-hctz 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	1	GC
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Taztia XT	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		1	GC; QL (30 EA per 30 days)
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Taztia XT	2	
<i>tiadylt er oral capsule extended release 24 hour 420 mg</i>	Tiadylt ER	2	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		1	GC
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG		2	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Verelan	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Calan SR	2	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>		2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		2	
<b>Cardiac Drugs</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	2	
CORLANOR ORAL SOLUTION 5 MG/5ML		3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		3	PA; QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg, 250 mcg</i>	Digitek	1	GC; QL (30 EA per 30 days)
<i>digox oral tablet 125 mcg, 250 mcg</i>	Digitek	1	GC; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>		2	QL (300 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digitek	1	GC; QL (30 EA per 30 days)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		2	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>		2	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>		2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		2	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>		5	PA BvD
MULTAQ ORAL TABLET 400 MG		3	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Rythmol SR	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		2	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Ranexa	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
<b>Hypotensive Agents</b>			
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Kapvay	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	2	
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	2	
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		2	PA; AGE (Max 64 Years)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		2	
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>			
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	2	QL (45 EA per 30 days)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	1	GC
<i>benazepril hcl 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>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	1	GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<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 solution 1 mg/ml</i>	Epaned	2	
<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
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	QL (60 EA per 30 days)
EPANED ORAL SOLUTION 1 MG/ML		5	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		1	GC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 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>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 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>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	1	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	1	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		1	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	1	GC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		1	GC

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>quinapril hcl 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>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Aldactazide	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Micardis	1	GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg</i>		1	GC
<i>trandolapril oral tablet 4 mg</i>	Mavik	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
<b>Vasodilating Agents</b>			
<i>alyq oral tablet 20 mg</i>	Alyq	5	PA; Available through CVS Specialty (1-800-237-2767)
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 40 mg, 5 mg</i>	Isordil Titradose	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	2	
<i>nitro-bid transdermal ointment 2 %</i>		3	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>		2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	2	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Revatio	5	PA
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Viagra	2	EX; QL (4 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	2	PA; Available through CVS Specialty (1-800-237-2767)
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	5	PA; Available through CVS Specialty (1-800-237-2767)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Cialis	2	EX; QL (4 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Cialis	2	PA
<i>varденаfil hcl oral tablet 10 mg, 20 mg</i>	Levitra	2	EX; QL (4 EA per 30 days)
<i>varденаfil hcl oral tablet 2.5 mg, 5 mg</i>		2	EX; QL (4 EA per 30 days)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>		2	EX; QL (4 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA
<b>Central Nervous System Agents</b>			
<b>Analgesics and Antipyretics</b>			
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		2	QL (360 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		2	QL (180 EA per 30 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG		4	QL (60 EA per 30 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG		5	QL (60 EA per 30 days)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	2	QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Suboxone	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		2	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	3	QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>		2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Bupap	2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	2	QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		2	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Fioricet	2	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Esgic	2	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	2	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	2	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		2	QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		2	QL (5 ML per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CeleBREX	2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	CeleBREX	2	QL (30 EA per 30 days)
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG		2	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>		2	QL (180 EA per 30 days)
<i>diclofenac patch external patch 1.3 %</i>	Flector	2	PA
<i>diclofenac potassium oral tablet 25 mg</i>	Lofena	5	
<i>diclofenac potassium oral tablet 50 mg</i>	Cataflam	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		2	
<i>diflunisal oral tablet 500 mg</i>		2	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	2	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	2	QL (360 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 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>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Actiq	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Actiq	4	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>		3	QL (10 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		2	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>		2	QL (2700 ML per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>		2	QL (390 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		2	QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	Xodol	2	QL (390 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		2	QL (150 EA per 30 days)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	Dilaudid	2	
<i>hydromorphone hcl injection solution 4 mg/ml</i>		2	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Dilaudid	2	QL (1200 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Dilaudid	2	QL (180 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	2	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml</i>		2	
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	NeoProfen	2	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	2	
<i>indomethacin er oral capsule extended release 75 mg</i>		2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		2	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>		2	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>		2	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>		5	QL (180 EA per 30 days)
<i>lofena oral tablet 25 mg</i>	Lofena	5	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Mobic	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	2	QL (360 ML per 30 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	2	QL (360 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		3	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		3	QL (240 EA per 30 days)
<i>methadose oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	2	QL (360 ML per 30 days)
<i>methadose sugar-free oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	2	QL (360 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	QL (200 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	MS Contin	3	QL (120 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>		2	QL (700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		2	QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		2	QL (180 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Relafen	2	
<i>naproxen oral suspension 125 mg/5ml</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 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>oxycodone hcl oral capsule 5 mg</i>		2	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		2	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		2	QL (1300 ML per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	Roxicodone	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Oxaydo	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	2	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		2	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		2	QL (180 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>		2	
<i>tencon oral tablet 50-325 mg</i>	Tencon	2	QL (180 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>		3	QL (90 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>		3	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>		3	QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>		3	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>		2	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Ultram	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Ultracet	2	QL (240 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG		3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG		3	QL (60 EA per 30 days)
<b>Anorexigenic Agents and Respiratory and CNS Stimulants</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Adderall XR	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Adderall XR	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	2	QL (60 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	4	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Focalin XR	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Focalin XR	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Dexedrine	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Zenzedi	2	QL (180 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>		2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>		2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Ritalin LA	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	Ritalin LA	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		2	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Concerta	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>		2	QL (90 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>		2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		2	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Concerta	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Relexxii	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	2	QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	2	PA
<i>relexxii oral tablet extended release 72 mg</i>	Relexxii	2	QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG		4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		4	PA; QL (30 EA per 30 days)
<b>Anticonvulsants</b>			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		5	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML		5	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	PA NSO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	2	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	2	
<i>carbamazepine oral tablet chewable 100 mg</i>		2	
CELONTIN ORAL CAPSULE 300 MG		4	
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	4	PA NSO
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	4	PA NSO

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg</i>	KlonoPIN	2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet 1 mg</i>	KlonoPIN	2	QL (600 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	KlonoPIN	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>		2	QL (4800 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>		2	QL (2400 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>		2	QL (1200 EA per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>		2	QL (600 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>		2	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		5	PA NSO
DIACOMIT ORAL PACKET 250 MG, 500 MG		5	PA NSO
<i>diazepam rectal gel 10 mg, 20 mg</i>	Diastat AcuDial	2	
<i>diazepam rectal gel 2.5 mg</i>	Diastat Pediatric	2	
<i>dilantin oral capsule 30 mg</i>		4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO
<i>epitol oral tablet 200 mg</i>	Epitol	2	
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	2	
<i>felbamate oral suspension 600 mg/5ml</i>	Felbatol	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	Cerebyx	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		5	
FYCOMPA ORAL TABLET 2 MG		4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	2	
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	2	
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	LaMICtal ODT	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Subvenite	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Subvenite Starter Kit-Blue	2	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	Subvenite Starter Kit-Green	2	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	Subvenite Starter Kit-Orange	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	2	
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 750 mg</i>	Keppra	2	
<i>levetiracetam oral tablet 500 mg</i>	Roweepra	2	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		2	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml</i>		2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		5	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	2	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	2	
<i>phenytoin sodium injection solution 50 mg/ml</i>		2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Lyrica	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Lyrica	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	2	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	2	
<i>roweepra oral tablet 500 mg</i>	Roweepra	2	
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	5	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Banzel	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG		4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Subvenite	2	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	Subvenite Starter Kit-Blue	2	
<i>subvenite starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	Subvenite Starter Kit-Green	2	
<i>subvenite starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	Subvenite Starter Kit-Orange	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Gabitril	4	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Qudexy XR	3	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	2	
<i>valproic acid oral capsule 250 mg</i>		2	
<i>valproic acid oral solution 250 mg/5ml</i>		2	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML		5	QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML		5	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	Vigadrone	5	Available through CVS Specialty (1-800-237-2767)
<i>vigabatrin oral tablet 500 mg</i>	Sabril	5	Available through CVS Specialty (1-800-237-2767)
<i>vigadrone oral packet 500 mg</i>	Vigadrone	5	Available through CVS Specialty (1-800-237-2767)
VIMPAT ORAL SOLUTION 10 MG/ML		5	PA NSO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA NSO
VIMPAT ORAL TABLET 50 MG		4	PA NSO
XCOPRI ORAL TABLET 100 MG		4	PA NSO; QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG		4	PA NSO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG		5	PA NSO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG		4	PA NSO; QL (240 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG		5	PA NSO
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG		4	PA NSO
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	2	
<i>zonisamide oral capsule 50 mg</i>		2	
<b>Antimanic Agents</b>			
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	2	
<i>lithium carbonate er oral tablet extended release 450 mg</i>		2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		2	
<i>lithium carbonate oral tablet 300 mg</i>		2	
LITHIUM ORAL SOLUTION 8 MEQ/5ML		2	
<b>Antimigraine Agents</b>			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	2	QL (12 EA per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767); QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767); QL (2 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Cafergot	2	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Frova	2	QL (12 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Amerge	2	QL (18 EA per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	2	QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		2	QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	2	QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		2	QL (12 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	2	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		2	QL (4 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		5	PA; QL (16 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Zomig	2	QL (12 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		2	QL (12 EA per 28 days)
<b>Antiparkinsonian Agents</b>			
<i>amantadine hcl oral tablet 100 mg</i>		2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	2	
<i>cabergoline oral tablet 0.5 mg</i>		2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<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	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	
<i>entacapone oral tablet 200 mg</i>	Comtan	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Mirapex ER	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		2	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Azilect	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		2	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		4	
<i>selegiline hcl oral capsule 5 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>		2	
<i>tolcapone oral tablet 100 mg</i>	Tasmar	5	
<b>Anxiolytics, Sedatives, and Hypnotics</b>			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Xanax	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Xanax	2	QL (150 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	
<i>buspirone hcl 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>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		2	
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tranxene-T	2	
<i>diazepam injection solution 5 mg/ml</i>		2	
<i>diazepam oral concentrate 5 mg/ml</i>	Diazepam Intensol	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>		2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Valium	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Valium	2	QL (90 EA per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>		2	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	2	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		5	PA; QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA; QL (30 EA per 30 days)
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>		2	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 100 mg</i>		2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Vistaril	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Ativan	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>		2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Ativan	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Ativan	2	QL (150 EA per 30 days)
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>		2	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>		2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		2	
<i>phenobarbital oral elixir 20 mg/5ml</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>ramelteon oral tablet 8 mg</i>	Rozerem	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Restoril	2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>		2	
<i>triazolam oral tablet 0.25 mg</i>	Halcion	2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>		2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Ambien CR	2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	2	QL (30 EA per 30 days)
<b>Central Nervous System Agents, Misc</b>			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	2	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Namenda XR	2	
<i>memantine hcl oral solution 2 mg/ml</i>		2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		2	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG		2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG		3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		3	
NUEDEXTA ORAL CAPSULE 20-10 MG		5	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	Rilutek	2	
XYREM ORAL SOLUTION 500 MG/ML		5	PA
<b>Fibromyalgia Agents</b>			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		4	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		4	
<b>Opiate Antagonists</b>			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	2	QL (2 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>		2	
NARCAN NASAL LIQUID 4 MG/0.1ML		2	QL (2 EA per 30 days)
<b>Psychotherapeutic Agents</b>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	QL (1 EA per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	QL (1 EA per 28 days)
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		2	
<i>aripiprazole oral solution 1 mg/ml</i>		2	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	4	QL (60 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		2	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Wellbutrin SR	1	GC; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Wellbutrin SR	1	GC; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	Wellbutrin SR	1	GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	1	GC; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	1	GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Forfivo XL	2	QL (30 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		1	GC; QL (180 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG		5	ST; QL (30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		2	
<i>chlorpromazine hcl injection solution 25 mg/ml</i>		2	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		2	
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	CeleXA	1	GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	CeleXA	1	GC; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Clozaril	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>		2	
<i>clozapine oral tablet dispersible 150 mg</i>		4	
<i>clozapine oral tablet dispersible 200 mg</i>		5	
<i>compro rectal suppository 25 mg</i>	Compro	2	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	2	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG		2	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG		4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG		4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	1	GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	Lexapro	1	GC; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	Lexapro	1	GC; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG		5	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG		4	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		4	ST; QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	PROzac	1	GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	1	GC; QL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	GC
<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	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		2	QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		2	QL (90 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	Haldol Decanoate	2	
<i>haloperidol lactate injection solution 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	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 78 MG/0.5ML		5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	QL (1.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		5	QL (0.88 ML per 90 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		5	QL (1.4 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		5	QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		5	QL (30 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	ST; QL (30 EA per 30 days)
<i>maprotiline hcl 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 EA per 30 days)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	2	QL (30 EA per 30 days)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		2	
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	ZyPREXA	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	ZyPREXA	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	ZyPREXA Zydis	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	ZyPREXA Zydis	2	QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Invega	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Invega	4	QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	Paxil CR	2	QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	Paxil CR	2	QL (90 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Paxil	1	GC
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Paxil	1	GC; QL (45 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	Paxil	1	GC; QL (60 EA per 30 days)
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Brisdelle	2	
PAXIL ORAL SUSPENSION 10 MG/5ML		3	ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	QL (1 EA per 28 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		2	
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	SEROquel XR	2	QL (90 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	SEROquel XR	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	SEROquel XR	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	SEROquel XR	2	QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 300 mg, 400 mg</i>	SEROquel	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg</i>	SEROquel	2	QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	ST; QL (30 EA per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	2	
<i>risperidone oral tablet 0.25 mg</i>		2	QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	RisperDAL	2	QL (120 EA per 30 days)
<i>risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>		2	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	PA NSO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	2	
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	1	GC; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Zoloft	1	GC; QL (90 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>thioridazine hcl 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>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	2	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	1	GC
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		1	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	QL (540 ML per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG		4	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG		4	QL (4 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG		5	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		5	QL (1 EA per 28 days)
<b>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Xenazine	5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Devices</b>			
<b>Devices</b>			
<i>alcohol prep pads pad 70 %</i>	Advocate Alcohol Prep Pads	2	
<i>cvs gauze sterile pad 2"x2"</i>	Band-Aid Gauze Small	2	
<i>insulin pen needles 29g x 12mm</i>		2	QL (200 EA per 30 days)
<i>insulin syringes 28g x 1/2" 0.5 ml</i>	BD Insulin Syringe MicroFine	2	QL (200 EA per 30 days)
<i>insulin syringes 29g 0.3 ml, 29g x 1/2" 1 ml</i>		2	QL (200 EA per 30 days)
<b>Electrolytic, Caloric, and Water Balance</b>			
<b>Alkalinizing Agents</b>			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	2	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	2	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	2	
<b>Ammonia Detoxicants</b>			
CARBAGLU ORAL TABLET 200 MG		5	PA
<i>carglumic acid oral tablet 200 mg</i>	Carbaglu	5	PA
<i>constulose oral solution 10 gm/15ml</i>		2	
<i>enulose oral solution 10 gm/15ml</i>		2	
<i>generlac oral solution 10 gm/15ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		2	
<i>lactulose oral solution 10 gm/15ml</i>		2	
LITHOSTAT ORAL TABLET 250 MG		5	
RAVICTI ORAL LIQUID 1.1 GM/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Buphenyl	5	
<b>Caloric Agents</b>			
<i>aminosyn ii intravenous solution 10 %</i>		4	PA BvD
AMINOSYN II INTRAVENOUS SOLUTION 15 %		4	PA BvD
<i>aminosyn-pf intravenous solution 10 %</i>		4	PA BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %		4	PA BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		4	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		4	PA BvD
<i>clinisol sf intravenous solution 15 %</i>		4	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %		4	PA BvD

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %</i>		2	
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %		4	PA BvD
FREAMINE III INTRAVENOUS SOLUTION 10 %		4	PA BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.3-9.8-3.9-0.7 %		4	PA BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %		4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML		4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %		5	PA BvD
<i>plenamine intravenous solution 15 %</i>		4	PA BvD
<i>premasol intravenous solution 10 %</i>		4	PA BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %		4	PA BvD
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA BvD
<i>smofflipid intravenous emulsion 20 %</i>		2	PA BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %		4	PA BvD
<b>Diuretics</b>			
<i>amiloride hcl 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</i>	Bumex	2	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		1	GC
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	4	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>		2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		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
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>		2	
<i>toremide oral tablet 20 mg</i>	SOAANZ	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	GC
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Maxzide-25	1	GC
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	1	GC
<b>Ion-removing Agents</b>			
LOKELMA ORAL PACKET 10 GM, 5 GM		3	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	2	
<i>sodium polystyrene sulfonate oral powder</i>		2	
<i>sps oral suspension 15 gm/60ml</i>		2	
<b>Irrigating Solutions</b>			
<i>acetic acid irrigation solution 0.25 %</i>		2	
SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %		2	
<b>Replacement Preparations</b>			
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PhosLo	2	
<i>calcium acetate oral tablet 667 mg</i>	Calphron	2	
<i>dextrose 5%/electrolyte #48 intravenous solution</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 5-0.2 %		2	
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>		2	
<i>dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %</i>		2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-S INTRAVENOUS SOLUTION		4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		4	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%		2	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>		2	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		2	
<i>klor-con m10 oral tablet extended release 10 meq</i>	Klor-Con M10	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	Klor-Con M15	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	Klor-Con M20	2	
<i>klor-con oral packet 20 meq</i>	Klor-Con	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ		2	
<i>magnesium sulfite in d5w intravenous solution 1-5 gm/100ml-%</i>		2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION		4	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NORMOSOL-R INTRAVENOUS SOLUTION		4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	2	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Klor-Con M15	2	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		2	
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	2	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	2	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	2	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%		2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>		2	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		2	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML		2	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>		2	
<i>potassium chloride oral packet 20 meq</i>	Klor-Con	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>sodium chloride injection solution 2.5 meq/ml</i>		2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>		2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %		2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		4	
<b>Uricosuric Agents</b>			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		2	
<i>probenecid oral tablet 500 mg</i>		2	
<b>Enzymes</b>			
<b>Enzymes</b>			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG		5	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA BvD; Available through CVS Specialty (1-800-237-2767)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		5	
<b>Eye, Ear, Nose &amp; Throat Preparations</b>			
<b>Antiallergic Agents</b>			
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>		2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>		2	
<i>cromolyn sodium ophthalmic solution 4 %</i>		2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>		2	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %		4	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Antiglaucoma Agents</b>			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		4	
AZOPT OPHTHALMIC SUSPENSION 1 %		3	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		2	ST
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %		4	
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %		4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		2	
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	2	
<i>carteolol hcl ophthalmic solution 1 %</i>		2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		3	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Trusopt	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Cosopt	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>	Isopto Carpine	2	
<i>pilocarpine hcl ophthalmic solution 4 %</i>		2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		3	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		4	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Istalol	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Timoptic-XE	2	ST
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Timoptic	2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		4	
<b>Anti-infectives</b>			
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Polycin	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Periogard	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Ciloxan	2	
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		2	
<i>gentak ophthalmic ointment 0.3 %</i>		2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		2	
<i>levofloxacin ophthalmic solution 0.5 %</i>		2	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Moxeza	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC SUSPENSION 5 %		4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		2	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	Neo-Polycin	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	2	
<i>ofloxacin otic solution 0.3 %</i>		2	
<i>periogard mouth/throat solution 0.12 %</i>	Periogard	2	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	Polycin	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Polytrim	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Bleph-10	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tobrex	2	
TOBEX OPHTHALMIC OINTMENT 0.3 %		4	
<i>trifluridine ophthalmic solution 1 %</i>		2	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
<b>Anti-inflammatory Agents</b>			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %		4	
<i>blephamide s.o.p. ophthalmic ointment 10-0.2 %</i>		4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		2	
CIPRO HC OTIC SUSPENSION 0.2-1 %		4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Ciprodex	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML		4	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Durezol	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %		4	
<i>flac otic oil 0.01 %</i>	Flac	2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Flac	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %		4	
FML OPHTHALMIC OINTMENT 0.1 %		4	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Acetasol HC	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		4	
LOTEMAX SM OPHTHALMIC GEL 0.38 %		4	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Lotemax	2	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Lotemax	2	
<i>mometasone furoate nasal suspension 50 mcg/act</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		2	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		4	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		4	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		4	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %		4	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		4	QL (64 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %		4	QL (64 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		4	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	TobraDex	2	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	QL (60 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		4	
<b>EENT Drugs, Miscellaneous</b>			
<i>acetic acid otic solution 2 %</i>		2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		2	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %		5	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	
OXERVATE OPHTHALMIC SOLUTION 0.002 %		5	PA; QL (56 ML per 28 days)
<b>Local Anesthetics</b>			
<i>lidocaine hcl mouth/throat solution 4 %</i>		2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Alcaine	2	
<b>Mydriatics</b>			
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		2	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	Cyclogyl	2	
<b>Vasoconstrictors</b>			
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Altafrin	2	
<b>Gastrointestinal Drugs</b>			
<b>Antidiarrhea Agents</b>			
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	2	
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG		5	
XERMELO ORAL TABLET 250 MG		5	PA; QL (90 EA per 30 days)
<b>Antiemetics</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ANZEMET ORAL TABLET 100 MG, 50 MG		4	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg</i>		2	PA BvD
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Emend Tri-Pack	2	PA BvD
<i>aprepitant oral capsule 80 mg</i>	Emend	2	PA BvD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Marinol	4	PA BvD; QL (120 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>		2	PA BvD
<i>meclizine hcl oral tablet 12.5 mg</i>		2	
<i>meclizine hcl oral tablet 25 mg</i>	Travel-Ease	2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>		2	PA BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>		2	PA BvD
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>		2	PA BvD
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Transderm-Scop	2	
<b>Anti-inflammatory Agents</b>			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	5	
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	2	
DIPENTUM ORAL CAPSULE 250 MG		5	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	Asacol HD	2	
<i>mesalamine rectal enema 4 gm</i>		2	
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	4	
<i>mesalamine-cleanser rectal kit 4 gm</i>	Rowasa	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		3	
<b>Antilucer Agents and Acid Suppressants</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>amoxicill-clarithro-lansopraz oral</i>		2	
<i>cimetidine hcl oral solution 300 mg/5ml</i>		2	
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		2	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	3	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	3	
<i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>		2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		2	
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	2	
<i>famotidine oral tablet 40 mg</i>	Pepcid	2	
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	3	
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		2	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	2	
<i>sucralfate oral suspension 1 gm/10ml</i>	Carafate	2	
<i>sucralfate oral tablet 1 gm</i>	Carafate	2	
<b>Cathartics and Laxatives</b>			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML		3	
<i>gavilyte-c oral solution reconstituted 240 gm</i>		2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	GaviLyte-G	2	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	MoviPrep	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		4	
<i>trilyte oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	2	
<b>Digestants</b>			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		4	
<b>GI Drugs, Miscellaneous</b>			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA
GATTEX SUBCUTANEOUS KIT 5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	
TRULANCE ORAL TABLET 3 MG		4	
<i>ursodiol oral capsule 300 mg</i>		2	
<i>ursodiol oral tablet 250 mg</i>	Urso 250	2	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	2	
<b>Prokinetic Agents</b>			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	2	
<b>Gold Compounds</b>			
<b>Gold Compounds</b>			
RIDAURA ORAL CAPSULE 3 MG		5	
<b>Heavy Metal Antagonists</b>			
<b>Heavy Metal Antagonists</b>			
CHEMET ORAL CAPSULE 100 MG		5	
CLOVIQUE ORAL CAPSULE 250 MG		5	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Exjade	5	Available through CVS Specialty (1-800-237-2767)
<i>deferiprone oral tablet 500 mg</i>	Ferriprox	5	
FERRIPROX ORAL SOLUTION 100 MG/ML		5	
FERRIPROX ORAL TABLET 1000 MG		5	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG		5	
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	5	
<i>trientine hcl oral capsule 250 mg</i>	Syprine	5	
<b>Hormones and Synthetic Substitutes</b>			
<b>Adrenals</b>			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	
<i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>	Celestone Soluspan	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		3	QL (60 EA per 30 days)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	5	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	2	PA BvD
<i>budesonide oral capsule delayed release particles 3 mg</i>	Entocort EC	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		4	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		2	
<i>dexamethasone oral solution 0.5 mg/5ml</i>		2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	Decadron	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>		2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		2	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST		3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT		3	
<i>fludrocortisone acetate 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 40 mg/ml</i>	Depo-Medrol	2	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	DEPO-Medrol	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Medrol	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	Solu-MEDROL	2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	SOLU-medrol	2	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	SOLU-Medrol	2	
<i>prednisolone oral solution 15 mg/5ml</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		2	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>		4	
<i>prednisone oral solution 5 mg/5ml</i>		2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		4	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM		4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH		3	
<i>triamcinolone acetanide injection suspension 40 mg/ml</i>	Kenalog	3	
<b>Androgens</b>			
ANADROL-50 ORAL TABLET 50 MG		5	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		3	QL (60 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Depo-Testosterone	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		2	QL (5 ML per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Fortesta	2	QL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	2	QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	AndroGel	2	QL (37.5 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	AndroGel Pump	2	QL (150 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	AndroGel	2	QL (300 GM per 30 days)
<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	AndroGel	2	QL (150 GM per 30 days)
<b>Antidiabetic Agents</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Precose	2	
FARXIGA ORAL TABLET 10 MG, 5 MG		3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	Amaryl	1	GC; QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	Amaryl	1	GC; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	Amaryl	1	GC; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	1	GC; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Glucotrol XL	1	GC; QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	1	GC; QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>		1	GC; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>		1	GC; QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	1	GC; QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Glucotrol XL	1	GC; QL (240 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	1	GC; QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		1	GC; QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		1	GC; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	Glynase	1	GC; QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	Glynase	1	GC; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	Glynase	1	GC; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>		1	GC; QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>		1	GC; QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>		1	GC; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		1	GC; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		1	GC; QL (120 EA per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		3	SI
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		3	SI
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		3	SI
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		3	SI
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		3	SI
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	SI

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	SI
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	SI
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		3	SI
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	SI
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		3	SI
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	SI
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		3	SI
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	SI
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML		3	SI
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG		3	QL (30 EA per 30 days)
JANUVIA ORAL TABLET 25 MG		3	QL (120 EA per 30 days)
JANUVIA ORAL TABLET 50 MG		3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG		5	PA; QL (112 EA per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	SI
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	SI
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		2	QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		2	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		1	GC; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		1	GC; QL (60 EA per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>		1	GC; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>		1	GC; QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>		1	GC; QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>		1	GC
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML		3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML		3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	Actos	1	GC; QL (90 EA per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	Actos	1	GC; QL (45 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>pioglitazone hcl oral tablet 45 mg</i>	Actos	1	GC; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	1	GC; QL (45 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Actoplus Met	1	GC; QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		3	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG		3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	SI
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	SI
TRADJENTA ORAL TABLET 5 MG		3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		3	QL (9 ML per 30 days)
<b>Antihypoglycemic Agents</b>			
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
<i>glucagon emergency kit injection kit 1 mg</i>		3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		3	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		3	
<b>Contraceptives</b>			
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>amethia oral tablet 0.15-0.03 &amp;0.01 mg</i>	Amethia	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>ashlyna oral tablet 0.15-0.03 &amp;0.01 mg</i>	Amethia	2	
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	2	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>		2	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>		2	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>camila oral tablet 0.35 mg</i>	Camila	2	
<i>camrese oral tablet 0.15-0.03 &amp;0.01 mg</i>	Amethia	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>		2	
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>daysee oral tablet 0.15-0.03 &amp;0.01 mg</i>	Amethia	2	
<i>deblitane oral tablet 0.35 mg</i>	Camila	2	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>		2	
ELLA ORAL TABLET 30 MG		3	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	2	
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>errin oral tablet 0.35 mg</i>	Camila	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	2	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>gianvi oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>		2	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>heather oral tablet 0.35 mg</i>	Camila	2	
<i>iclevia oral tablet 0.15-0.03 mg</i>	Iclevia	2	
<i>incassia oral tablet 0.35 mg</i>	Camila	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	Iclevia	2	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>jaimiess oral tablet 0.15-0.03 &amp; 0.01 mg</i>	Amethia	2	
<i>jasmiel oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>jencycla oral tablet 0.35 mg</i>	Camila	2	
<i>jolessa oral tablet 0.15-0.03 mg</i>	Iclevia	2	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	2	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>		2	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	2	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>		2	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg</i>	Amethia	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>loryna oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>		2	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>luteru oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>lyleq oral tablet 0.35 mg</i>	Camila	2	
<i>lyza oral tablet 0.35 mg</i>	Camila	2	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	2	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>		2	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nikki oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>nora-be oral tablet 0.35 mg</i>	Camila	2	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	2	
<i>norethindrone oral tablet 0.35 mg</i>	Camila	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>norlyda oral tablet 0.35 mg</i>	Camila	2	
<i>norlyroc oral tablet 0.35 mg</i>	Camila	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>ocella oral tablet 3-0.03 mg</i>	Ocella	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	Apri	2	
<i>setlakin oral tablet 0.15-0.03 mg</i>	Iclevia	2	
<i>sharobel oral tablet 0.35 mg</i>	Camila	2	
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	Amethia	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>syeda oral tablet 3-0.03 mg</i>	Ocella	2	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>		2	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	2	
<i>tulana oral tablet 0.35 mg</i>	Camila	2	
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>		2	
<i>vestura oral tablet 3-0.02 mg</i>	Jasmiel	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	Afirmelle	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	Estarylla	2	
<i>wera oral tablet 0.5-35 mg-mcg</i>		2	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>		2	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>		2	
<i>zarah oral tablet 3-0.03 mg</i>	Ocella	2	
<i>zumandimine oral tablet 3-0.03 mg</i>	Ocella	2	
<b>Estrogens and Antiestrogens</b>			
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Amabelz	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML		4	
<i>depo-estradiol intramuscular oil 5 mg/ml</i>		4	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG		3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	2	
<i>estradiol vaginal tablet 10 mcg</i>	Yuvaferm	2	
<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>	Amabelz	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	Fyavolv	2	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<i>letrozole oral tablet 2.5 mg</i>	Femara	2	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	2	
<i>mimvey oral tablet 1-0.5 mg</i>	Amabelz	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 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	
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
PREMPHASE ORAL TABLET 0.625-5 MG		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>yuvafem vaginal tablet 10 mcg</i>	Yuvafem	2	
<b>Gonadotropins and Antigonadotropins</b>			
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		4	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		5	Available through CVS Specialty (1-800-237- 2767)
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG		5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG		5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG		5	
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; QL (32 EA per 30 days)
ORLISSA ORAL TABLET 150 MG		5	PA; QL (28 EA per 28 days)
ORLISSA ORAL TABLET 200 MG		5	PA; QL (56 EA per 28 days)
SYNAREL NASAL SOLUTION 2 MG/ML		5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG		4	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG, 3.75 MG		5	
<b>Parathyroid and Antiparathyroid Agents</b>			
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Miacalcin	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>cinacalcet hcl oral tablet 30 mg</i>	Sensipar	4	Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	Sensipar	2	Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	Sensipar	5	Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		5	PA; Available through CVS Specialty (1-800-237-2767)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		5	PA; Available through CVS Specialty (1-800-237-2767)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Pituitary</b>			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		2	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Stimate	5	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>		2	
STIMATE NASAL SOLUTION 1.5 MG/ML		5	Available through CVS Specialty (1-800-237-2767)
<b>Progestins</b>			
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	2	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>		2	PA NSO; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i>	Aygestin	2	
<i>progesterone intramuscular oil 50 mg/ml</i>		2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	2	
<b>Somatostatin Agonists and Antagonists</b>			
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SandoSTATIN	2	
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		2	
<i>octreotide acetate injection solution 500 mcg/ml</i>	SandoSTATIN	5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		5	Available through CVS Specialty (1-800-237-2767)
<b>Somatotropin Agonists and Antagonists</b>			
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG		5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Thyroid and Antithyroid Agents</b>			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	1	GC
<i>levothyroxine sodium oral tablet 300 mcg</i>	Synthroid	1	GC
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 sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>		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		2	
<b>Local Anesthetics</b>			
<b>Local Anesthetics</b>			
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	Xylocaine-MPF	2	
<i>lidocaine hcl (pf) injection solution 4 %</i>		2	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	Xylocaine	2	
<b>Miscellaneous Therapeutic Agents</b>			
<b>5-alpha-Reductase Inhibitors</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Jalyn	2	
<i>finasteride oral tablet 5 mg</i>	Proscar	2	
<b>Antigout Agents</b>			
COLCHICINE ORAL CAPSULE 0.6 MG		2	QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	Colcrys	2	QL (60 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	2	
<b>Antisense Oligonucleotides</b>			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML		5	PA; QL (6 ML per 28 days)
<b>Bone Resorption Inhibitors</b>			
<i>alendronate sodium oral solution 70 mg/75ml</i>		2	
<i>alendronate sodium oral tablet 10 mg</i>		1	GC; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		1	GC; QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	1	GC; QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Boniva	2	QL (1 EA per 28 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Actonel	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Actonel	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Atelvia	2	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		5	PA
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>		4	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>		4	PA

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Reclast	4	PA
<b>Cariostatic Agents</b>			
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	NaFrinse Drops	2	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		2	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>		2	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	NaFrinse	2	
<b>Complement Inhibitors</b>			
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		5	PA; Available through CVS Specialty (1-800-237-2767)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Sajazir	5	PA; Available through CVS Specialty (1-800-237-2767)
<i>sajazir subcutaneous solution 30 mg/3ml</i>	Sajazir	5	PA
<b>Disease-modifying Antirheumatic Drugs</b>			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML		5	PA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; QL (18.76 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	2	
OTEZLA ORAL TABLET 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML		4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG		5	PA; QL (30 EA per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
<b>Immunomodulatory Agents</b>			
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (4 EA per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	5	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>	Tecfidera	5	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 ML per 30 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		5	PA; QL (20 ML per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<b>Immunosuppressive Agents</b>			
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Azasan	2	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<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
<i>everolimus oral tablet 0.25 mg</i>	Zortress	2	PA BvD

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	5	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg</i>	Gengraf	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	Gengraf	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	2	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 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 180 mg, 360 mg</i>	Myfortic	2	PA BvD
SANDIMMUNE ORAL SOLUTION 100 MG/ML		4	PA BvD
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG		5	
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	5	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Rapamune	4	PA BvD
<i>sirolimus oral tablet 2 mg</i>	Rapamune	5	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	2	PA BvD
ZORTRESS ORAL TABLET 1 MG		5	PA BvD
<b>Miscellaneous Therapeutic Agents</b>			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		2	PA BvD
<i>acetylcysteine intravenous solution 200 mg/ml</i>	Acetadote	2	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		5	Available through CVS Specialty (1-800-237-2767)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Zyloprim	2	
<i>azathioprine oral tablet 50 mg</i>	Imuran	2	PA BvD
<i>disulfiram oral tablet 250 mg, 500 mg</i>		2	
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	2	
ELMIRON ORAL CAPSULE 100 MG		4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	
MESNEX ORAL TABLET 400 MG		5	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Other Miscellaneous Therapeutic Agents</b>			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
CERDELGA ORAL CAPSULE 84 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (56 EA per 28 days)
CYSTADANE ORAL POWDER		5	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		4	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	2	
LEVOCARNITINE ORAL TABLET 330 MG		2	
<i>metyrosine oral capsule 250 mg</i>	Demser	5	
<i>miglustat oral capsule 100 mg</i>	Zavesca	5	PA; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Orfadin	5	PA
ORFADIN ORAL CAPSULE 20 MG		5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Kuvan	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Kuvan	5	PA
TYBOST ORAL TABLET 150 MG		3	
<b>Oxytocics</b>			
<b>Oxytocics</b>			
<i>methergine oral tablet 0.2 mg</i>	Methergine	5	
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>		2	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	5	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Respiratory Tract Agents</b>			
<b>Antifibrotic Agents</b>			
ESBRIET ORAL CAPSULE 267 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<b>Anti-inflammatory Agents</b>			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		2	PA BvD
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	4	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (3.42 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		5	PA
<i>montelukast sodium oral packet 4 mg</i>	Singulair	2	
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (3 EA per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	2	
<b>Antitussives</b>			
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	2	EX
<i>benzonatate oral capsule 150 mg, 200 mg</i>		2	EX
<i>hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml</i>		2	EX
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Hycodan	2	EX
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		2	EX
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		2	EX
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>		2	EX
<b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b>			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		5	PA
KALYDECO ORAL TABLET 150 MG		5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		5	PA; QL (56 EA per 28 days)

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		5	PA
<b>Phosphodiesterase Type 4 Inhibitors</b>			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		4	
<b>Respiratory Tract Agents, Miscellaneous</b>			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		4	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML		5	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		5	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		4	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	
<b>Vasodilating Agents</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	5	PA; Available through CVS Specialty (1-800-237-2767)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	5	PA; Available through CVS Specialty (1-800-237-2767)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>	Flolan	2	PA BvD
<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>	Flolan	5	PA BvD

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (270 ML per 30 days)
<b>Skin and Mucous Membrane Preparations</b>			
<b>Anti-infectives</b>			
<i>acyclovir external ointment 5 %</i>	Zovirax	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	2	
<i>ciclopirox external gel 0.77 %</i>		2	
<i>ciclopirox external shampoo 1 %</i>	Loprox	2	
<i>ciclopirox external solution 8 %</i>	Ciclodan	2	
<i>ciclopirox olamine external cream 0.77 %</i>	Loprox	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	Loprox	2	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Acanya	2	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	BenzaClin	2	
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	2	
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	2	
<i>clindamycin phosphate external solution 1 %</i>		2	
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	2	
<i>clotrimazole external cream 1 %</i>	Desenex	2	
<i>clotrimazole external solution 1 %</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>clotrimazole mouth/throat troche 10 mg</i>		2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		2	
<i>crotan external lotion 10 %</i>		2	
<i>econazole nitrate external cream 1 %</i>		2	
<i>ery external pad 2 %</i>		2	
<i>erythromycin external gel 2 %</i>	Erygel	2	
<i>erythromycin external solution 2 %</i>		2	
EXELDERM EXTERNAL CREAM 1 %		4	
EXELDERM EXTERNAL SOLUTION 1 %		4	
<i>gentamicin sulfate external cream 0.1 %</i>		2	PA
<i>gentamicin sulfate external ointment 0.1 %</i>		2	PA
<i>ketoconazole external cream 2 %</i>		2	
<i>ketoconazole external shampoo 2 %</i>		2	
<i>lindane external shampoo 1 %</i>		2	
<i>malathion external lotion 0.5 %</i>	Ovide	2	
MENTAX EXTERNAL CREAM 1 %		4	
<i>metronidazole external cream 0.75 %</i>	Rosadan	2	
<i>metronidazole external gel 0.75 %</i>	Rosadan	2	
<i>metronidazole external gel 1 %</i>	Metrogel	2	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	2	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	2	
<i>miconazole 3 vaginal suppository 200 mg</i>		2	
<i>mupirocin calcium external cream 2 %</i>		2	
<i>mupirocin external ointment 2 %</i>	Centany	2	
<i>naftifine hcl external cream 1 %, 2 %</i>		2	
<i>nyamyc external powder 100000 unit/gm</i>	Nyamyc	2	
<i>nystatin external cream 100000 unit/gm</i>		2	
<i>nystatin external ointment 100000 unit/gm</i>		2	
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>nystop external powder 100000 unit/gm</i>	Nyamyc	2	
<i>oxiconazole nitrate external cream 1 %</i>	Oxistat	2	
<i>permethrin external cream 5 %</i>		2	
<i>rosadan external cream 0.75 %</i>	Rosadan	2	
<i>selenium sulfide external lotion 2.5 %</i>		2	
<i>silver sulfadiazine external cream 1 %</i>	SSD	2	
SSD EXTERNAL CREAM 1 %		2	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM		4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		2	
<i>terconazole vaginal suppository 80 mg</i>		2	
VANAZOLE VAGINAL GEL 0.75 %		2	
<b>Anti-inflammatory Agents</b>			
<i>ala-cort external cream 1 %</i>	Aveeno Anti-Itch Max St	2	
<i>ala-cort external cream 2.5 %</i>		2	
<i>alclometasone dipropionate external cream 0.05 %</i>		2	
<i>alclometasone dipropionate external ointment 0.05 %</i>		2	
<i>beser external lotion 0.05 %</i>	Cutivate	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Diprolene AF	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		2	
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>betamethasone valerate external cream 0.1 %</i>		2	
<i>betamethasone valerate external lotion 0.1 %</i>		2	
<i>betamethasone valerate external ointment 0.1 %</i>		2	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Taclonex	4	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Taclonex	5	
<i>clobetasol propionate e external cream 0.05 %</i>		2	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Olux-E	2	
<i>clobetasol propionate external cream 0.05 %</i>	Temovate	2	
<i>clobetasol propionate external gel 0.05 %</i>		2	
<i>clobetasol propionate external liquid 0.05 %</i>	Clobex Spray	2	
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	2	
<i>clobetasol propionate external ointment 0.05 %</i>	Temovate	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	Clobex	2	
<i>clobetasol propionate external solution 0.05 %</i>		2	
CORTIFOAM EXTERNAL FOAM 10 %		4	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5		4	
CORTISPORIN EXTERNAL OINTMENT 1 %		4	
<i>desonide external cream 0.05 %</i>	DesOwen	2	
<i>desonide external lotion 0.05 %</i>		2	
<i>desonide external ointment 0.05 %</i>		2	PA
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Topicort	2	

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<b>Drug Name</b>	<b>Brand Name (Reference Only)</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desoximetasone external ointment 0.05 % , 0.25 %</i>	Topicort	2	
<i>desrx external gel 0.05 %</i>		2	
<i>diclofenac sodium external gel 1 %</i>	Aspercreme Arthritis Pain	4	
<i>diclofenac sodium external gel 3 %</i>		4	
<i>diclofenac sodium external solution 1.5 %</i>		2	
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	2	
<i>fluocinolone acetonide external cream 0.01 %</i>		2	
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	Synalar	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>		2	
<i>fluocinonide external cream 0.05 %</i>		2	
<i>fluocinonide external gel 0.05 %</i>		2	
<i>fluocinonide external ointment 0.05 %</i>		2	
<i>fluocinonide external solution 0.05 %</i>		2	
<i>flurandrenolide external lotion 0.05 %</i>	Nolix	4	
<i>fluticasone propionate external cream 0.05 %</i>		2	
<i>fluticasone propionate external lotion 0.05 %</i>	Cutivate	2	
<i>fluticasone propionate external ointment 0.005 %</i>		2	
<i>halobetasol propionate external cream 0.05 %</i>		2	
<i>halobetasol propionate external ointment 0.05 %</i>		2	
<i>hydrocortisone (perianal) external cream 1 %</i>	Procto-Pak	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	2	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Locoid Lipocream	2	
<i>hydrocortisone butyrate external cream 0.1 %</i>		2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>		2	
<i>hydrocortisone butyrate external solution 0.1 %</i>		2	
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	2	
<i>hydrocortisone external cream 2.5 %</i>		2	
<i>hydrocortisone external lotion 2.5 %</i>		2	
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Max Str	2	
<i>hydrocortisone external ointment 2.5 %</i>		2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	2	
<i>hydrocortisone valerate external cream 0.2 %</i>		2	
<i>hydrocortisone valerate external ointment 0.2 %</i>		2	
<i>mometasone furoate external cream 0.1 %</i>		2	
<i>mometasone furoate external ointment 0.1 %</i>		2	
<i>mometasone furoate external solution 0.1 %</i>		2	
<i>nolix external lotion 0.05 %</i>	Nolix	4	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		2	
<i>oralone mouth/throat paste 0.1 %</i>	Oralone	2	
<i>prednicarbate external cream 0.1 %</i>		2	
<i>prednicarbate external ointment 0.1 %</i>		2	
<i>procto-med hc external cream 2.5 %</i>	Procto-Med HC	2	
<i>procto-pak external cream 1 %</i>	Procto-Pak	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>proctosol hc external cream 2.5 %</i>	Procto-Med HC	2	
<i>proctozone-hc external cream 2.5 %</i>	Procto-Med HC	2	
<i>triamcinolone acetonide external cream 0.025 %</i>		2	
<i>triamcinolone acetonide external cream 0.1 %, 0.5 %</i>	Triderm	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tritocin	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	2	
<i>triderm external cream 0.1 %, 0.5 %</i>	Triderm	2	
<i>tritocin external ointment 0.05 %</i>	Tritocin	2	
<b>Antipruritics and Local Anesthetics</b>			
<i>doxepin hcl external cream 5 %</i>	Prudoxin	4	
<i>glydo external prefilled syringe 2 %</i>	Glydo	2	PA
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Analpram-HC	2	
<i>lidocaine external ointment 5 %</i>		2	PA
<i>lidocaine external patch 5 %</i>	Lidoderm	2	PA
<i>lidocaine hcl external solution 4 %</i>		2	PA
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>		2	PA
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	2	PA
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		2	PA
<b>Cell Stimulants and Proliferants</b>			
AVITA EXTERNAL CREAM 0.025 %		2	PA
AVITA EXTERNAL GEL 0.025 %		2	PA
<i>tretinoin external cream 0.025 %</i>	Avita	2	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Retin-A	2	PA
<i>tretinoin external gel 0.025 %</i>	Avita	2	PA

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	Retin-A Micro	2	PA
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	Retin-A Micro	2	PA
<b>Depigmenting and Pigmenting Agents</b>			
<i>methoxsalen rapid oral capsule 10 mg</i>		5	
<b>Emollients, Demulcents, and Protectants</b>			
<i>ammonium lactate external cream 12 %</i>		2	
<i>ammonium lactate external lotion 12 %</i>	AL12	2	
<i>lactic acid external lotion 10 %</i>		2	
<b>Skin and Mucous Membrane Agents, Misc</b>			
<i>acutane oral capsule 10 mg</i>	Amnesteem	2	
<i>acutane oral capsule 20 mg, 30 mg, 40 mg</i>	Accutane	2	
<i>acitretin oral capsule 10 mg, 25 mg</i>		2	
<i>acitretin oral capsule 17.5 mg</i>		4	
<i>adapalene external cream 0.1 %</i>	Differin	2	PA
<i>adapalene external gel 0.1 %, 0.3 %</i>	Differin	2	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	2	
<i>amnesteem oral capsule 10 mg</i>	Amnesteem	2	
<i>amnesteem oral capsule 20 mg, 40 mg</i>	Accutane	2	
<i>azelaic acid external gel 15 %</i>	Finacea	3	
<i>calcipotriene external cream 0.005 %</i>	Dovonex	2	
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	2	
<i>calcipotriene external solution 0.005 %</i>		2	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		2	
<i>claravis oral capsule 10 mg</i>	Amnesteem	2	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	Accutane	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (8 ML per 28 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		5	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (8 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; QL (8 ML per 28 days)
<i>dapsone external gel 5 %</i>	Aczone	2	
<i>doxycycline oral capsule delayed release 40 mg</i>	Oracea	2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML		5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML		5	PA; QL (6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (6 ML per 28 days)
FLUOROPLEX EXTERNAL CREAM 1 %		5	
<i>fluorouracil external cream 0.5 %</i>	Carac	5	
<i>fluorouracil external cream 5 %</i>	Efudex	2	
<i>fluorouracil external solution 2 %, 5 %</i>		2	
<i>imiquimod external cream 5 %</i>	Aldara	2	
<i>isotretinoin oral capsule 10 mg</i>	Amnesteem	2	
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i>	Accutane	2	
<i>myorisan oral capsule 10 mg</i>	Amnesteem	2	
<i>myorisan oral capsule 20 mg, 30 mg, 40 mg</i>	Accutane	2	

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
PANRETIN EXTERNAL GEL 0.1 %		5	
PICATO EXTERNAL GEL 0.015 %, 0.05 %		5	
<i>pimecrolimus external cream 1 %</i>	Elidel	4	
<i>podofilox external solution 0.5 %</i>		2	
RECTIV RECTAL OINTMENT 0.4 %		4	
REGRANEX EXTERNAL GEL 0.01 %		5	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		3	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML		5	PA; Available through CVS Specialty (1-800-237-2767)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (1 ML per 28 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Protopic	2	
TARGETIN EXTERNAL GEL 1 %		5	PA NSO
<i>tazarotene external cream 0.1 %</i>	Tazorac	3	PA
TAZORAC EXTERNAL CREAM 0.05 %		4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %		4	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA NSO; QL (60 GM per 30 days)
<i>zenatane oral capsule 10 mg</i>	Amnesteem	2	
<i>zenatane oral capsule 20 mg, 30 mg, 40 mg</i>	Accutane	2	
<b>Smooth Muscle Relaxants</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<b>Genitourinary Smooth Muscle Relaxants</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	Enablex	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>		2	
<i>flavoxate hcl oral tablet 100 mg</i>		2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Ditropan XL	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		2	
<i>oxybutynin chloride oral tablet 5 mg</i>		2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	2	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		2	
<i>tropium chloride oral tablet 20 mg</i>		2	
<b>Respiratory Smooth Muscle Relaxants</b>			
<i>aminophylline intravenous solution 25 mg/ml</i>		2	
<i>elixophyllin oral elixir 80 mg/15ml</i>		2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		2	
<i>theophylline oral solution 80 mg/15ml</i>		2	
<b>Vitamins</b>			
<b>Vitamin B Complex</b>			

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Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		2	EX
<i>folic acid oral tablet 1 mg</i>		1	EX; GC
<b>Vitamin D</b>			
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Drisdol	1	EX; GC; QL (4 EA per 28 days)
<b>Vitamins</b>			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	2	
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	2	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Niacor	2	
<i>niacor oral tablet 500 mg</i>	Niacor	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	2	
<i>paricalcitol oral capsule 4 mcg</i>		2	
<i>prenatal oral tablet 27-1 mg</i>	NeoNatal Plus	2	

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## Language Assistance Services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-609-0692 (TTY: 711).

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**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-609-0692 (TTY: 711).

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**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-609-0692 (TTY: 711).

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**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-609-0692 (TTY: 711)。

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**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-609-0692 (TTY: 711).

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**Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-609-0692 (телетайп: 711).

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**العربية (Arabic)**

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1-888-609-0692 (TTY: 711)

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**ខ្មែរ (Cambodian)** ប្រសិនបើ លោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-609-0692 (TTY: 711)។

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**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-609-0692 (ATS: 711).

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**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-609-0692 (TTY: 711).

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**한국어 (Korean)** '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-609-0692 (TTY: 711) 번으로 전화해 주십시오.

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**Ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-609-0692 (TTY: 711).

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**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-609-0692 (TTY: 711).

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**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-609-0692 (TTY: 711)

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**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-609-0692 (TTY: 711)

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**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-888-609-0692 (TTY: 711).

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-609-0692 (TTY: 711).

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

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



For more information about  
Stride<sup>SM</sup> (HMO/HMO-POS), call:

Prospective Members: (877) 431-4742  
For TTY service, call 711

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For TTY service, call 711

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