

# Harvard Pilgrim Health Care Prescription Drug List

## VALUE FORMULARY FOUR-TIER DRUG LIST (2017)

### BY CATEGORY

This list is subject to change at any time.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

## About Harvard Pilgrim's formulary

Harvard Pilgrim's formulary is a list of therapeutically safe and effective medications for treating most common medical conditions. The list is continually updated to incorporate the most recent decisions of Harvard Pilgrim's Pharmacy Services Department and our Pharmacy & Therapeutics Committee.

## Harvard Pilgrim's 4-Tier Prescription Drug Program

Covered medications are categorized in one of the four tiers described below. Our tiered benefit structure encourages patients and physicians to discuss pharmaceutical treatment options and choose the drug that is therapeutically appropriate. This kind of patient/physician dialogue is an important component in promoting quality, cost-effective care.

## How to use this four-tier prescription drug list

The following list is by **drug category and class**, with the tier indicated to the right of the drug name. Follow these simple steps to find out what tier a covered medication you are currently taking is on:

1. Under "Drug," look up the name of your medication.
2. Once you find the medication, check the tier number to the right of the drug name.
  - \$0 indicates that the drug may be covered at \$0 copayment for some benefit plans.
  - Tier 1 is made up of generics only. These drugs contain the same active ingredients as their brand-name counterparts.
  - Tier 2 is primarily made up of preferred brand name drugs for which there are no generic equivalents available. These drugs have been selected because of their overall high value based on a review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 2 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
  - Tier 3 is primarily made up of preferred specialty drugs and non-preferred brand name and speciality drugs. Tier 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
  - Tier 4 is primarily made up of non-preferred specialty drugs. Tier 4 may also include selected brand and generic drugs.
  - MD: Medical
  - N/C: Drug is not covered.

**Please note:** Some plans may require you to pay a deductible for prescription medications before copayments and/or coinsurance apply. Refer to your **Prescription Drug Brochure** for details.

**DRUG NAME**

**TIER**

**LIMITATIONS/  
\* NOTES**

**ANALGESICS**

**ANALGESICS, MISCELLANEOUS**

ABSTRAL 100 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ABSTRAL 200 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ABSTRAL 300 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ABSTRAL 400 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ABSTRAL 600 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ABSTRAL 800 MCG TAB SUBLINGUAL	3	Prior Authorization required;Max. 120 per 30 days
ACETAMIN-CAFF-DIHYDROCOD 320.5	1	
ACETAMIN-CAFF-DIHYDROCOD 325	1	
ACETAMINOP-CODEINE 120-12 MG/5	1	
ACETAMINOPH-CAFF-DIHYDROCODEIN	1	
ACETAMINOPHEN-COD #2 TABLET	1	
ACETAMINOPHEN-COD #3 TABLET	1	
ACETAMINOPHEN-COD #4 TABLET	1	
ACETAMINOPHN-COD 360-36 MG SOL	1	
ACTIQ 1,200 MCG LOZENGE	NC	
ACTIQ 1,600 MCG LOZENGE	NC	
ACTIQ 200 MCG LOZENGE	NC	
ACTIQ 400 MCG LOZENGE	NC	
ACTIQ 600 MCG LOZENGE	NC	
ACTIQ 800 MCG LOZENGE	NC	
ALAGESIC LQ ORAL SOLUTION	1	
ALFENTANIL 500 MCG/ML AMPUL	NC	
ALFENTANIL 500 MCG/ML AMPULE	NC	
ALLZITAL 25-325 MG TABLET	NC	
ARYMO ER 15 MG TABLET	3	Max. 3 per day
ARYMO ER 30 MG TABLET	3	Max. 3 per day
ARYMO ER 60 MG TABLET	3	Max. 3 per day
ASCOMP WITH CODEINE CAPSULE	1	
ASPIRIN-CAFF-DIHYDROCODEIN CAP	1	
AVINZA 120 MG CAPSULE	NC	
AVINZA 30 MG CAPSULE	NC	
AVINZA 45 MG CAPSULE	NC	
AVINZA 60 MG CAPSULE	NC	
AVINZA 75 MG CAPSULE	NC	
AVINZA 90 MG CAPSULE	NC	
BELBUCA 150 MCG FILM	NC	
BELBUCA 300 MCG FILM	NC	
BELBUCA 450 MCG FILM	NC	
BELBUCA 600 MCG FILM	NC	
BELBUCA 75 MCG FILM	NC	
BELBUCA 750 MCG FILM	NC	
BELBUCA 900 MCG FILM	NC	
BELLADONNA-OPIUM 16.2-30 SUPP	1	
BELLADONNA-OPIUM 16.2-60 SUPP	1	
BUPAP 50 MG-300 MG TABLET	NC	
BUPRENORPHINE 10 MCG/HR PATCH	2	Max. 4 per 28 days
BUPRENORPHINE 15 MCG/HR PATCH	2	Max. 4 per 28 days
BUPRENORPHINE 20 MCG/HR PATCH	2	Max. 4 per 28 days
BUPRENORPHINE 5 MCG/HR PATCH	2	Max. 4 per 28 days
BUPRENORPHINE 7.5 MCG/HR PATCH	2	Max. 4 per 28 days
BUTALB-ACETAMIN-CAFF 50-300-40	1	
BUTALB-ACETAMIN-CAFF 50-325-40	1	
BUTALB-ACETAMIN-CAFF 50-500-40	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BUTALB-ACETAMINOPH-CAFF-CODEIN	1	
BUTALB-ASPIRIN-CAFFE 50-325-40	1	
BUTALB-CAFF-ACETAMINOPH-CODEIN	1	
BUTALBIT-ACETAMINOPHEN-CAFF CP	1	
BUTALBITAL COMP-CODEINE #3 CAP	1	
BUTALBITAL-ACETAMINOPHN 50-300	1	
BUTALBITAL-ACETAMINOPHN 50-325	1	
BUTALBITAL-ASA-CAFFEINE CAP	1	
BUTORPHANOL 10 MG/ML SPRAY	1	
BUTRANS 10 MCG/HR PATCH	3	Max. 4 per 28 days
BUTRANS 15 MCG/HR PATCH	3	Max. 4 per 28 days
BUTRANS 20 MCG/HR PATCH	3	Max. 4 per 28 days
BUTRANS 5 MCG/HR PATCH	3	Max. 4 per 28 days
BUTRANS 7.5 MCG/HR PATCH	3	Max. 4 per 28 days
CAPACET CAPSULE	1	
CAPITAL WITH CODEINE SUSP	NC	
CO-GESIC 5-500 TABLET	1	
CODEINE SULFATE 15 MG TABLET	1	
CODEINE SULFATE 30 MG TABLET	1	
CODEINE SULFATE 30 MG/5 ML SOL	NC	
CODEINE SULFATE 60 MG TABLET	1	
CONZIP 100 MG CAPSULE	NC	
CONZIP 200 MG CAPSULE	NC	
CONZIP 300 MG CAPSULE	NC	
DEMEROL 100 MG TABLET	NC	
DEMEROL 50 MG TABLET	NC	
DILAUDID 2 MG TABLET	NC	
DILAUDID 4 MG TABLET	NC	
DILAUDID 5 MG/5 ML ORAL LIQUID	NC	
DILAUDID 8 MG TABLET	NC	
DISKETS 40 MG TABLET DISPR	1	
DOLOPHINE HCL 10 MG TABLET	NC	
DOLOPHINE HCL 5 MG TABLET	NC	
DURAGESIC 100 MCG/HR PATCH	NC	
DURAGESIC 12 MCG/HR PATCH	NC	
DURAGESIC 25 MCG/HR PATCH	NC	
DURAGESIC 50 MCG/HR PATCH	NC	
DURAGESIC 75 MCG/HR PATCH	NC	
EMBEDA ER 100-4 MG CAPSULE	2	Max. 3 per day
EMBEDA ER 20-0.8 MG CAPSULE	2	Max. 3 per day
EMBEDA ER 30-1.2 MG CAPSULE	2	Max. 3 per day
EMBEDA ER 50-2 MG CAPSULE	2	Max. 3 per day
EMBEDA ER 60-2.4 MG CAPSULE	2	Max. 3 per day
EMBEDA ER 80-3.2 MG CAPSULE	2	Max. 3 per day
ENDOCET 10-325 MG TABLET	1	
ENDOCET 10-650 MG TABLET	1	
ENDOCET 2.5-325 MG TABLET	1	
ENDOCET 5-325 TABLET	1	
ENDOCET 7.5-325 MG TABLET	1	
ENDOCET 7.5-500 MG TABLET	1	
ENDODAN 4.8355-325 MG TABLET	1	
ESGIC 50-325-40 MG TABLET	NC	
ESGIC CAPSULE	NC	
ESGIC PLUS CAPSULE	NC	
ESGIC-PLUS 50-500-40 MG TABLET	NC	
EXALGO ER 12 MG TABLET	NC	
EXALGO ER 16 MG TABLET	NC	
EXALGO ER 32 MG TABLET	NC	
EXALGO ER 8 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
FENTANYL 100 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 12 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 25 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 2MCG-BUPIV 0.0625%-NS	NC	
FENTANYL 37.5 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 50 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 62.5 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 75 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL 87.5 MCG/HR PATCH	1	Max. 15 per 30 days
FENTANYL CIT OTFC 1,200 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL CIT OTFC 1,600 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL CITRATE OTFC 200 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL CITRATE OTFC 400 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL CITRATE OTFC 600 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL CITRATE OTFC 800 MCG	3	Prior Authorization required;Max. 120 per 30 days
FENTANYL-ROPIV-NS 2 MCG-0.1%	1	
FENTORA 100 MCG BUCCAL TABLET	4	Prior Authorization required;Max. 120 per 30 days
FENTORA 200 MCG BUCCAL TABLET	4	Prior Authorization required;Max. 120 per 30 days
FENTORA 400 MCG BUCCAL TABLET	4	Prior Authorization required;Max. 120 per 30 days
FENTORA 600 MCG BUCCAL TABLET	4	Prior Authorization required;Max. 120 per 30 days
FENTORA 800 MCG BUCCAL TABLET	4	Prior Authorization required;Max. 120 per 30 days
FIORICET 50-300-40 MG CAPSULE	NC	
FIORICET-COD 50-300-40-30 CAP	NC	
FIORINAL 50-325-40 MG CAPSULE	NC	
FIORINAL-COD 30-50-325-40 CAP	NC	
HYCET 7.5 MG-325 MG/15 ML SOLN	NC	
HYDROCODON-ACETAMIN 7.5-325/15	1	
HYDROCODON-ACETAMINOPH 2.5-325	1	
HYDROCODON-ACETAMINOPH 2.5-500	1	
HYDROCODON-ACETAMINOPH 7.5-300	1	
HYDROCODON-ACETAMINOPH 7.5-325	1	
HYDROCODON-ACETAMINOPH 7.5-500	1	
HYDROCODON-ACETAMINOPH 7.5-650	1	
HYDROCODON-ACETAMINOPH 7.5-750	1	
HYDROCODON-ACETAMINOPHEN 5-300	1	
HYDROCODON-ACETAMINOPHEN 5-325	1	
HYDROCODON-ACETAMINOPHEN 5-500	1	
HYDROCODON-ACETAMINOPHN 10-300	1	
HYDROCODON-ACETAMINOPHN 10-325	1	
HYDROCODON-ACETAMINOPHN 10-500	1	
HYDROCODON-ACETAMINOPHN 10-650	1	
HYDROCODON-ACETAMINOPHN 10-660	1	
HYDROCODON-ACETAMINOPHN 10-750	1	
HYDROCODONE-ACETAMIN 2.5-167/5	1	
HYDROCODONE-ACETAMIN 5-163/7.5	1	
HYDROCODONE-IBUPROFEN 10-200	1	
HYDROCODONE-IBUPROFEN 2.5-200	1	
HYDROCODONE-IBUPROFEN 5-200 MG	1	
HYDROCODONE-IBUPROFEN 7.5-200	1	
HYDROMORPHONE 2 MG TABLET	1	
HYDROMORPHONE 3 MG SUPPOS	1	
HYDROMORPHONE 4 MG TABLET	1	
HYDROMORPHONE 5 MG/5 ML SOLN	1	
HYDROMORPHONE 8 MG TABLET	1	
HYDROMORPHONE HCL ER 12 MG TAB	1	Max. 2 per day
HYDROMORPHONE HCL ER 16 MG TAB	1	Max. 2 per day
HYDROMORPHONE HCL ER 32 MG TAB	1	Max. 2 per day
HYDROMORPHONE HCL ER 8 MG TAB	1	Max. 2 per day
HYSINGLA ER 100 MG TABLET	2	Max. 30 Days Supply;Max. 1 per day

DRUG NAME	TIER	LIMITATIONS/ * NOTES
HYSINGLA ER 120 MG TABLET	2	Max. 30 Days Supply;Max. 1 per day
HYSINGLA ER 20 MG TABLET	2	Max. 30 Days Supply;Max. 2 per day
HYSINGLA ER 30 MG TABLET	2	Max. 30 Days Supply;Max. 2 per day
HYSINGLA ER 40 MG TABLET	2	Max. 30 Days Supply;Max. 1 per day
HYSINGLA ER 60 MG TABLET	2	Max. 30 Days Supply;Max. 1 per day
HYSINGLA ER 80 MG TABLET	2	Max. 30 Days Supply;Max. 1 per day
IBUDONE 10-200 MG TABLET	NC	
IBUDONE 5-200 MG TABLET	NC	
KADIAN ER 10 MG CAPSULE	NC	
KADIAN ER 100 MG CAPSULE	NC	
KADIAN ER 130 MG CAPSULE	2	Max. 2 per day
KADIAN ER 150 MG CAPSULE	2	Max. 2 per day
KADIAN ER 20 MG CAPSULE	NC	
KADIAN ER 200 MG CAPSULE	2	Max. 2 per day
KADIAN ER 30 MG CAPSULE	NC	
KADIAN ER 40 MG CAPSULE	2	Max. 2 per day
KADIAN ER 50 MG CAPSULE	NC	
KADIAN ER 60 MG CAPSULE	NC	
KADIAN ER 70 MG CAPSULE	2	Max. 2 per day
KADIAN ER 80 MG CAPSULE	NC	
LAZANDA 100 MCG NASAL SPRAY	4	Prior Authorization required;Max. 1 per 2 days
LAZANDA 300 MCG NASAL SPRAY	4	Prior Authorization required;Max. 1 per 2 days
LAZANDA 400 MCG NASAL SPRAY	4	Prior Authorization required;Max. 1 per 2 days
LEVORPHANOL 2 MG TABLET	3	
LORCET 10-650 TABLET	NC	
LORCET 5-325 MG TABLET	1	
LORCET HD 10-325 MG TABLET	1	
LORCET PLUS 7.5-325 MG TABLET	1	
LORCET PLUS TABLET	NC	
LORTAB 10 MG-300 MG/15 ML ELXR	NC	
LORTAB 10-325 MG TABLET	NC	
LORTAB 10-500 TABLET	NC	
LORTAB 5-325 MG TABLET	NC	
LORTAB 5-500 TABLET	NC	
LORTAB 7.5-325 MG TABLET	NC	
LORTAB 7.5-500 MG/15 ML ELIXIR	NC	
LORTAB 7.5-500 TABLET	NC	
MAGNACET 10 MG-400 MG TABLET	NC	
MAGNACET 5 MG-400 MG TABLET	NC	
MAGNACET 7.5 MG-400 MG TABLET	NC	
MARGESIC CAPSULE	1	
MARTEN-TAB 325-50 TABLET	1	
MAXIDONE 10-750 MG TABLET	NC	
MEPERIDINE 100 MG TABLET	1	
MEPERIDINE 50 MG TABLET	1	
MEPERIDINE 50 MG/5 ML SOLUTION	1	
MEPERIDINE 550 MG/55 ML-NS SYR	1	
METHADONE 10 MG/5 ML SOLUTION	1	
METHADONE 10 MG/ML ORAL CONC	1	
METHADONE 5 MG/5 ML SOLUTION	1	
METHADONE HCL 10 MG TABLET	1	
METHADONE HCL 10 MG/ML VIAL	1	
METHADONE HCL 5 MG TABLET	1	
METHADOSE 10 MG/ML ORAL CONC	NC	
METHADOSE 40 MG TABLET DISPR	1	
MORPHABOND ER 100 MG TABLET	3	Max. 2 per day
MORPHABOND ER 15 MG TABLET	3	Max. 2 per day
MORPHABOND ER 30 MG TABLET	3	Max. 2 per day
MORPHABOND ER 60 MG TABLET	3	Max. 2 per day

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MORPHINE 100MG/100ML-0.9% NACL	1	
MORPHINE 2 MG/ML CARPUJECT	NC	
MORPHINE SULF 10 MG SUPPOS	1	
MORPHINE SULF 10 MG/5 ML SOLN	1	
MORPHINE SULF 100 MG/5 ML SOLN	1	
MORPHINE SULF 20 MG SUPPOS	1	
MORPHINE SULF 20 MG/5 ML SOLN	1	
MORPHINE SULF 30 MG SUPPOS	1	
MORPHINE SULF 5 MG SUPPOS	1	
MORPHINE SULF ER 100 MG TABLET	1	Max. 90 per 30 days
MORPHINE SULF ER 15 MG TABLET	1	Max. 90 per 30 days
MORPHINE SULF ER 200 MG TABLET	1	Max. 90 per 30 days
MORPHINE SULF ER 30 MG TABLET	1	Max. 90 per 30 days
MORPHINE SULF ER 60 MG TABLET	1	Max. 90 per 30 days
MORPHINE SULFATE ER 10 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 100 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 120 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 20 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 30 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 45 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 50 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 60 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 75 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 80 MG CAP	1	Max. 2 per day
MORPHINE SULFATE ER 90 MG CAP	1	Max. 2 per day
MORPHINE SULFATE IR 15 MG TAB	3	
MORPHINE SULFATE IR 30 MG TAB	3	
MS CONTIN 100 MG TABLET	NC	
MS CONTIN 15 MG TABLET	NC	
MS CONTIN 200 MG TABLET	NC	
MS CONTIN 30 MG TABLET	NC	
MS CONTIN 60 MG TABLET	NC	
NORCO 10-325 TABLET	NC	
NORCO 5-325 TABLET	NC	
NORCO 7.5-325 TABLET	NC	
NUCYNTA 100 MG TABLET	2	
NUCYNTA 50 MG TABLET	2	
NUCYNTA 75 MG TABLET	2	
NUCYNTA ER 100 MG TABLET	2	Max. 2 per day
NUCYNTA ER 150 MG TABLET	2	Max. 2 per day
NUCYNTA ER 200 MG TABLET	2	Max. 2 per day
NUCYNTA ER 250 MG TABLET	2	Max. 2 per day
NUCYNTA ER 50 MG TABLET	2	Max. 2 per day
ONSOLIS 1,200 MCG SOLUBLE FILM	4	Max. 120 in 30 days
ONSOLIS 200 MCG SOLUBLE FILM	4	Max. 120 in 30 days
ONSOLIS 400 MCG SOLUBLE FILM	4	Max. 120 in 30 days
ONSOLIS 600 MCG SOLUBLE FILM	4	Max. 120 in 30 days
ONSOLIS 800 MCG SOLUBLE FILM	4	Max. 120 in 30 days
OPANA 10 MG TABLET	NC	
OPANA 5 MG TABLET	NC	
OPANA ER 10 MG TABLET	NC	
OPANA ER 15 MG TABLET	NC	
OPANA ER 20 MG TABLET	NC	
OPANA ER 30 MG TABLET	NC	
OPANA ER 40 MG TABLET	NC	
OPANA ER 5 MG TABLET	NC	
OPANA ER 7.5 MG TABLET	NC	
OXAYDO 5 MG TABLET	3	
OXAYDO 7.5 MG TABLET	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
OXECTA 5 MG TABLET	3	
OXECTA 7.5 MG TABLET	3	
OXYCODON-ACETAMINOPHEN 2.5-325	1	
OXYCODON-ACETAMINOPHEN 7.5-300	1	
OXYCODON-ACETAMINOPHEN 7.5-325	1	
OXYCODON-ACETAMINOPHEN 7.5-500	1	
OXYCODONE HCL 10 MG TABLET	1	
OXYCODONE HCL 100 MG/5 ML SOLN	1	
OXYCODONE HCL 15 MG TABLET	1	
OXYCODONE HCL 20 MG TABLET	1	
OXYCODONE HCL 30 MG TABLET	1	
OXYCODONE HCL 5 MG CAPSULE	1	
OXYCODONE HCL 5 MG TABLET	1	
OXYCODONE HCL 5 MG/5 ML SOLN	1	
OXYCODONE HCL ER 10 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 15 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 20 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 30 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 40 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 60 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE HCL ER 80 MG TABLET	1	Max. 4 per day;Max. 180 in 30 days
OXYCODONE-ACETAMINOPHEN 10-300	1	
OXYCODONE-ACETAMINOPHEN 10-325	1	
OXYCODONE-ACETAMINOPHEN 10-650	1	
OXYCODONE-ACETAMINOPHEN 5-300	1	
OXYCODONE-ACETAMINOPHEN 5-325	1	
OXYCODONE-ACETAMINOPHEN 5-500	1	
OXYCODONE-ACETAMINOPHN 5-325/5	1	
OXYCODONE-ASPIRIN 4.8355-325	1	
OXYCODONE-IBUPROFEN 5-400 TAB	1	
OXYCONTIN 10 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 15 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 20 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 30 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 40 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 60 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYCONTIN 80 MG TABLET	2	Max. 4 per day;Max. 180 in 30 days
OXYMORPHONE HCL 10 MG TABLET	1	
OXYMORPHONE HCL 5 MG TABLET	1	
OXYMORPHONE HCL ER 10 MG TAB	1	Max. 3 per day
OXYMORPHONE HCL ER 15 MG TAB	1	Max. 3 per day
OXYMORPHONE HCL ER 20 MG TAB	1	Max. 3 per day
OXYMORPHONE HCL ER 30 MG TAB	1	Max. 3 per day
OXYMORPHONE HCL ER 40 MG TAB	1	Max. 3 per day
OXYMORPHONE HCL ER 5 MG TABLET	1	Max. 3 per day
OXYMORPHONE HCL ER 7.5 MG TAB	1	Max. 3 per day
PENTAZOCIN-ACETAMINOPHN 25-650	1	
PENTAZOCINE-NALOXONE TABLET	1	
PERCOCET 10-325 MG TABLET	NC	
PERCOCET 10-650 MG TABLET	NC	
PERCOCET 2.5-325 MG TABLET	NC	
PERCOCET 5-325 MG TABLET	NC	
PERCOCET 7.5-325 MG TABLET	NC	
PERCOCET 7.5-500 MG TABLET	NC	
PERCODAN 4.8355-325 MG TABLET	NC	
PHRENILIN FORTE CAPSULE	NC	
PRIMLEV 10-300 MG TABLET	NC	
PRIMLEV 5-300 MG TABLET	NC	
PRIMLEV 7.5-300 MG TABLET	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
PROMACET 50-650 MG TABLET	1	
RELAGESIC 650-50 MG TABLET	NC	
REPREXAIN 10-200 MG TABLET	1	
REPREXAIN 2.5-200 MG TABLET	1	
REPREXAIN 5-200 MG TABLET	1	
RHINOFLEX-650 TABLET	1	
ROXICET 5-325 ORAL SOLUTION	1	
ROXICET 5-325 TABLET	1	
ROXICODONE 15 MG TABLET	NC	
ROXICODONE 30 MG TABLET	NC	
ROXICODONE 5 MG TABLET	NC	
SUBSYS 1,200 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 1,600 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 100 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 200 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 400 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 600 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SUBSYS 800 MCG SPRAY	4	Prior Authorization required;Max. 120 per 30 days
SYNALGOS-DC CAPSULE	NC	
TENCON 50-325 MG TABLET	1	
TENCON TABLET	NC	
TRAMADOL HCL 50 MG TABLET	1	
TRAMADOL HCL ER 100 MG CAPSULE	1	
TRAMADOL HCL ER 100 MG TABLET	1	
TRAMADOL HCL ER 150 MG CAPSULE	1	
TRAMADOL HCL ER 200 MG CAPSULE	1	
TRAMADOL HCL ER 200 MG TABLET	1	
TRAMADOL HCL ER 300 MG CAPSULE	1	
TRAMADOL HCL ER 300 MG TABLET	1	
TRAMADOL-ACETAMINOPHN 37.5-325	1	
TREZIX 16-320.5-30 MG CAPSULE	NC	
TREZIX CAPSULE	NC	
TYLENOL WITH CODEINE #3 TABLET	NC	
TYLENOL WITH CODEINE #4 TABLET	NC	
ULTRACET TABLET	NC	
ULTRAM 50 MG TABLET	NC	
ULTRAM ER 100 MG TABLET	NC	
ULTRAM ER 200 MG TABLET	NC	
ULTRAM ER 300 MG TABLET	NC	
VANATOL LQ ORAL SOLUTION	NC	
VERDROCET 2.5-325 MG TABLET	NC	
VICODIN 5-300 MG TABLET	1	
VICODIN ES 7.5-300 MG TABLET	1	
VICODIN HP 10-300 MG TABLET	1	
VICOPROFEN 7.5-200 MG TABLET	NC	
XARTEMIS XR 7.5-325 MG TABLET	4	Max. 120 per 30 days
XODOL 10-300 TABLET	NC	
XODOL 5-300 TABLET	NC	
XODOL 7.5-300 MG TABLET	NC	
XOLOX 10-500 MG TABLET	NC	
XTAMPZA ER 13.5 MG CAPSULE	NC	
XTAMPZA ER 18 MG CAPSULE	NC	
XTAMPZA ER 27 MG CAPSULE	NC	
XTAMPZA ER 36 MG CAPSULE	NC	
XTAMPZA ER 9 MG CAPSULE	NC	
XYLON 10-200 MG TABLET	1	
ZAMICET 10-325 MG/15 ML SOLN	NC	
ZEBUTAL 50-325-40 MG CAPSULE	1	
ZEBUTAL CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZFLEX TABLET	1	
ZGESIC TABLET	NC	
ZOHYDRO ER 10 MG CAPSULE	NC	
ZOHYDRO ER 15 MG CAPSULE	NC	
ZOHYDRO ER 20 MG CAPSULE	NC	
ZOHYDRO ER 30 MG CAPSULE	NC	
ZOHYDRO ER 40 MG CAPSULE	NC	
ZOHYDRO ER 50 MG CAPSULE	NC	
ZOLVIT 10 MG-300 MG/15 ML SOLN	1	
ZYDONE 10-400 MG TABLET	NC	
ZYDONE 5-400 MG TABLET	NC	
ZYDONE 7.5-400 MG TABLET	NC	

## NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ANAPROX 275 MG TABLET	NC	
ANAPROX DS 550 MG TABLET	NC	
ARTHROTEC 50 MG-200 MCG TAB	NC	
ARTHROTEC 75 MG-200 MCG TAB	NC	
ASPIR-LOW EC 81 MG TABLET	0	ACA*
ASPIR-TRIN EC 325 MG TABLET	0	ACA*
ASPIRIN 300 MG SUPPOSITORY	0	ACA*
ASPIRIN 325 MG TABLET	0	ACA*
ASPIRIN 600 MG SUPPOSITORY	0	ACA*
ASPIRIN 81 MG CHEWABLE TABLET	0	ACA*
ASPIRIN EC 325 MG TABLET	0	ACA*
ASPIRIN EC 500 MG TABLET	0	ACA*
ASPIRIN EC 650 MG TABLET	0	ACA*
ASPIRIN EC 81 MG TABLET	0	ACA*
ASPIRIN EC 975 MG TABLET	0	ACA*
BAYER ADVANCED 500 MG TABLET	NC	
BAYER ASPIRIN 81 MG CHEW TAB	NC	
BAYER PLUS 500 MG CAPLET	NC	
CAMBIA 50 MG POWDER PACKET	NC	
CATAFLAM 50 MG TABLET	NC	
CELEBREX 100 MG CAPSULE	NC	
CELEBREX 200 MG CAPSULE	NC	
CELEBREX 400 MG CAPSULE	NC	
CELEBREX 50 MG CAPSULE	NC	
CELECOXIB 100 MG CAPSULE	1	
CELECOXIB 200 MG CAPSULE	1	
CELECOXIB 400 MG CAPSULE	1	
CELECOXIB 50 MG CAPSULE	1	
CHOLINE MAG TRISAL LIQUID	1	
COMFORT PAC-IBUPROFEN KIT	NC	
COMFORT PAC-NAPROXEN KIT	NC	
CVS CHILD ASPIRIN 81 MG CHW TB	0	ACA*
DAYPRO 600 MG CAPLET	NC	
DERMACINRX LEXITRAL PHARMAPAK	NC	
DICLOFENAC 1.5% TOPICAL SOLN	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DICLOFENAC POT 50 MG TABLET	1	
DICLOFENAC SOD EC 25 MG TAB	1	
DICLOFENAC SOD EC 50 MG TAB	1	
DICLOFENAC SOD EC 75 MG TAB	1	
DICLOFENAC SOD ER 100 MG TAB	1	
DICLOFENAC SODIUM 1% GEL	1	
DICLOFENAC-MISOPROST 50-200 TB	1	
DICLOFENAC-MISOPROST 75-200 TB	1	
DICLOTRAL PAK	NC	
DIFLUNISAL 500 MG TABLET	1	
DISALCID 500 MG TABLET	NC	
DISALCID 750 MG TABLET	NC	
DUEXIS 800-26.6 MG TABLET	NC	
DURLAZA ER 162.5 MG CAPSULE	NC	
EC-NAPROSYN EC 375 MG TABLET	NC	
EC-NAPROSYN EC 500 MG TABLET	NC	
ECOTRIN EC 325 MG TABLET	0	ACA*
ECOTRIN EC 81 MG TABLET	NC	
ECPIRIN EC 325 MG TABLET	0	ACA*
ETODOLAC 200 MG CAPSULE	1	
ETODOLAC 300 MG CAPSULE	1	
ETODOLAC 400 MG TABLET	1	
ETODOLAC 500 MG TABLET	1	
ETODOLAC ER 400 MG TABLET	1	
ETODOLAC ER 500 MG TABLET	1	
ETODOLAC ER 600 MG TABLET	1	
FELDENE 10 MG CAPSULE	NC	
FELDENE 20 MG CAPSULE	NC	
FENOPROFEN 200 MG CAPSULE	1	
FENOPROFEN 400 MG CAPSULE	1	
FENOPROFEN 600 MG TABLET	1	
FENORTHO 200 MG CAPSULE	NC	
FENORTHO 400 MG CAPSULE	NC	
FLECTOR 1.3% PATCH	2	
FLURBIPROFEN 100 MG TABLET	1	
FLURBIPROFEN 50 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSP	1	
IBUPROFEN 400 MG TABLET	1	
IBUPROFEN 600 MG TABLET	1	
IBUPROFEN 800 MG TABLET	1	
INDOCIN 25 MG/5 ML SUSPENSION	3	
INDOCIN 50 MG SUPPOSITORY	3	
INDOMETHACIN 25 MG CAPSULE	1	
INDOMETHACIN 50 MG CAPSULE	1	
INDOMETHACIN ER 75 MG CAPSULE	1	
KETOPROFEN 50 MG CAPSULE	1	
KETOPROFEN 75 MG CAPSULE	1	
KETOPROFEN ER 200 MG CAPSULE	1	
KETOROLAC 10 MG TABLET	1	Max. 5 Days Supply;Max. quantity of 20 per fill
LODINE 400 MG TABLET	NC	
MECLOFENAMATE 100 MG CAPSULE	1	
MECLOFENAMATE 50 MG CAPSULE	1	
MEFENAMIC ACID 250 MG CAPSULE	1	
MELOXICAM 15 MG TABLET	1	
MELOXICAM 7.5 MG TABLET	1	
MELOXICAM 7.5 MG/5 ML SUSP	1	
MINIPRIN EC 81 MG TABLET	0	ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MOBIC 15 MG TABLET	NC	
MOBIC 7.5 MG TABLET	NC	
MOBIC 7.5 MG/5 ML SUSPENSION	NC	
NABUMETONE 500 MG TABLET	1	
NABUMETONE 750 MG TABLET	1	
NALFON 400 MG CAPSULE	NC	
NAPRELAN CR 375 MG TABLET	NC	
NAPRELAN CR 500 MG TABLET	NC	
NAPRELAN CR 750 MG TABLET	NC	
NAPROSYN 125 MG/5 ML SUSPEN	NC	
NAPROSYN 250 MG TABLET	NC	
NAPROSYN 375 MG TABLET	NC	
NAPROSYN 500 MG TABLET	NC	
NAPROXEN 125 MG/5 ML SUSPEN	1	
NAPROXEN 250 MG TABLET	1	
NAPROXEN 375 MG TABLET	1	
NAPROXEN 500 MG TABLET	1	
NAPROXEN DR 375 MG TABLET	1	
NAPROXEN DR 500 MG TABLET	1	
NAPROXEN SOD CR 375 MG TABLET	3	
NAPROXEN SOD CR 500 MG TABLET	3	
NAPROXEN SODIUM 275 MG TAB	1	
NAPROXEN SODIUM 550 MG TAB	1	
OXAPROZIN 600 MG TABLET	1	
PAIN RELIEF COLLECTION KIT	NC	
PENNSAID 1.5% SOLUTION	NC	
PENNSAID 2% PUMP	NC	
PIROXICAM 10 MG CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1	
PONSTEL 250 MG KAPSEALS	NC	
RA ASPIRIN 325 MG TABLET	0	ACA*
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SM BUFF ASPIRIN 325 MG TAB	0	ACA*
SPRIX 15.75 MG NASAL SPRAY	3	Max. quantity of 5 per fill
ST. JOSEPH ASPIRIN 81 MG CHEW	0	ACA*
ST. JOSEPH ASPIRIN EC 81 MG TB	0	ACA*
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SURE RESULT DSS PREMIUM PACK	NC	
TIVORBEX 20 MG CAPSULE	NC	
TIVORBEX 40 MG CAPSULE	NC	
TOLMETIN SODIUM 200 MG TAB	1	
TOLMETIN SODIUM 400 MG CAP	1	
TOLMETIN SODIUM 600 MG TAB	1	
VIMOVO DR 375-20 MG TABLET	NC	
VIMOVO DR 500-20 MG TABLET	NC	
VIVLODEX 10 MG CAPSULE	NC	
VIVLODEX 5 MG CAPSULE	NC	
VOLTAREN 1% GEL	NC	
VOLTAREN-XR 100 MG TABLET	NC	
XRYLIX 1.5% KIT	NC	
ZIPSOR 25 MG CAPSULE	NC	
ZORVOLEX 18 MG CAPSULE	2	
ZORVOLEX 35 MG CAPSULE	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
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## ANESTHETICS

### LOCAL ANESTHETICS

ALTAFLUOR EYE DROPS	NC	
BUCALSEP SOLUTION	NC	
EMLA CREAM	NC	
FLUORESC EIN-BENOXINATE EYE DRP	NC	
FLURESS EYE DROPS	NC	
FLUROX EYE DROPS	NC	
GLYDO 2% JELLY SYRINGE	1	
LIDO BDK KIT	1	
LIDOCAINE 2% VISCOUS SOLN	1	
LIDOCAINE 3% CREAM	1	
LIDOCAINE 5% OINTMENT	1	
LIDOCAINE 5% PATCH	1	
LIDOCAINE HCL 2% JELLY	1	
LIDOCAINE HCL 4% SOLUTION	1	
LIDOCAINE-HC 3-0.5% CREAM	1	
LIDOCAINE-HC 3-1% CREAM KIT	1	
LIDOCAINE-HC 3-2.5% GEL KIT	NC	
LIDOCAINE-PRILOCAINE CREAM	1	
LIDODERM 5% PATCH	NC	
LORENZA 4%-1% PATCH	NC	
PINNACAINE 20% OTIC DROPS	1	
PONTOCAINE 2% SOLUTION	NC	
PRE-ATTACHED LTA KIT	NC	
SYNERA PATCH	3	
VEXA PATCH	NC	

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ACAMPROSATE CALC DR 333 MG TAB	1	
ANTABUSE 250 MG TABLET	NC	
ANTABUSE 500 MG TABLET	NC	
BUNAVAIL 2.1-0.3 MG FILM	3	Max. 3 per day
BUNAVAIL 4.2-0.7 MG FILM	3	Max. 3 per day
BUNAVAIL 6.3-1 MG FILM	3	Max. 2 per day
BUPRENORPHIN-NALOXON 8-2 MG SL	1	
BUPRENORPHINE 2 MG TABLET SL	1	
BUPRENORPHINE 8 MG TABLET SL	1	
BUPRENORPHN-NALOXN 2-0.5 MG SL	1	
BUPROBAN 150 MG TABLET	1	Max. 180 Days Supply ACA*
BUPROPION HCL SR 150 MG TABLET	0	Max. 180 Days Supply;Max. 180 in 365 days ACA*
BUPROPION HCL SR 150 MG TABLET	1	
CAMPRAL DR 333 MG TABLET	3	
CHANTIX 0.5 MG TABLET	0	Max. 182 Days Supply ACA*
CHANTIX 1 MG CONT MONTH BOX	0	Max. 182 Days Supply
CHANTIX 1 MG TABLET	0	Max. 182 Days Supply ACA*
CHANTIX STARTING MONTH BOX	0	Max. 182 Days Supply ACA*
DISULFIRAM 250 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DISULFIRAM 500 MG TABLET	1	
EVZIO 0.4 MG AUTO-INJECTOR	NC	
EVZIO 2 MG AUTO-INJECTOR	NC	
NALOXONE 0.4 MG/ML CARPUJECT	MD	Max. 2 ML(s) per 15 days
NALOXONE 0.4 MG/ML VIAL	MD	Max. 2 ML(s) per 15 days
NALOXONE 2 MG/2 ML SYRINGE	MD	Max. 2 ML(s) per 15 days
NALTREXONE 50 MG TABLET	1	
NARCAN 4 MG NASAL SPRAY	MD	Max. 2 per 15 days \$0 copayment
NICODERM CQ 14 MG/24HR PATCH	NC	
NICODERM CQ 21 MG/24HR PATCH	NC	
NICODERM CQ 7 MG/24HR PATCH	NC	
NICORELIEF 2 MG GUM	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICORELIEF 4 MG GUM	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICORETTE 2 MG CHEWING GUM	NC	
NICORETTE 2 MG MINI LOZENGE	NC	
NICORETTE 4 MG CHEWING GUM	NC	
NICORETTE 4 MG MINI LOZENGE	NC	
NICOTINE 14 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
NICOTINE 2 MG CHEWING GUM	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICOTINE 2 MG LOZENGE	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICOTINE 21 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
NICOTINE 22 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
NICOTINE 4 MG CHEWING GUM	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICOTINE 4 MG LOZENGE	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
NICOTINE 7 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
NICOTINE TRANSDERMAL SYSTEM	0	Max. 180 Days Supply;Max. 1 per day ACA*
NICOTROL CARTRIDGE INHALER	0	Max. 180 Days Supply;Max. quantity of 168 per fill ACA*
NICOTROL NS 10 MG/ML SPRAY	0	Max. 180 Days Supply;Max. quantity of 40 per fill;Max. 180 ML(s) in 365 days ACA*; Max 4 units/fill; Limit 180 days supply per year
RA NICOTINE 14 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
RA NICOTINE 21 MG/24HR PATCH	0	Max. 180 Days Supply;Max. 1 per day ACA*
RA NICOTINE 4 MG CHEWING GUM	0	Max. 180 Days Supply;Max. 480 in 30 days ACA*
REVIA 50 MG TABLET	NC	
SUBOXONE 12 MG-3 MG SL FILM	2	
SUBOXONE 2 MG-0.5 MG SL FILM	2	
SUBOXONE 4 MG-1 MG SL FILM	2	
SUBOXONE 8 MG-2 MG SL FILM	2	
VIVITROL 380 MG VIAL + DILUENT	MD	SPP*: Must use CVS Specialty
ZUBSOLV 0.7-0.18 MG TABLET SL	3	
ZUBSOLV 1.4-0.36 MG TABLET SL	3	
ZUBSOLV 11.4-2.9 MG TABLET SL	3	
ZUBSOLV 2.9-0.71 MG TABLET SL	3	
ZUBSOLV 5.7-1.4 MG TABLET SL	3	
ZUBSOLV 8.6-2.1 MG TABLET SL	3	
ZYBAN SR 150 MG TABLET	0	Max. 180 Days Supply;Max. 180 in 365 days ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
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ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)

**ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)**

AVC 15% CREAM	NC	
CLEOCIN 100 MG VAGINAL OVULE	3	
CLEOCIN 2% VAGINAL CREAM	NC	
CLINDAMYCIN 2% VAGINAL CREAM	1	
CLINDESSE 2% VAGINAL CREAM	3	
FEM PH VAGINAL JELLY	NC	
GYNAZOLE 1 2% CREAM	3	
METROGEL-VAGINAL 0.75% GEL	NC	
METRONIDAZOLE VAGINAL 0.75% GL	1	
NUVESSA VAGINAL 1.3% GEL	NC	
RELAGARD VAGINAL GEL	NC	
TERAZOL 3 80 MG SUPPOSITORY	NC	
TERAZOL 3 CREAM	NC	
TERAZOL 7 CREAM	NC	
TERCONAZOLE 0.4% CREAM	1	
TERCONAZOLE 0.8% CREAM	1	
TERCONAZOLE 80 MG SUPPOSITORY	1	
VANDAZOLE VAGINAL 0.75% GEL	3	

ANTIANXIETY AGENTS

**BENZODIAZEPINES**

ALPRAZOLAM 0.25 MG TABLET	1	
ALPRAZOLAM 0.5 MG TABLET	1	
ALPRAZOLAM 1 MG TABLET	1	
ALPRAZOLAM 1 MG/ML ORAL CONC	NC	
ALPRAZOLAM 2 MG TABLET	1	
ALPRAZOLAM ER 0.5 MG TABLET	1	
ALPRAZOLAM ER 1 MG TABLET	1	
ALPRAZOLAM ER 2 MG TABLET	1	
ALPRAZOLAM ER 3 MG TABLET	1	
ALPRAZOLAM ODT 0.25 MG TAB	1	
ALPRAZOLAM ODT 0.5 MG TAB	1	
ALPRAZOLAM ODT 1 MG TAB	1	
ALPRAZOLAM ODT 2 MG TAB	1	
ATIVAN 0.5 MG TABLET	NC	
ATIVAN 1 MG TABLET	NC	
ATIVAN 2 MG TABLET	NC	
CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CLONAZEPAM 0.125 MG DIS TAB	1	
CLONAZEPAM 0.25 MG ODT	1	
CLONAZEPAM 0.5 MG DIS TABLET	1	
CLONAZEPAM 0.5 MG TABLET	1	
CLONAZEPAM 1 MG DIS TABLET	1	
CLONAZEPAM 1 MG TABLET	1	
CLONAZEPAM 2 MG ODT	1	
CLONAZEPAM 2 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	1	
CLORAZEPATE 3.75 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CLORAZEPATE 7.5 MG TABLET	1	
DIASTAT 2.5 MG PEDI SYSTEM	NC	
DIASTAT ACUDIAL 12.5-15-20 MG	NC	
DIASTAT ACUDIAL 5-7.5-10 MG KT	NC	
DIAZEPAM 10 MG RECTAL GEL SYST	1	
DIAZEPAM 10 MG TABLET	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	1	
DIAZEPAM 20 MG RECTAL GEL SYST	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 5 MG/5 ML SOLUTION	1	
DIAZEPAM 5 MG/ML ORAL CONC	1	
DIAZEPAM 5 MG/ML VIAL	1	
DORAL 15 MG TABLET	NC	
ESTAZOLAM 1 MG TABLET	1	
ESTAZOLAM 2 MG TABLET	1	
FLURAZEPAM 15 MG CAPSULE	1	
FLURAZEPAM 30 MG CAPSULE	1	
HALCION 0.25 MG TABLET	NC	
KLONOPIN 0.5 MG TABLET	NC	
KLONOPIN 1 MG TABLET	NC	
KLONOPIN 2 MG TABLET	NC	
LORAZEPAM 0.5 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1	
LORAZEPAM 2 MG TABLET	1	
LORAZEPAM 2 MG/ML ORAL CONCENT	1	
MIDAZOLAM HCL 2 MG/ML SYRUP	1	
NIRAVAM 0.25 MG ODT	NC	
NIRAVAM 0.5 MG ODT	NC	
NIRAVAM 1 MG ODT	NC	
NIRAVAM 2 MG ODT	NC	
ONFI 10 MG TABLET	2	Prior Authorization required for members 18 and older
ONFI 2.5 MG/ML SUSPENSION	2	Prior Authorization required for members 18 and older
ONFI 20 MG TABLET	2	Prior Authorization required for members 18 and older
OXAZEPAM 10 MG CAPSULE	1	
OXAZEPAM 15 MG CAPSULE	1	
OXAZEPAM 30 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	1	
RESTORIL 15 MG CAPSULE	NC	
RESTORIL 22.5 MG CAPSULE	NC	
RESTORIL 30 MG CAPSULE	NC	
RESTORIL 7.5 MG CAPSULE	NC	
TEMAZEPAM 15 MG CAPSULE	1	
TEMAZEPAM 22.5 MG CAPSULE	1	
TEMAZEPAM 30 MG CAPSULE	1	
TEMAZEPAM 7.5 MG CAPSULE	1	
TRANXENE T-TAB 15 MG	NC	
TRANXENE T-TAB 3.75 MG	NC	
TRANXENE T-TAB 7.5 MG	NC	
TRIAZOLAM 0.125 MG TABLET	1	
TRIAZOLAM 0.25 MG TABLET	1	
VALIUM 10 MG TABLET	NC	
VALIUM 2 MG TABLET	NC	
VALIUM 5 MG TABLET	NC	
XANAX 0.25 MG TABLET	NC	
XANAX 0.5 MG TABLET	NC	
XANAX 1 MG TABLET	NC	
XANAX 2 MG TABLET	NC	
XANAX XR 0.5 MG TABLET	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
XANAX XR 1 MG TABLET	NC	
XANAX XR 2 MG TABLET	NC	
XANAX XR 3 MG TABLET	NC	

## ANTIBACTERIALS

### AMINOGLYCOSIDES

BETHKIS 300 MG/4 ML AMPULE	3	SPP*: Must use CVS Specialty
KITABIS PAK 300 MG/5 ML	3	SPP*: Must use CVS Specialty
NEOMYCIN 500 MG TABLET	1	
TOBI 300 MG/5 ML SOLUTION	NC	
TOBI PODHALER 28 MG INHALE CAP	3	SPP*: Must use CVS Specialty
TOBRAMYCIN 300 MG/5 ML AMPULE	3	SPP*: Must use CVS Specialty

### ANTIBACTERIALS, MISCELLANEOUS

CLEOCIN 75 MG/5 ML GRANULES	NC	
CLEOCIN HCL 150 MG CAPSULE	NC	
CLEOCIN HCL 300 MG CAPSULE	NC	
CLEOCIN HCL 75 MG CAPSULE	NC	
CLINDAMYCIN 75 MG/5 ML SOLN	1	
CLINDAMYCIN HCL 150 MG CAPSULE	1	
CLINDAMYCIN HCL 300 MG CAPSULE	1	
CLINDAMYCIN HCL 75 MG CAPSULE	1	
FLAGYL 250 MG TABLET	NC	
FLAGYL 375 CAPSULE	NC	
FLAGYL 500 MG TABLET	NC	
FLAGYL ER 750 MG TABLET	3	
FURADANTIN 25 MG/5 ML SUSP	NC	
HIPREX 1 GM TABLET	NC	
LINEZOLID 100 MG/5 ML SUSP	1	
LINEZOLID 600 MG TABLET	3	
MACROBID 100 MG CAPSULE	NC	
MACRODANTIN 100 MG CAPSULE	NC	
MACRODANTIN 25 MG CAPSULE	NC	
MACRODANTIN 50 MG CAPSULE	NC	
METHENAMINE HIPP 1 GM TABLET	1	
METHENAMINE MD 1 GM TABLET	1	
METHENAMINE MD 500 MG TABLET	1	
METRONIDAZOLE 250 MG TABLET	1	
METRONIDAZOLE 375 MG CAPSULE	1	
METRONIDAZOLE 500 MG TABLET	1	
MONUROL 3 GM SACHET	3	
NITROFURANTOIN 25 MG/5 ML SUSP	1	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	1	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	
PRIMSOL 50 MG/5 ML ORAL SOLN	3	
SIVEXTRO 200 MG TABLET	4	Max. quantity of 6 per fill MQC*: 6 tabs/copy
TRIMETHOPRIM 100 MG TABLET	1	
UROQID-ACID NO.2 500-500 TB	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
VANCOICIN HCL 125 MG CAPSULE	NC	
VANCOICIN HCL 250 MG CAPSULE	NC	
VANCOMYCIN HCL 10 GM VIAL	1	Not covered for members 18 and older
VANCOMYCIN HCL 125 MG CAPSULE	3	
VANCOMYCIN HCL 250 MG CAPSULE	3	
VANCOMYCIN HCL 5 GM VIAL	1	Not covered for members 18 and older
VIBATIV 250 MG VIAL	NC	
XIFAXAN 200 MG TABLET	3	Max. quantity of 9 per fill MQC*: 9 tabs/copay
XIFAXAN 550 MG TABLET	2	
ZYVOX 100 MG/5 ML SUSPENSION	NC	
ZYVOX 600 MG TABLET	NC	

## CEPHALOSPORINS

CEDAX 180 MG/5 ML SUSPENSION	NC	
CEDAX 400 MG CAPSULE	NC	
CEFACTOR 125 MG/5 ML SUSP	1	
CEFACTOR 250 MG CAPSULE	1	
CEFACTOR 250 MG/5 ML SUSP	1	
CEFACTOR 375 MG/5 ML SUSPEN	1	
CEFACTOR 500 MG CAPSULE	1	
CEFACTOR ER 500 MG TABLET	1	
CEFADROXIL 1 GM TABLET	1	
CEFADROXIL 250 MG/5 ML SUSP	1	
CEFADROXIL 500 MG CAPSULE	1	
CEFADROXIL 500 MG/5 ML SUSP	1	
CEFDINIR 125 MG/5 ML SUSP	1	
CEFDINIR 250 MG/5 ML SUSP	1	
CEFDINIR 300 MG CAPSULE	1	
CEFDITOREN PIVOXIL 200 MG TAB	1	
CEFDITOREN PIVOXIL 400 MG TAB	1	
CEFIXIME 100 MG/5 ML SUSP	1	
CEFIXIME 200 MG/5 ML SUSP	1	
CEFPODOXIME 100 MG TABLET	1	
CEFPODOXIME 100 MG/5 ML SUSP	1	
CEFPODOXIME 200 MG TABLET	1	
CEFPODOXIME 50 MG/5 ML SUSP	1	
CEFPROZIL 125 MG/5 ML SUSP	1	
CEFPROZIL 250 MG TABLET	1	
CEFPROZIL 250 MG/5 ML SUSP	1	
CEFPROZIL 500 MG TABLET	1	
CEFTIBUTEN 180 MG/5 ML SUSP	1	
CEFTIBUTEN 400 MG CAPSULE	1	
CEFTIN 125 MG/5 ML ORAL SUSP	3	
CEFTIN 250 MG TABLET	NC	
CEFTIN 250 MG/5 ML ORAL SUSP	3	
CEFTIN 500 MG TABLET	NC	
CEFUROXIME AXETIL 250 MG TAB	1	
CEFUROXIME AXETIL 500 MG TAB	1	
CEPHALEXIN 125 MG/5 ML SUSP	1	
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 250 MG TABLET	1	
CEPHALEXIN 250 MG/5 ML SUSP	1	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 500 MG TABLET	1	
CEPHALEXIN 750 MG CAPSULE	1	
DAXBIA 333 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
KEFLEX 250 MG CAPSULE	NC	
KEFLEX 500 MG CAPSULE	NC	
KEFLEX 750 MG CAPSULE	NC	
SPECTRACEF 400 MG DOSE PACK TB	NC	
SUPRAX 100 MG TABLET CHEWABLE	3	
SUPRAX 100 MG/5 ML SUSPENSION	3	
SUPRAX 200 MG TABLET CHEWABLE	3	
SUPRAX 200 MG/5 ML SUSPENSION	3	
SUPRAX 400 MG CAPSULE	3	
SUPRAX 400 MG TABLET	3	
SUPRAX 500 MG/5 ML SUSPENSION	3	

## MACROLIDES

AZITHROMYCIN 1 GM PWD PACKET	1	
AZITHROMYCIN 100 MG/5 ML SUSP	1	
AZITHROMYCIN 200 MG/5 ML SUSP	1	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	1	
BIAXIN 250 MG TABLET	NC	
BIAXIN 250 MG/5 ML SUSPENSION	NC	
BIAXIN 500 MG TABLET	NC	
BIAXIN XL 500 MG TABLET	NC	
CLARITHROMYCIN 125 MG/5 ML SUS	1	
CLARITHROMYCIN 250 MG TABLET	1	
CLARITHROMYCIN 250 MG/5 ML SUS	1	
CLARITHROMYCIN 500 MG TABLET	1	
CLARITHROMYCIN ER 500 MG TAB	1	
DIFICID 200 MG TABLET	2	Limit fills to 1 in 30 days;Max. 20 per 10 days
E.E.S. 200 MG/5 ML GRANULES	1	
E.E.S. 400 FILMTAB	1	
ERY-TAB EC 250 MG TABLET	1	
ERY-TAB EC 333 MG TABLET	3	
ERY-TAB EC 500 MG TABLET	1	
ERYPED 200 MG/5 ML SUSPENSION	NC	
ERYPED 400 MG/5 ML SUSPENSION	3	
ERYTHROCIN 250 MG FILMTAB	1	
ERYTHROMYCIN 200 MG/5 ML GRAN	1	
ERYTHROMYCIN 250 MG FILMTAB	1	
ERYTHROMYCIN 500 MG FILMTAB	1	
ERYTHROMYCIN DR 250 MG CAP	1	
ERYTHROMYCIN ES 400 MG TAB	1	
ERYTHROMYCIN-SULFISOX SUSP	1	
KETEK 300 MG TABLET	3	
KETEK 400 MG TABLET	3	
PCE 333 MG TABLET	3	
PCE 500 MG TABLET	3	
ZITHROMAX 1 GM POWDER PACKET	NC	
ZITHROMAX 100 MG/5 ML SUSP	NC	
ZITHROMAX 200 MG/5 ML SUSP	NC	
ZITHROMAX 250 MG TABLET	NC	
ZITHROMAX 250 MG Z-PAK TABLET	NC	
ZITHROMAX 500 MG TABLET	NC	
ZITHROMAX 600 MG TABLET	NC	
ZITHROMAX TRI-PAK 500 MG TAB	NC	
ZMAX 2 G/60 ML ORAL SUSPENSION	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
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### MISCELLANEOUS B-LACTAM ANTIBIOTICS

CAYSTON 75 MG INHAL SOLUTION	4	LDD*: IV Solutions. 1-800-658-6046.
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### PENICILLINS

AMOX-CLAV 200-28.5 MG TAB CHEW	1	
AMOX-CLAV 200-28.5 MG/5 ML SUS	1	
AMOX-CLAV 250-125 MG TABLET	1	
AMOX-CLAV 250-62.5 MG/5 ML SUS	1	
AMOX-CLAV 400-57 MG TAB CHEW	1	
AMOX-CLAV 400-57 MG/5 ML SUSP	1	
AMOX-CLAV 500-125 MG TABLET	1	
AMOX-CLAV 600-42.9 MG/5 ML SUS	1	
AMOX-CLAV 875-125 MG TABLET	1	
AMOX-CLAV ER 1,000-62.5 MG TAB	1	
AMOXICILLIN 125 MG TAB CHEW	1	
AMOXICILLIN 125 MG/5 ML SUSP	1	
AMOXICILLIN 200 MG/5 ML SUSP	1	
AMOXICILLIN 250 MG CAPSULE	1	
AMOXICILLIN 250 MG TAB CHEW	1	
AMOXICILLIN 250 MG/5 ML SUSP	1	
AMOXICILLIN 400 MG/5 ML SUSP	1	
AMOXICILLIN 500 MG CAPSULE	1	
AMOXICILLIN 500 MG TABLET	1	
AMOXICILLIN 875 MG TABLET	1	
AMOXICILLIN ER 775 MG TABLET	NC	
AMPICILLIN 125 MG/5 ML SUSP	1	
AMPICILLIN 250 MG CAPSULE	1	
AMPICILLIN 250 MG/5 ML SUSP	1	
AMPICILLIN 500 MG CAPSULE	1	
AUGMENTIN 125-31.25 MG/5 ML	3	
AUGMENTIN 250-62.5 MG/5 ML	NC	
AUGMENTIN 500-125 TABLET	NC	
AUGMENTIN 875-125 TABLET	NC	
AUGMENTIN ES-600 SUSPENSION	NC	
AUGMENTIN XR 1,000-62.5 TAB	NC	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
MOXATAG ER 775 MG TABLET	NC	
PENICILLIN VK 125 MG/5 ML SOLN	1	
PENICILLIN VK 250 MG TABLET	1	
PENICILLIN VK 250 MG/5 ML SOLN	1	
PENICILLIN VK 500 MG TABLET	1	

### QUINOLONES

AVELOX 400 MG TABLET	NC	
AVELOX ABC PACK 400 MG TAB	NC	
CIPRO 10% SUSPENSION	NC	
CIPRO 250 MG TABLET	NC	
CIPRO 5% SUSPENSION	NC	
CIPRO 500 MG TABLET	NC	
CIPRO XR 1,000 MG TABLET	NC	
CIPRO XR 500 MG TABLET	NC	
CIPROFLOXACIN 250 MG/5 ML SUSP	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CIPROFLOXACIN 500 MG/5 ML SUSP	1	
CIPROFLOXACIN ER 1,000 MG TAB	1	
CIPROFLOXACIN ER 500 MG TABLET	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
CIPROFLOXACIN HCL 250 MG TAB	1	
CIPROFLOXACIN HCL 500 MG TAB	1	
CIPROFLOXACIN HCL 750 MG TAB	1	
FACTIVE 320 MG TABLET	4	
LEVAQUIN 25 MG/ML SOLUTION	NC	
LEVAQUIN 250 MG TABLET	NC	
LEVAQUIN 500 MG TABLET	NC	
LEVAQUIN 750 MG TABLET	NC	
LEVOFLOXACIN 25 MG/ML SOLUTION	1	
LEVOFLOXACIN 250 MG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	1	
MOXIFLOXACIN HCL 400 MG TABLET	1	
NOROXIN 400 MG TABLET	3	
OFLOXACIN 200 MG TABLET	1	
OFLOXACIN 300 MG TABLET	1	
OFLOXACIN 400 MG TABLET	1	

## SULFONAMIDES

AZULFIDINE 500 MG TABLET	NC	
AZULFIDINE ENTAB 500 MG	NC	
BACTRIM 400-80 MG TABLET	NC	
BACTRIM DS TABLET	NC	
SULFADIAZINE 500 MG TABLET	1	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	1	
SULFASALAZINE 500 MG TABLET	1	
SULFASALAZINE DR 500 MG TAB	1	
SULFATRIM PEDIATRIC SUSPENSION	1	

## TETRACYCLINES

ACTICLATE 150 MG TABLET	NC	
ACTICLATE 75 MG TABLET	NC	
ADOXA 150 MG CAPSULE	NC	
ALODOX CONVENIENCE KIT	3	
AVIDOXY 100 MG TABLET	NC	
BENZODOX 30 KIT	NC	
BENZODOX 60 KIT	NC	
DEMECLOXYCLINE 150 MG TABLET	1	
DEMECLOXYCLINE 300 MG TABLET	1	
DORYX DR 150 MG TABLET	NC	
DORYX DR 200 MG TABLET	NC	
DORYX DR 50 MG TABLET	NC	
DORYX MPC DR 120 MG TABLET	1	
DOXYCYCLINE 25 MG/5 ML SUSP	1	
DOXYCYCLINE HYC DR 100 MG TAB	3	
DOXYCYCLINE HYC DR 150 MG TAB	3	
DOXYCYCLINE HYC DR 200 MG TAB	3	
DOXYCYCLINE HYC DR 50 MG TAB	3	
DOXYCYCLINE HYC DR 75 MG TAB	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DOXYCYCLINE HYCLATE 100 MG CAP	1	
DOXYCYCLINE HYCLATE 100 MG TAB	1	
DOXYCYCLINE HYCLATE 150 MG TAB	NC	
DOXYCYCLINE HYCLATE 20 MG TAB	1	
DOXYCYCLINE HYCLATE 50 MG CAP	1	
DOXYCYCLINE HYCLATE 75 MG TAB	NC	
DOXYCYCLINE IR-DR 40 MG CAP	NC	
DOXYCYCLINE MONO 100 MG CAP	1	
DOXYCYCLINE MONO 100 MG TABLET	3	
DOXYCYCLINE MONO 150 MG CAP	3	
DOXYCYCLINE MONO 150 MG TABLET	1	
DOXYCYCLINE MONO 50 MG CAP	1	
DOXYCYCLINE MONO 50 MG TABLET	3	
DOXYCYCLINE MONO 75 MG CAPSULE	3	
DOXYCYCLINE MONO 75 MG TABLET	1	
MINOCIN 100 MG PELLETTIZED CAP	NC	
MINOCIN 50 MG PELLETTIZED CAP	NC	
MINOCIN 75 MG PELLETTIZED CAP	NC	
MINOCIN KIT 100 MG COMBO	NC	
MINOCIN KIT 50 MG COMBO	NC	
MINOCYCLINE 100 MG CAPSULE	1	
MINOCYCLINE 50 MG CAPSULE	1	
MINOCYCLINE 75 MG CAPSULE	1	
MINOCYCLINE ER 135 MG TABLET	1	Prior Authorization required
MINOCYCLINE ER 45 MG TABLET	1	Prior Authorization required
MINOCYCLINE ER 90 MG TABLET	1	Prior Authorization required
MINOCYCLINE HCL 100 MG TABLET	1	
MINOCYCLINE HCL 50 MG TABLET	1	
MINOCYCLINE HCL 75 MG TABLET	1	
MONDOXYNE NL 100 MG CAPSULE	NC	
MONDOXYNE NL 50 MG CAPSULE	NC	
MONDOXYNE NL 75 MG CAPSULE	NC	
MONODOX 100 MG CAPSULE	NC	
MONODOX 50 MG CAPSULE	NC	
MONODOX 75 MG CAPSULE	NC	
MORGIDOX 100 MG CAPSULE	NC	
MORGIDOX 1X100 MG KIT	NC	
OCUDOX CONVENIENCE KIT	NC	
ORACEA 40 MG CAPSULE	NC	
SOLODYN ER 105 MG TABLET	4	Prior Authorization required
SOLODYN ER 115 MG TABLET	NC	
SOLODYN ER 45 MG TABLET	NC	
SOLODYN ER 55 MG TABLET	4	Prior Authorization required
SOLODYN ER 65 MG TABLET	NC	
SOLODYN ER 80 MG TABLET	4	Prior Authorization required
TARGADOX 50 MG TABLET	NC	
TETRACYCLINE 250 MG CAPSULE	1	
TETRACYCLINE 500 MG CAPSULE	1	
VIBRAMYCIN 100 MG CAPSULE	NC	
VIBRAMYCIN 25 MG/5 ML SUSP	NC	
VIBRAMYCIN 50 MG/5 ML SYRUP	3	

## ANTICANCER AGENTS

### ANTICANCER AGENTS

AFINITOR 10 MG TABLET

3

CH\*; SPP\*: CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
AFINITOR 2.5 MG TABLET	3	CH*; SPP*: CVS Specialty
AFINITOR 5 MG TABLET	3	CH*; SPP*: CVS Specialty
AFINITOR 7.5 MG TABLET	3	CH*; SPP*: CVS Specialty
AFINITOR DISPERZ 2 MG TABLET	3	CH*; SPP*: CVS Specialty
AFINITOR DISPERZ 3 MG TABLET	3	CH*; SPP*: CVS Specialty
AFINITOR DISPERZ 5 MG TABLET	3	CH*; SPP*: CVS Specialty
ALECENSA 150 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ALKERAN 2 MG TABLET	3	CH*
ALUNBRIG 30 MG TABLET	NC	
ANASTROZOLE 1 MG TABLET	1	CH*; HSA*
ARIMIDEX 1 MG TABLET	NC	
AROMASIN 25 MG TABLET	NC	
BEXAROTENE 75 MG CAPSULE	1	CH*
BICALUTAMIDE 50 MG TABLET	1	CH*
BOSULIF 100 MG TABLET	3	CH*; SPP*: CVS Specialty
BOSULIF 500 MG TABLET	3	CH*; SPP*: CVS Specialty
CABOMETYX 20 MG TABLET	4	Max. 1 per day CH*; SPP*: CVS Specialty
CABOMETYX 40 MG TABLET	4	Max. 1 per day CH*; SPP*: CVS Specialty
CABOMETYX 60 MG TABLET	4	Max. 1 per day CH*; SPP*: CVS Specialty
CAPECITABINE 150 MG TABLET	1	CH*; SPP*: CVS Specialty
CAPECITABINE 500 MG TABLET	1	CH*; SPP*: CVS Specialty
CAPRELSA 100 MG TABLET	4	CH*
CAPRELSA 300 MG TABLET	4	CH*
CASODEX 50 MG TABLET	NC	
COMETRIQ 100 MG DAILY-DOSE PK	3	CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118.
COMETRIQ 140 MG DAILY-DOSE PK	3	CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118.
COMETRIQ 60 MG DAILY-DOSE PACK	3	CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118.
COTELLIC 20 MG TABLET	3	CH*; SPP*: CVS Specialty
CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	CH*
CYCLOPHOSPHAMIDE 25 MG TAB	1	CH*
CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	CH*
CYCLOPHOSPHAMIDE 50 MG TABLET	1	CH*
DROXIA 200 MG CAPSULE	3	
DROXIA 300 MG CAPSULE	3	
DROXIA 400 MG CAPSULE	3	
EMCYT 140 MG CAPSULE	2	CH*
ERIVEDGE 150 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ETOPOSIDE 50 MG CAPSULE	1	CH*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EXEMESTANE 25 MG TABLET	1	CH*; HSA*
FARESTON 60 MG TABLET	2	CH*; HSA*
FARYDAK 10 MG CAPSULE	4	CH*; SPP*: CVS Specialty
FARYDAK 15 MG CAPSULE	4	CH*; SPP*: CVS Specialty
FARYDAK 20 MG CAPSULE	4	CH*; SPP*: CVS Specialty
FEMARA 2.5 MG TABLET	NC	
FLUTAMIDE 125 MG CAPSULE	1	CH*
GILOTRIF 20 MG TABLET	3	CH*; LDD*: Accredo
GILOTRIF 30 MG TABLET	3	CH*; LDD*: Accredo
GILOTRIF 40 MG TABLET	3	CH*; LDD*: Accredo
GLEEVEC 100 MG TABLET	4	Max. 30 Days Supply CH*; SPP*: CVS Specialty
GLEEVEC 400 MG TABLET	4	Max. 30 Days Supply CH*; SPP*: CVS Specialty
GLEOSTINE 10 MG CAPSULE	3	CH*
GLEOSTINE 100 MG CAPSULE	2	CH*
GLEOSTINE 40 MG CAPSULE	3	CH*
GLEOSTINE 5 MG CAPSULE	3	CH*
HEXALEN 50 MG CAPSULE	4	CH*
HYCANTIN 0.25 MG CAPSULE	3	CH*; SPP*: CVS Specialty
HYCANTIN 1 MG CAPSULE	3	CH*; SPP*: CVS Specialty
HYDREA 500 MG CAPSULE	NC	
HYDROXYUREA 500 MG CAPSULE	1	CH*
IBRANCE 100 MG CAPSULE	4	CH*; SPP*: CVS Specialty
IBRANCE 125 MG CAPSULE	4	CH*; SPP*: CVS Specialty
IBRANCE 75 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ICLUSIG 15 MG TABLET	4	CH*
ICLUSIG 45 MG TABLET	4	CH*
IDHIFA 100 MG TABLET	NC	
IDHIFA 50 MG TABLET	NC	
IMATINIB MESYLATE 100 MG TAB	2	Max. 30 Days Supply CH*; SPP*: CVS Specialty
IMATINIB MESYLATE 400 MG TAB	2	Max. 30 Days Supply CH*; SPP*: CVS Specialty
IMBRUVICA 140 MG CAPSULE	4	CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633
INLYTA 1 MG TABLET	4	CH*; SPP*: CVS Specialty
INLYTA 5 MG TABLET	4	CH*; SPP*: CVS Specialty
IRESSA 250 MG TABLET	3	CH*; SPP*: CVS Specialty
JAKAFI 10 MG TABLET	4	CH*; SPP*: CVS Specialty
JAKAFI 15 MG TABLET	4	CH*; SPP*: CVS Specialty



DRUG NAME	TIER	LIMITATIONS/ * NOTES
JAKAFI 20 MG TABLET	4	CH*; SPP*: CVS Specialty
JAKAFI 25 MG TABLET	4	CH*; SPP*: CVS Specialty
JAKAFI 5 MG TABLET	4	CH*; SPP*: CVS Specialty
KISQALI 200 MG DAILY DOSE	4	Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty
KISQALI 400 MG DAILY DOSE	4	Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty
KISQALI 600 MG DAILY DOSE	4	Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty
KISQALI FEMARA 200 MG CO-PACK	4	Prior Authorization required CH*; SPP*: CVS Specialty
KISQALI FEMARA 400 MG CO-PACK	4	Prior Authorization required CH*; SPP*: CVS Specialty
KISQALI FEMARA 600 MG CO-PACK	4	Prior Authorization required CH*; SPP*: CVS Specialty
LENVIMA 10 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LENVIMA 14 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LENVIMA 18 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LENVIMA 20 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LENVIMA 24 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LENVIMA 8 MG DAILY DOSE	4	CH*; LDD*: Accredo (866) 815-4717
LETROZOLE 2.5 MG TABLET	1	CH*; HSA*
LEUKERAN 2 MG TABLET	2	CH*
LEUPROLIDE 2WK 14 MG/2.8 ML KT	1	Max. 30 Days Supply IVF*
LOMUSTINE 10 MG CAPSULE	1	CH*
LOMUSTINE 100 MG CAPSULE	1	CH*
LOMUSTINE 40 MG CAPSULE	1	CH*
LONSURF 15 MG-6.14 MG TABLET	3	CH*; SPP*: CVS Specialty
LONSURF 20 MG-8.19 MG TABLET	3	CH*; SPP*: CVS Specialty
LUPRON DEPOT 11.25 MG 3MO KIT	MD	Prior Authorization required;Max. 1 in 90 days SPP*: CVS Specialty
LUPRON DEPOT 22.5 MG 3MO KIT	MD	Prior Authorization required;Max. 1 in 84 days SPP*: CVS Specialty
LUPRON DEPOT 3.75 MG KIT	MD	Prior Authorization required;Max. 1 per 30 days SPP*: CVS Specialty
LUPRON DEPOT 45 MG 6MO KIT	MD	Prior Authorization required;Max. 1 in 168 days SPP*: CVS Specialty
LUPRON DEPOT 7.5 MG KIT	MD	Prior Authorization required;Max. 1 per 28 days SPP*: CVS Specialty
LUPRON DEPOT-4 MONTH KIT	MD	Prior Authorization required;Max. 1 in 112 days SPP*: CVS Specialty
LYNPARZA 100 MG TABLET	NC	
LYNPARZA 150 MG TABLET	NC	
LYNPARZA 50 MG CAPSULE	NC	
LYSODREN 500 MG TABLET	2	CH*
MATULANE 50 MG CAPSULE	2	CH*; LDD*: Walgreens Specialty (800) 424-9002
MEGESTROL 20 MG TABLET	1	CH*
MEGESTROL 40 MG TABLET	1	CH*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MEKINIST 0.5 MG TABLET	4	CH*; SPP*: CVS Specialty
MEKINIST 2 MG TABLET	4	CH*; SPP*: CVS Specialty
MELPHALAN 2 MG TABLET	2	CH*
MERCAPTOPURINE 50 MG TABLET	1	CH*
METHOTREXATE 1 GM VIAL	MD	
METHOTREXATE 1 GRAM/40 ML VIAL	MD	
METHOTREXATE 100 MG/4 ML VIAL	MD	
METHOTREXATE 2.5 MG TABLET	1	
METHOTREXATE 50 MG/2 ML VIAL	MD	
MYLERAN 2 MG TABLET	2	CH*
NERLYNX 40 MG TABLET	NC	
NEXAVAR 200 MG TABLET	4	CH*; SPP*: CVS Specialty
NILANDRON 150 MG TABLET	3	CH*
NILUTAMIDE 150 MG TABLET	2	CH*
NINLARO 2.3 MG CAPSULE	4	CH*; SPP*: CVS Specialty
NINLARO 3 MG CAPSULE	4	CH*; SPP*: CVS Specialty
NINLARO 4 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ODOMZO 200 MG CAPSULE	3	CH*; SPP*: CVS Specialty
ONIVYDE 43 MG/10 ML VIAL	NC	
POMALYST 1 MG CAPSULE	4	CH*; SPP*: CVS Specialty
POMALYST 2 MG CAPSULE	4	CH*; SPP*: CVS Specialty
POMALYST 3 MG CAPSULE	4	CH*; SPP*: CVS Specialty
POMALYST 4 MG CAPSULE	4	CH*; SPP*: CVS Specialty
PURINETHOL 50 MG TABLET	NC	
PURIXAN 20 MG/ML ORAL SUSP	3	CH*
REVLIMID 10 MG CAPSULE	4	CH*; SPP*: CVS Specialty
REVLIMID 15 MG CAPSULE	4	CH*; SPP*: CVS Specialty
REVLIMID 2.5 MG CAPSULE	4	CH*; SPP*: CVS Specialty
REVLIMID 20 MG CAPSULE	4	CH*; SPP*: CVS Specialty
REVLIMID 25 MG CAPSULE	4	CH*; SPP*: CVS Specialty
REVLIMID 5 MG CAPSULE	4	CH*; SPP*: CVS Specialty
RHEUMATREX 2.5 MG TABLET	NC	
RUBRACA 200 MG TABLET	3	CH*; SPP*: CVS Specialty
RUBRACA 250 MG TABLET	3	CH*; SPP*: CVS Specialty
RUBRACA 300 MG TABLET	3	CH*; SPP*: CVS Specialty
RYDAPT 25 MG CAPSULE	NC	
SOLTAMOX 10 MG/5 ML SOLN	3	CH*; HSA*
SPRYCEL 100 MG TABLET	3	CH*; SPP*: CVS Specialty
SPRYCEL 140 MG TABLET	3	CH*; SPP*: CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SPRYCEL 20 MG TABLET	3	CH*; SPP*: CVS Specialty
SPRYCEL 50 MG TABLET	3	CH*; SPP*: CVS Specialty
SPRYCEL 70 MG TABLET	3	CH*; SPP*: CVS Specialty
SPRYCEL 80 MG TABLET	3	CH*; SPP*: CVS Specialty
STIVARGA 40 MG TABLET	3	CH*; SPP*: CVS Specialty
SUTENT 12.5 MG CAPSULE	3	CH*; SPP*: CVS Specialty
SUTENT 25 MG CAPSULE	3	CH*; SPP*: CVS Specialty
SUTENT 37.5 MG CAPSULE	3	CH*; SPP*: CVS Specialty
SUTENT 50 MG CAPSULE	3	CH*; SPP*: CVS Specialty
TABLOID 40 MG TABLET	2	CH*
TAFINLAR 50 MG CAPSULE	4	CH*; SPP*: CVS Specialty
TAFINLAR 75 MG CAPSULE	4	CH*; SPP*: CVS Specialty
TAGRISSO 40 MG TABLET	4	CH*; SPP*: CVS Specialty
TAGRISSO 80 MG TABLET	4	CH*; SPP*: CVS Specialty
TAMOXIFEN 10 MG TABLET	1	CH*; HSA*
TAMOXIFEN 20 MG TABLET	1	CH*; HSA*
TARCEVA 100 MG TABLET	3	CH*; SPP*: CVS Specialty
TARCEVA 150 MG TABLET	3	CH*; SPP*: CVS Specialty
TARCEVA 25 MG TABLET	3	CH*; SPP*: CVS Specialty
TARGRETIN 1% GEL	4	
TARGRETIN 75 MG CAPSULE	NC	
TASIGNA 150 MG CAPSULE	3	CH*; SPP*: CVS Specialty
TASIGNA 200 MG CAPSULE	3	CH*; SPP*: CVS Specialty
TEMODAR 100 MG CAPSULE	NC	
TEMODAR 140 MG CAPSULE	NC	
TEMODAR 180 MG CAPSULE	NC	
TEMODAR 20 MG CAPSULE	NC	
TEMODAR 250 MG CAPSULE	NC	
TEMODAR 5 MG CAPSULE	NC	
TEMOZOLOMIDE 100 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TEMOZOLOMIDE 140 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TEMOZOLOMIDE 180 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TEMOZOLOMIDE 20 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TEMOZOLOMIDE 250 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TEMOZOLOMIDE 5 MG CAPSULE	1	CH*; SPP*: CVS Specialty
TOPOTECAN HCL 4 MG VIAL	NC	
TRETINOIN 10 MG CAPSULE	3	CH*
TREXALL 10 MG TABLET	NC	
TREXALL 15 MG TABLET	NC	
TREXALL 5 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
TREXALL 7.5 MG TABLET	NC	
TYKERB 250 MG TABLET	3	CH*; SPP*: CVS Specialty
VENCLEXTA 10 MG TABLET	3	CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633
VENCLEXTA 100 MG TABLET	3	CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633
VENCLEXTA 50 MG TABLET	3	CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633
VENCLEXTA STARTING PACK	3	CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633
VOTRIENT 200 MG TABLET	3	CH*; SPP*: CVS Specialty
XALKORI 200 MG CAPSULE	4	Max. 2 per day CH*; SPP*: CVS Specialty
XALKORI 250 MG CAPSULE	4	Max. 2 per day CH*; SPP*: CVS Specialty
XATMEP 2.5 MG/ML ORAL SOLUTION	NC	
XELODA 150 MG TABLET	NC	
XELODA 500 MG TABLET	NC	
XTANDI 40 MG CAPSULE	3	CH*; SPP*: CVS Specialty
ZEJULA 100 MG CAPSULE	NC	
ZELBORAF 240 MG TABLET	4	CH*; SPP*: CVS Specialty
ZOLINZA 100 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ZYDELIG 100 MG TABLET	4	CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ZYDELIG 150 MG TABLET	4	CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ZYKADIA 150 MG CAPSULE	4	CH*; SPP*: CVS Specialty
ZYTIGA 250 MG TABLET	3	CH*; SPP*: CVS Specialty
ZYTIGA 500 MG TABLET	3	CH*; SPP*: CVS Specialty

## ANTICHOLINERGIC AGENTS

### ANTIMUSCARINICS/ANTISPASMODICS

BEVESPI AEROSPHERE INHALER	NC	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	1	
LIBRAX CAPSULE	NC	
PROPANTHELINE 15 MG TABLET	1	

## ANTICONVULSANTS

### ANTICONVULSANTS

APTIOM 200 MG TABLET	3	
APTIOM 400 MG TABLET	3	
APTIOM 600 MG TABLET	3	
APTIOM 800 MG TABLET	3	
BANZEL 200 MG TABLET	2	
BANZEL 40 MG/ML SUSPENSION	2	
BANZEL 400 MG TABLET	2	
BRIVIACT 10 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BRIVIACT 10 MG/ML ORAL SOLN	NC	
BRIVIACT 100 MG TABLET	NC	
BRIVIACT 25 MG TABLET	NC	
BRIVIACT 50 MG TABLET	NC	
BRIVIACT 75 MG TABLET	NC	
CARBAMAZEPINE 100 MG TAB CHEW	1	
CARBAMAZEPINE 100 MG/5 ML SUSP	1	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER 100 MG CAP	1	
CARBAMAZEPINE ER 100 MG TABLET	1	
CARBAMAZEPINE ER 200 MG CAP	1	
CARBAMAZEPINE ER 200 MG TABLET	1	
CARBAMAZEPINE ER 300 MG CAP	1	
CARBAMAZEPINE ER 400 MG TABLET	1	
CARBATROL ER 100 MG CAPSULE	NC	
CARBATROL ER 200 MG CAPSULE	NC	
CARBATROL ER 300 MG CAPSULE	NC	
CELONTIN 300 MG KAPSEAL	3	
DEPAKENE 250 MG CAPSULE	NC	
DEPAKENE 250 MG/5 ML SOLUTION	NC	
DEPAKOTE DR 125 MG SPRINKLE CP	NC	
DEPAKOTE DR 125 MG TABLET	NC	
DEPAKOTE DR 250 MG TABLET	NC	
DEPAKOTE DR 500 MG TABLET	NC	
DEPAKOTE ER 250 MG TABLET	NC	
DEPAKOTE ER 500 MG TABLET	NC	
DILANTIN 100 MG CAPSULE	3	
DILANTIN 125 MG/5 ML SUSP	3	
DILANTIN 30 MG CAPSULE	3	
DILANTIN 50 MG INFATAB	3	
DIVALPROEX DR 125 MG CAP SPRNK	1	
DIVALPROEX SOD DR 125 MG TAB	1	
DIVALPROEX SOD DR 250 MG TAB	1	
DIVALPROEX SOD DR 500 MG TAB	1	
DIVALPROEX SOD ER 250 MG TAB	1	
DIVALPROEX SOD ER 500 MG TAB	1	
EPITOL 200 MG TABLET	1	
EQUETRO 100 MG CAPSULE	3	
EQUETRO 200 MG CAPSULE	3	
EQUETRO 300 MG CAPSULE	3	
ETHOSUXIMIDE 250 MG CAPSULE	1	
ETHOSUXIMIDE 250 MG/5 ML SOLN	1	
FANATREX ORAL SUSPENSION	NC	
FELBAMATE 400 MG TABLET	1	
FELBAMATE 600 MG TABLET	1	
FELBAMATE 600 MG/5 ML SUSP	1	
FELBATOL 400 MG TABLET	NC	
FELBATOL 600 MG TABLET	NC	
FELBATOL 600 MG/5 ML SUSP	NC	
FYCOMPA 0.5 MG/ML ORAL SUSP	3	
FYCOMPA 10 MG TABLET	3	
FYCOMPA 12 MG TABLET	3	
FYCOMPA 2 MG TABLET	3	
FYCOMPA 4 MG TABLET	3	
FYCOMPA 6 MG TABLET	3	
FYCOMPA 8 MG TABLET	3	
GABAPENTIN 100 MG CAPSULE	1	
GABAPENTIN 250 MG/5 ML SOLN	1	
GABAPENTIN 300 MG CAPSULE	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
GABAPENTIN 400 MG CAPSULE	1	
GABAPENTIN 600 MG TABLET	1	
GABAPENTIN 800 MG TABLET	1	
GABITRIL 12 MG TABLET	NC	
GABITRIL 16 MG TABLET	NC	
GABITRIL 2 MG TABLET	NC	
GABITRIL 4 MG TABLET	NC	
GRALISE 30-DAY STARTER PACK	3	
GRALISE ER 300 MG TABLET	3	
GRALISE ER 600 MG TABLET	3	
HORIZANT ER 300 MG TABLET	NC	
HORIZANT ER 600 MG TABLET	NC	
KEPPRA 1,000 MG TABLET	NC	
KEPPRA 100 MG/ML ORAL SOLN	NC	
KEPPRA 250 MG TABLET	NC	
KEPPRA 500 MG TABLET	NC	
KEPPRA 750 MG TABLET	NC	
KEPPRA XR 500 MG TABLET	NC	
KEPPRA XR 750 MG TABLET	NC	
LAMICTAL 100 MG TABLET	NC	
LAMICTAL 150 MG TABLET	NC	
LAMICTAL 2 MG DISPER TABLET	3	
LAMICTAL 200 MG TABLET	NC	
LAMICTAL 25 MG DISPER TABLET	NC	
LAMICTAL 25 MG TABLET	NC	
LAMICTAL 5 MG DISPER TABLET	NC	
LAMICTAL ODT 100 MG TABLET	3	
LAMICTAL ODT 200 MG TABLET	3	
LAMICTAL ODT 25 MG TABLET	3	
LAMICTAL ODT 50 MG TABLET	3	
LAMICTAL ODT START KIT (BLUE)	3	
LAMICTAL ODT START KIT (GREEN)	3	
LAMICTAL ODT START KT (ORANGE)	3	
LAMICTAL TAB START KIT (BLUE)	NC	
LAMICTAL TAB START KIT (GREEN)	NC	
LAMICTAL TB START KIT (ORANGE)	3	
LAMICTAL XR 100 MG TABLET	3	
LAMICTAL XR 200 MG TABLET	3	
LAMICTAL XR 25 MG TABLET	3	
LAMICTAL XR 250 MG TABLET	3	
LAMICTAL XR 300 MG TABLET	3	
LAMICTAL XR 50 MG TABLET	3	
LAMICTAL XR START KIT (BLUE)	3	
LAMICTAL XR START KIT (GREEN)	3	
LAMICTAL XR START KIT (ORANGE)	3	
LAMOTRIGINE 100 MG TABLET	1	
LAMOTRIGINE 150 MG TABLET	1	
LAMOTRIGINE 200 MG TABLET	1	
LAMOTRIGINE 25 MG DISPER TAB	1	
LAMOTRIGINE 25 MG TABLET	1	
LAMOTRIGINE 25 MG TB START KIT	1	
LAMOTRIGINE 5 MG DISPER TABLET	1	
LAMOTRIGINE ER 100 MG TABLET	1	
LAMOTRIGINE ER 200 MG TABLET	1	
LAMOTRIGINE ER 25 MG TABLET	1	
LAMOTRIGINE ER 250 MG TABLET	1	
LAMOTRIGINE ER 300 MG TABLET	1	
LAMOTRIGINE ER 50 MG TABLET	1	
LAMOTRIGINE ODT 100 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LAMOTRIGINE ODT 200 MG TABLET	1	
LAMOTRIGINE ODT 25 MG TABLET	1	
LAMOTRIGINE ODT 50 MG TABLET	1	
LAMOTRIGINE ODT KIT (BLUE)	1	
LAMOTRIGINE ODT KIT (GREEN)	1	
LAMOTRIGINE ODT KIT (ORANGE)	1	
LEVETIRACETAM 1,000 MG TABLET	1	
LEVETIRACETAM 100 MG/ML SOLN	1	
LEVETIRACETAM 250 MG TABLET	1	
LEVETIRACETAM 500 MG TABLET	1	
LEVETIRACETAM 750 MG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	1	
LYRICA 100 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 150 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 20 MG/ML ORAL SOLUTION	3	Step Therapy required STA*: 18 and older
LYRICA 200 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 225 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 25 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 300 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 50 MG CAPSULE	3	Step Therapy required STA*: 18 and older
LYRICA 75 MG CAPSULE	3	Step Therapy required STA*: 18 and older
MYSOLINE 250 MG TABLET	NC	
MYSOLINE 50 MG TABLET	NC	
NEURONTIN 100 MG CAPSULE	NC	
NEURONTIN 250 MG/5 ML SOLN	NC	
NEURONTIN 300 MG CAPSULE	NC	
NEURONTIN 400 MG CAPSULE	NC	
NEURONTIN 600 MG TABLET	NC	
NEURONTIN 800 MG TABLET	NC	
OXCARBAZEPINE 150 MG TABLET	1	
OXCARBAZEPINE 300 MG TABLET	1	
OXCARBAZEPINE 300 MG/5 ML SUSP	1	
OXCARBAZEPINE 600 MG TABLET	1	
OXTELLAR XR 150 MG TABLET	NC	
OXTELLAR XR 300 MG TABLET	NC	
OXTELLAR XR 600 MG TABLET	NC	
PEGANONE 250 MG TABLET	3	
PHENOBARBITAL 100 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML ELIX	1	
PHENOBARBITAL 30 MG TABLET	1	
PHENOBARBITAL 32.4 MG TABLET	1	
PHENOBARBITAL 60 MG TABLET	1	
PHENOBARBITAL 64.8 MG TABLET	1	
PHENOBARBITAL 97.2 MG TABLET	1	
PHENYTEK 200 MG CAPSULE	3	
PHENYTEK 300 MG CAPSULE	3	
PHENYTOIN 100 MG/4 ML ORAL SYR	1	
PHENYTOIN 125 MG/5 ML SUSP	1	
PHENYTOIN 50 MG INFATAB	1	
PHENYTOIN SOD EXT 100 MG CAP	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PHENYTOIN SOD EXT 200 MG CAP	1	
PHENYTOIN SOD EXT 300 MG CAP	1	
POTIGA 200 MG TABLET	3	
POTIGA 300 MG TABLET	3	
POTIGA 400 MG TABLET	3	
POTIGA 50 MG TABLET	3	
PRIMIDONE 250 MG TABLET	1	
PRIMIDONE 50 MG TABLET	1	
QUDEXY XR 100 MG CAPSULE	NC	
QUDEXY XR 150 MG CAPSULE	NC	
QUDEXY XR 200 MG CAPSULE	NC	
QUDEXY XR 25 MG CAPSULE	NC	
QUDEXY XR 50 MG CAPSULE	NC	
ROWEEPRA 1,000 MG TABLET	NC	
ROWEEPRA 500 MG TABLET	NC	
ROWEEPRA 750 MG TABLET	NC	
SABRIL 500 MG POWDER PACKET	3	
SABRIL 500 MG TABLET	2	SPP*: Must use CVS Specialty
SMARTRX GABA-V KIT	NC	
SPRITAM 1,000 MG TABLET	NC	
SPRITAM 250 MG TABLET	NC	
SPRITAM 500 MG TABLET	NC	
SPRITAM 750 MG TABLET	NC	
STAVZOR DR 125 MG CAPSULE	3	
STAVZOR DR 250 MG CAPSULE	3	
STAVZOR DR 500 MG CAPSULE	3	
TEGRETOL 100 MG/5 ML SUSP	NC	
TEGRETOL 200 MG TABLET	NC	
TEGRETOL XR 100 MG TABLET	3	
TEGRETOL XR 200 MG TABLET	3	
TEGRETOL XR 400 MG TABLET	3	
TIAGABINE HCL 2 MG TABLET	1	
TIAGABINE HCL 4 MG TABLET	1	
TOPAMAX 100 MG TABLET	NC	
TOPAMAX 15 MG SPRINKLE CAP	NC	
TOPAMAX 200 MG TABLET	NC	
TOPAMAX 25 MG SPRINKLE CAP	NC	
TOPAMAX 25 MG TABLET	NC	
TOPAMAX 50 MG TABLET	NC	
TOPIRAGEN 100 MG TABLET	1	
TOPIRAGEN 200 MG TABLET	1	
TOPIRAGEN 25 MG TABLET	1	
TOPIRAGEN 50 MG TABLET	1	
TOPIRAMATE 100 MG TABLET	1	
TOPIRAMATE 15 MG SPRINKLE CAP	1	
TOPIRAMATE 200 MG TABLET	1	
TOPIRAMATE 25 MG SPRINKLE CAP	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE ER 100 MG CAPSULE	1	
TOPIRAMATE ER 150 MG CAPSULE	1	
TOPIRAMATE ER 200 MG CAPSULE	1	
TOPIRAMATE ER 25 MG CAPSULE	1	
TOPIRAMATE ER 50 MG CAPSULE	1	
TRILEPTAL 150 MG TABLET	NC	
TRILEPTAL 300 MG TABLET	NC	
TRILEPTAL 300 MG/5 ML SUSP	3	
TRILEPTAL 600 MG TABLET	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
TROKENDI XR 100 MG CAPSULE	3	
TROKENDI XR 200 MG CAPSULE	3	
TROKENDI XR 25 MG CAPSULE	3	
TROKENDI XR 50 MG CAPSULE	3	
VALPROIC ACID 250 MG CAPSULE	1	
VALPROIC ACID 250 MG/5 ML SOLN	1	
VIGABATRIN 500 MG POWDER PACKT	2	
VIMPAT 10 MG/ML SOLUTION	2	
VIMPAT 100 MG TABLET	2	
VIMPAT 150 MG TABLET	2	
VIMPAT 200 MG TABLET	2	
VIMPAT 50 MG TABLET	2	
ZARONTIN 250 MG CAPSULE	NC	
ZARONTIN 250 MG/5 ML SOLUTION	NC	
ZONEGRAN 100 MG CAPSULE	NC	
ZONEGRAN 25 MG CAPSULE	NC	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS

ARICEPT 10 MG TABLET	NC	
ARICEPT 23 MG TABLET	NC	
ARICEPT 5 MG TABLET	NC	
ARICEPT ODT 10 MG TABLET	NC	
ARICEPT ODT 5 MG TABLET	NC	
DONEPEZIL HCL 10 MG TABLET	1	
DONEPEZIL HCL 23 MG TABLET	1	
DONEPEZIL HCL 5 MG TABLET	1	
DONEPEZIL HCL ODT 10 MG TABLET	1	
DONEPEZIL HCL ODT 5 MG TABLET	1	
EXELON 1.5 MG CAPSULE	NC	
EXELON 13.3 MG/24HR PATCH	NC	
EXELON 2 MG/ML ORAL SOLUTION	3	
EXELON 3 MG CAPSULE	NC	
EXELON 4.5 MG CAPSULE	NC	
EXELON 4.6 MG/24HR PATCH	NC	
EXELON 6 MG CAPSULE	NC	
EXELON 9.5 MG/24HR PATCH	NC	
GALANTAMINE 4 MG/ML ORAL SOLN	1	
GALANTAMINE ER 16 MG CAPSULE	1	
GALANTAMINE ER 24 MG CAPSULE	1	
GALANTAMINE ER 8 MG CAPSULE	1	
GALANTAMINE HBR 12 MG TABLET	1	
GALANTAMINE HBR 4 MG TABLET	1	
GALANTAMINE HBR 8 MG TABLET	1	
MEMANTINE 5-10 MG TITRATION PK	1	
MEMANTINE HCL 10 MG TABLET	1	
MEMANTINE HCL 2 MG/ML SOLUTION	1	
MEMANTINE HCL 5 MG TABLET	1	
NAMENDA 10 MG TABLET	NC	
NAMENDA 2 MG/ML SOLUTION	NC	
NAMENDA 5 MG TABLET	NC	
NAMENDA 5-10 MG TITRATION PK	NC	
NAMENDA XR 14 MG CAPSULE	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NAMENDA XR 21 MG CAPSULE	3	
NAMENDA XR 28 MG CAPSULE	3	
NAMENDA XR 7 MG CAPSULE	3	
NAMENDA XR TITRATION PACK	3	
NAMZARIC 14 MG-10 MG CAPSULE	NC	
NAMZARIC 21 MG-10 MG CAPSULE	NC	
NAMZARIC 28 MG-10 MG CAPSULE	NC	
NAMZARIC 7 MG-10 MG CAPSULE	NC	
NAMZARIC TITRATION PACK	NC	
RAZADYNE 12 MG TABLET	NC	
RAZADYNE 4 MG TABLET	NC	
RAZADYNE 4 MG/ML ORAL SOLUTION	NC	
RAZADYNE 8 MG TABLET	NC	
RAZADYNE ER 16 MG CAPSULE	NC	
RAZADYNE ER 24 MG CAPSULE	NC	
RAZADYNE ER 8 MG CAPSULE	NC	
RIVASTIGMINE 1.5 MG CAPSULE	1	
RIVASTIGMINE 13.3 MG/24HR PTCH	1	
RIVASTIGMINE 3 MG CAPSULE	1	
RIVASTIGMINE 4.5 MG CAPSULE	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 6 MG CAPSULE	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS

AMITRIPTYLINE HCL 10 MG TAB	1	
AMITRIPTYLINE HCL 100 MG TAB	1	
AMITRIPTYLINE HCL 150 MG TAB	1	
AMITRIPTYLINE HCL 25 MG TAB	1	
AMITRIPTYLINE HCL 50 MG TAB	1	
AMITRIPTYLINE HCL 75 MG TAB	1	
AMOXAPINE 100 MG TABLET	1	
AMOXAPINE 150 MG TABLET	1	
AMOXAPINE 25 MG TABLET	1	
AMOXAPINE 50 MG TABLET	1	
ANAFRANIL 25 MG CAPSULE	NC	
ANAFRANIL 50 MG CAPSULE	NC	
ANAFRANIL 75 MG CAPSULE	NC	
APLENZIN ER 174 MG TABLET	NC	
APLENZIN ER 348 MG TABLET	NC	
APLENZIN ER 522 MG TABLET	NC	
BRINTELLIX 10 MG TABLET	3	Step Therapy required STA*: 18 and older
BRINTELLIX 20 MG TABLET	3	Step Therapy required STA*: 18 and older
BRINTELLIX 5 MG TABLET	3	Step Therapy required STA*: 18 and older
BRISDELLE 7.5 MG CAPSULE	3	Step Therapy required
BUDEPRION SR 100 MG TABLET	1	
BUDEPRION SR 150 MG TABLET	1	
BUPROPION HCL 100 MG TABLET	1	
BUPROPION HCL 75 MG TABLET	1	
BUPROPION HCL SR 100 MG TABLET	1	
BUPROPION HCL SR 150 MG TABLET	1	
BUPROPION HCL SR 200 MG TABLET	1	
BUPROPION HCL XL 150 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BUPROPION HCL XL 300 MG TABLET	1	
CELEXA 10 MG TABLET	NC	
CELEXA 20 MG TABLET	NC	
CELEXA 40 MG TABLET	NC	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
CHLORDIAZEPOX-AMITRIPTYL 10-25	1	
CITALOPRAM HBR 10 MG TABLET	1	
CITALOPRAM HBR 10 MG/5 ML SOLN	1	
CITALOPRAM HBR 20 MG TABLET	1	
CITALOPRAM HBR 40 MG TABLET	1	
CLOMIPRAMINE 25 MG CAPSULE	1	
CLOMIPRAMINE 50 MG CAPSULE	1	
CLOMIPRAMINE 75 MG CAPSULE	1	
CYMBALTA 20 MG CAPSULE	NC	
CYMBALTA 30 MG CAPSULE	NC	
CYMBALTA 60 MG CAPSULE	NC	
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DESVENLAFAXINE ER 100 MG TAB	1	(generic)
DESVENLAFAXINE ER 100 MG TAB	2	
DESVENLAFAXINE ER 50 MG TAB	2	
DESVENLAFAXINE ER 50 MG TABLET	1	(generic)
DESVENLAFAXINE FUM ER 100 MG	NC	
DESVENLAFAXINE FUM ER 50 MG	NC	
DESVENLAFAXINE SUC ER 100 MG	2	
DESVENLAFAXINE SUC ER 25 MG TB	2	
DESVENLAFAXINE SUC ER 50 MG TB	2	
DOXEPIN 10 MG CAPSULE	1	
DOXEPIN 10 MG/ML ORAL CONC	1	
DOXEPIN 100 MG CAPSULE	1	
DOXEPIN 150 MG CAPSULE	1	
DOXEPIN 25 MG CAPSULE	1	
DOXEPIN 50 MG CAPSULE	1	
DOXEPIN 75 MG CAPSULE	1	
DULOXETINE HCL DR 20 MG CAP	1	
DULOXETINE HCL DR 30 MG CAP	1	
DULOXETINE HCL DR 40 MG CAP	1	
DULOXETINE HCL DR 60 MG CAP	1	
EFFEXOR XR 150 MG CAPSULE	NC	
EFFEXOR XR 37.5 MG CAPSULE	NC	
EFFEXOR XR 75 MG CAPSULE	NC	
EMSAM 12 MG/24 HOURS PATCH	3	
EMSAM 6 MG/24 HOURS PATCH	3	
EMSAM 9 MG/24 HOURS PATCH	3	
ESCITALOPRAM 10 MG TABLET	1	
ESCITALOPRAM 20 MG TABLET	1	
ESCITALOPRAM 5 MG TABLET	1	
ESCITALOPRAM OXALATE 5 MG/5 ML	1	
FETZIMA 20-40 MG TITRATION PAK	4	Step Therapy required STA*: 18 and older
FETZIMA ER 120 MG CAPSULE	4	Step Therapy required STA*: 18 and older
FETZIMA ER 20 MG CAPSULE	4	Step Therapy required STA*: 18 and older

DRUG NAME	TIER	LIMITATIONS/ * NOTES
FETZIMA ER 40 MG CAPSULE	4	Step Therapy required STA*: 18 and older
FETZIMA ER 80 MG CAPSULE	4	Step Therapy required STA*: 18 and older
FLUOXETINE 20 MG/5 ML SOLUTION	1	
FLUOXETINE DR 90 MG CAPSULE	1	
FLUOXETINE HCL 10 MG CAPSULE	1	
FLUOXETINE HCL 10 MG TABLET	1	
FLUOXETINE HCL 20 MG CAPSULE	1	
FLUOXETINE HCL 20 MG TABLET	1	
FLUOXETINE HCL 40 MG CAPSULE	1	
FLUOXETINE HCL 60 MG TABLET	NC	
FLUVOXAMINE ER 100 MG CAPSULE	1	
FLUVOXAMINE ER 150 MG CAPSULE	1	
FLUVOXAMINE MALEATE 100 MG TAB	1	
FLUVOXAMINE MALEATE 25 MG TAB	1	
FLUVOXAMINE MALEATE 50 MG TAB	1	
FORFIVO XL 450 MG TABLET	2	
IMIPRAMINE HCL 10 MG TABLET	1	
IMIPRAMINE HCL 25 MG TABLET	1	
IMIPRAMINE HCL 50 MG TABLET	1	
IMIPRAMINE PAMOATE 100 MG CAP	1	
IMIPRAMINE PAMOATE 125 MG CAP	1	
IMIPRAMINE PAMOATE 150 MG CAP	1	
IMIPRAMINE PAMOATE 75 MG CAP	1	
IRENKA DR 40 MG CAPSULE	NC	
KHEDEZLA ER 100 MG TABLET	NC	
KHEDEZLA ER 50 MG TABLET	NC	
LEXAPRO 10 MG TABLET	NC	
LEXAPRO 20 MG TABLET	NC	
LEXAPRO 5 MG TABLET	NC	
LEXAPRO 5 MG/5 ML SOLUTION	NC	
LUVOX CR 100 MG CAPSULE	NC	
LUVOX CR 150 MG CAPSULE	NC	
MAPROTILINE 25 MG TABLET	1	
MAPROTILINE 50 MG TABLET	1	
MAPROTILINE 75 MG TABLET	1	
MARPLAN 10 MG TABLET	3	
MIRTAZAPINE 15 MG ODT	1	
MIRTAZAPINE 15 MG TABLET	1	
MIRTAZAPINE 30 MG ODT	1	
MIRTAZAPINE 30 MG TABLET	1	
MIRTAZAPINE 45 MG ODT	1	
MIRTAZAPINE 45 MG TABLET	1	
MIRTAZAPINE 7.5 MG TABLET	1	
NARDIL 15 MG TABLET	NC	
NEFAZODONE HCL 100 MG TABLET	1	
NEFAZODONE HCL 150 MG TABLET	1	
NEFAZODONE HCL 200 MG TABLET	1	
NEFAZODONE HCL 250 MG TABLET	1	
NEFAZODONE HCL 50 MG TABLET	1	
NORPRAMIN 10 MG TABLET	NC	
NORPRAMIN 100 MG TABLET	NC	
NORPRAMIN 150 MG TABLET	NC	
NORPRAMIN 25 MG TABLET	NC	
NORPRAMIN 50 MG TABLET	NC	
NORPRAMIN 75 MG TABLET	NC	
NORTRIPTYLINE 10 MG/5 ML SOL	1	
NORTRIPTYLINE HCL 10 MG CAP	1	
NORTRIPTYLINE HCL 25 MG CAP	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NORTRIPTYLINE HCL 50 MG CAP	1	
NORTRIPTYLINE HCL 75 MG CAP	1	
OLANZAPINE-FLUOXETINE 12-25 MG	1	
OLANZAPINE-FLUOXETINE 12-50 MG	1	
OLANZAPINE-FLUOXETINE 3-25 MG	1	
OLANZAPINE-FLUOXETINE 6-25 MG	1	
OLANZAPINE-FLUOXETINE 6-50 MG	1	
OLEPTRO ER 150 MG TABLET	3	
OLEPTRO ER 300 MG TABLET	3	
PAMELOR 10 MG CAPSULE	NC	
PAMELOR 25 MG CAPSULE	NC	
PAMELOR 50 MG CAPSULE	NC	
PAMELOR 75 MG CAPSULE	NC	
PARNATE 10 MG TABLET	NC	
PAROXETINE ER 12.5 MG TABLET	1	
PAROXETINE ER 25 MG TABLET	1	
PAROXETINE ER 37.5 MG TABLET	1	
PAROXETINE HCL 10 MG TABLET	1	
PAROXETINE HCL 20 MG TABLET	1	
PAROXETINE HCL 30 MG TABLET	1	
PAROXETINE HCL 40 MG TABLET	1	
PAXIL 10 MG TABLET	NC	
PAXIL 10 MG/5 ML SUSPENSION	2	Step Therapy required STA*: 18 and older
PAXIL 20 MG TABLET	NC	
PAXIL 30 MG TABLET	NC	
PAXIL 40 MG TABLET	NC	
PAXIL CR 12.5 MG TABLET	NC	
PAXIL CR 25 MG TABLET	NC	
PAXIL CR 37.5 MG TABLET	NC	
PERPHEN-AMITRIP 2 MG-10 MG TAB	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-10 MG TAB	1	
PERPHEN-AMITRIP 4 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-50 MG TAB	1	
PEXEVA 10 MG TABLET	NC	
PEXEVA 20 MG TABLET	NC	
PEXEVA 30 MG TABLET	NC	
PEXEVA 40 MG TABLET	NC	
PHENELZINE SULFATE 15 MG TAB	1	
PRISTIQ ER 100 MG TABLET	3	Step Therapy required STA*: 18 and older
PRISTIQ ER 25 MG TABLET	3	Step Therapy required STA*: 18 and older
PRISTIQ ER 50 MG TABLET	3	Step Therapy required STA*: 18 and older
PROTRIPTYLINE HCL 10 MG TABLET	1	
PROTRIPTYLINE HCL 5 MG TABLET	1	
PROZAC 10 MG PULVULE	NC	
PROZAC 20 MG PULVULE	NC	
PROZAC 40 MG PULVULE	NC	
PROZAC WEEKLY 90 MG CAPSULE	NC	
REMERON 15 MG SOLTAB	NC	
REMERON 15 MG TABLET	NC	
REMERON 30 MG SOLTAB	NC	
REMERON 30 MG TABLET	NC	
REMERON 45 MG SOLTAB	NC	
REMERON 45 MG TABLET	NC	
SARAFEM 10 MG TABLET	NC	
SARAFEM 20 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SERTRALINE 20 MG/ML ORAL CONC	1	
SERTRALINE HCL 100 MG TABLET	1	
SERTRALINE HCL 25 MG TABLET	1	
SERTRALINE HCL 50 MG TABLET	1	
SURMONTIL 100 MG CAPSULE	3	
SURMONTIL 25 MG CAPSULE	3	
SURMONTIL 50 MG CAPSULE	3	
SYMBYAX 12-25 MG CAPSULE	NC	
SYMBYAX 12-50 MG CAPSULE	NC	
SYMBYAX 3-25 MG CAPSULE	NC	
SYMBYAX 6-25 MG CAPSULE	NC	
SYMBYAX 6-50 MG CAPSULE	NC	
TOFRANIL 10 MG TABLET	NC	
TOFRANIL 25 MG TABLET	NC	
TOFRANIL 50 MG TABLET	NC	
TOFRANIL-PM 100 MG CAPSULE	NC	
TOFRANIL-PM 125 MG CAPSULE	NC	
TOFRANIL-PM 150 MG CAPSULE	NC	
TOFRANIL-PM 75 MG CAPSULE	NC	
TRANLYCYPROMINE SULF 10 MG TAB	1	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	1	
TRAZODONE 50 MG TABLET	1	
TRIMIPRAMINE MALEATE 100 MG CP	1	
TRIMIPRAMINE MALEATE 25 MG CAP	1	
TRIMIPRAMINE MALEATE 50 MG CAP	1	
TRINTELLIX 10 MG TABLET	3	Step Therapy required STA*: 18 and older
TRINTELLIX 20 MG TABLET	3	Step Therapy required STA*: 18 and older
TRINTELLIX 5 MG TABLET	3	Step Therapy required STA*: 18 and older
VENLAFAXINE HCL 100 MG TABLET	1	
VENLAFAXINE HCL 25 MG TABLET	1	
VENLAFAXINE HCL 37.5 MG TABLET	1	
VENLAFAXINE HCL 50 MG TABLET	1	
VENLAFAXINE HCL 75 MG TABLET	1	
VENLAFAXINE HCL ER 150 MG CAP	1	
VENLAFAXINE HCL ER 150 MG TAB	NC	
VENLAFAXINE HCL ER 225 MG TAB	3	
VENLAFAXINE HCL ER 37.5 MG CAP	1	
VENLAFAXINE HCL ER 37.5 MG TAB	NC	
VENLAFAXINE HCL ER 75 MG CAP	1	
VENLAFAXINE HCL ER 75 MG TAB	NC	
VIIBRYD 10 MG TABLET	3	Step Therapy required STA*: 18 and older
VIIBRYD 10-20 MG STARTER PACK	3	Step Therapy required STA*: 18 and older
VIIBRYD 10-20-40 MG STARTER PK	3	Step Therapy required STA*: 18 and older
VIIBRYD 20 MG TABLET	3	Step Therapy required STA*: 18 and older
VIIBRYD 40 MG TABLET	3	Step Therapy required STA*: 18 and older
VIVACTIL 10 MG TABLET	NC	
VIVACTIL 5 MG TABLET	NC	
WELLBUTRIN 100 MG TABLET	NC	
WELLBUTRIN 75 MG TABLET	NC	
WELLBUTRIN SR 100 MG TABLET	NC	
WELLBUTRIN SR 150 MG TABLET	NC	
WELLBUTRIN SR 200 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
WELLBUTRIN XL 150 MG TABLET	NC	
WELLBUTRIN XL 300 MG TABLET	NC	
ZOLOFT 100 MG TABLET	NC	
ZOLOFT 20 MG/ML ORAL CONC	NC	
ZOLOFT 25 MG TABLET	NC	
ZOLOFT 50 MG TABLET	NC	

## ANTIDIABETIC AGENTS

### ANTIDIABETIC AGENTS, MISCELLANEOUS

ACARBOSE 100 MG TABLET	1	HSA*
ACARBOSE 25 MG TABLET	1	HSA*
ACARBOSE 50 MG TABLET	1	HSA*
ACTOPLUS MET 15 MG-500 MG TAB	NC	
ACTOPLUS MET 15 MG-850 MG TAB	NC	
ACTOPLUS MET XR 15-1,000 MG TB	NC	
ACTOPLUS MET XR 30-1,000 MG TB	NC	
ACTOS 15 MG TABLET	NC	
ACTOS 30 MG TABLET	NC	
ACTOS 45 MG TABLET	NC	
ADLYXIN 10-20 MCG STARTER PACK	NC	
ADLYXIN 20 MCG MAINTENANCE PK	NC	
ALOGLIPTIN 12.5 MG TABLET	4	Step Therapy required HSA*
ALOGLIPTIN 25 MG TABLET	4	Step Therapy required HSA*
ALOGLIPTIN 6.25 MG TABLET	4	Step Therapy required HSA*
ALOGLIPTIN-METFORMIN 12.5-1000	NC	
ALOGLIPTIN-METFORMIN 12.5-500	NC	
ALOGLIPTIN-PIOGLIT 12.5-15 MG	NC	
ALOGLIPTIN-PIOGLIT 12.5-30 MG	NC	
ALOGLIPTIN-PIOGLIT 12.5-45 MG	NC	
ALOGLIPTIN-PIOGLIT 25-15 MG TB	NC	
ALOGLIPTIN-PIOGLIT 25-30 MG TB	NC	
ALOGLIPTIN-PIOGLIT 25-45 MG TB	NC	
AVANDAMET 2 MG-1,000 MG TAB	NC	
AVANDAMET 2 MG-500 MG TABLET	NC	
AVANDAMET 4 MG-1,000 MG TABLET	NC	
AVANDAMET 4 MG-500 MG TABLET	NC	
AVANDARYL 4 MG-1 MG TABLET	NC	
AVANDARYL 4 MG-2 MG TABLET	NC	
AVANDARYL 4 MG-4 MG TABLET	NC	
AVANDARYL 8 MG-2 MG TABLET	NC	
AVANDARYL 8 MG-4 MG TABLET	NC	
AVANDIA 2 MG TABLET	3	HSA*
AVANDIA 4 MG TABLET	3	HSA*
AVANDIA 8 MG TABLET	3	HSA*
BYDUREON 2 MG PEN INJECT	2	Max. 4 per 28 days;Step Therapy required HSA*
BYDUREON 2 MG VIAL	2	Max. 4 per 28 days;Step Therapy required HSA*
BYETTA 10 MCG DOSE PEN INJ	2	Max. 2.4 ML(s) per 30 days;Step Therapy required HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BYETTA 5 MCG DOSE PEN INJ	2	Max. 1.2 ML(s) per 30 days;Step Therapy required HSA*
CYCLOSET 0.8 MG TABLET	2	HSA*
DUETACT 30-2 MG TABLET	NC	
DUETACT 30-4 MG TABLET	NC	
FARXIGA 10 MG TABLET	4	Prior Authorization required HSA*
FARXIGA 5 MG TABLET	4	Prior Authorization required HSA*
FORTAMET ER 1,000 MG TABLET	NC	
FORTAMET ER 500 MG TABLET	NC	
GLUCOPHAGE 1,000 MG TABLET	NC	
GLUCOPHAGE 500 MG TABLET	NC	
GLUCOPHAGE 850 MG TABLET	NC	
GLUCOPHAGE XR 500 MG TAB	NC	
GLUCOPHAGE XR 750 MG TAB	NC	
GLUMETZA ER 1,000 MG TABLET	NC	
GLUMETZA ER 500 MG TABLET	NC	
GLYSET 100 MG TABLET	NC	
GLYSET 25 MG TABLET	NC	
GLYSET 50 MG TABLET	NC	
GLYXAMBI 10 MG-5 MG TABLET	NC	
GLYXAMBI 25 MG-5 MG TABLET	NC	
INVOKAMET 150-1,000 MG TABLET	2	HSA*
INVOKAMET 150-500 MG TABLET	2	HSA*
INVOKAMET 50-1,000 MG TABLET	2	HSA*
INVOKAMET 50-500 MG TABLET	2	HSA*
INVOKAMET XR 150-1,000 MG TAB	2	HSA*
INVOKAMET XR 150-500 MG TABLET	2	HSA*
INVOKAMET XR 50-1,000 MG TAB	2	HSA*
INVOKAMET XR 50-500 MG TABLET	2	HSA*
INVOKANA 100 MG TABLET	2	HSA*
INVOKANA 300 MG TABLET	2	HSA*
JANUMET 50-1,000 MG TABLET	2	HSA*
JANUMET 50-500 MG TABLET	2	HSA*
JANUMET XR 100-1,000 MG TABLET	2	HSA*
JANUMET XR 50-1,000 MG TABLET	2	HSA*
JANUMET XR 50-500 MG TABLET	2	HSA*
JANUVIA 100 MG TABLET	2	HSA*
JANUVIA 25 MG TABLET	2	HSA*
JANUVIA 50 MG TABLET	2	HSA*
JARDIANCE 10 MG TABLET	2	HSA*
JARDIANCE 25 MG TABLET	2	HSA*
JENTADUETO 2.5 MG-1000 MG TAB	2	HSA*
JENTADUETO 2.5 MG-500 MG TAB	2	HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
JENTADUETO 2.5 MG-850 MG TAB	2	HSA*
JENTADUETO XR 2.5 MG-1,000 MG	2	HSA*
JENTADUETO XR 5 MG-1,000 MG TB	2	HSA*
JUVISYNC 100-10 MG TABLET	NC	
JUVISYNC 100-20 MG TABLET	NC	
JUVISYNC 100-40 MG TABLET	NC	
JUVISYNC 50-10 MG TABLET	NC	
JUVISYNC 50-20 MG TABLET	NC	
JUVISYNC 50-40 MG TABLET	NC	
KAZANO 12.5-1,000 MG TABLET	NC	
KAZANO 12.5-500 MG TABLET	NC	
KOMBIGLYZE XR 2.5-1,000 MG TAB	NC	
KOMBIGLYZE XR 5-1,000 MG TAB	NC	
KOMBIGLYZE XR 5-500 MG TABLET	NC	
KORLYM 300 MG TABLET	4	HSA*;SPP*: Must use Dohmen Life Sciences. 1-800-305-7881.
METFORMIN ER 1,000 MG OSM-TAB	3	HSA*; (generic Fortamet)
METFORMIN HCL 1,000 MG TABLET	1	HSA*
METFORMIN HCL 500 MG TABLET	1	HSA*
METFORMIN HCL 850 MG TABLET	1	HSA*
METFORMIN HCL ER 1,000 MG TAB	3	Prior Authorization required HSA*; (generic Glumetza)
METFORMIN HCL ER 500 MG OSM-TB	1	HSA*; (generic Fortamet)
METFORMIN HCL ER 500 MG TABLET	3	Prior Authorization required HSA*; (generic Glumetza)
METFORMIN HCL ER 500 MG TABLET	1	HSA*
METFORMIN HCL ER 750 MG TABLET	1	HSA*
MIFEPREX 200 MG TABLET	NC	
MIGLITOL 100 MG TABLET	1	HSA*
MIGLITOL 25 MG TABLET	1	HSA*
MIGLITOL 50 MG TABLET	1	HSA*
NATEGLINIDE 120 MG TABLET	1	HSA*
NATEGLINIDE 60 MG TABLET	1	HSA*
NESINA 12.5 MG TABLET	NC	
NESINA 25 MG TABLET	NC	
NESINA 6.25 MG TABLET	NC	
ONGLYZA 2.5 MG TABLET	4	Prior Authorization required HSA*
ONGLYZA 5 MG TABLET	4	Prior Authorization required HSA*
OSENI 12.5-15 MG TABLET	NC	
OSENI 12.5-30 MG TABLET	NC	
OSENI 12.5-45 MG TABLET	NC	
OSENI 25-15 MG TABLET	NC	
OSENI 25-30 MG TABLET	NC	
OSENI 25-45 MG TABLET	NC	
PIOGLITAZONE HCL 15 MG TABLET	1	HSA*
PIOGLITAZONE HCL 30 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PIOGLITAZONE HCL 45 MG TABLET	1	HSA*
PIOGLITAZONE-GLIMEPIRIDE 30-2	1	HSA*
PIOGLITAZONE-GLIMEPIRIDE 30-4	1	HSA*
PIOGLITAZONE-METFORMIN 15-500	1	HSA*
PIOGLITAZONE-METFORMIN 15-850	1	HSA*
PRANDIMET 1 MG-500 MG TABLET	NC	
PRANDIMET 2 MG-500 MG TABLET	NC	
PRANDIN 0.5 MG TABLET	NC	
PRANDIN 1 MG TABLET	NC	
PRANDIN 2 MG TABLET	NC	
PRECOSE 100 MG TABLET	NC	
PRECOSE 25 MG TABLET	NC	
PRECOSE 50 MG TABLET	NC	
REPAGLINIDE 0.5 MG TABLET	1	HSA*
REPAGLINIDE 1 MG TABLET	1	HSA*
REPAGLINIDE 2 MG TABLET	1	HSA*
REPAGLINIDE-METFORMIN 1-500 MG	1	HSA*
REPAGLINIDE-METFORMIN 2-500 MG	1	HSA*
RIOMET 500 MG/5 ML SOLUTION	3	HSA*
STARLIX 120 MG TABLET	NC	
STARLIX 60 MG TABLET	NC	
SYMLINPEN 120 PEN INJECTOR	2	HSA*
SYMLINPEN 60 PEN INJECTOR	2	HSA*
SYNJARDY 12.5-1,000 MG TABLET	NC	
SYNJARDY 12.5-500 MG TABLET	NC	
SYNJARDY 5-1,000 MG TABLET	NC	
SYNJARDY 5-500 MG TABLET	NC	
SYNJARDY XR 10-1,000 MG TABLET	NC	
SYNJARDY XR 12.5-1,000 MG TAB	NC	
SYNJARDY XR 25-1,000 MG TABLET	NC	
SYNJARDY XR 5-1,000 MG TABLET	NC	
TANZEUM 30 MG PEN INJECT	NC	
TANZEUM 50 MG PEN INJECT	NC	
TRADJENTA 5 MG TABLET	2	HSA*
TRULICITY 0.75 MG/0.5 ML PEN	2	Max. 2 ML(s) per 28 days;Step Therapy required HSA*
TRULICITY 1.5 MG/0.5 ML PEN	2	Max. 2 ML(s) per 28 days;Step Therapy required HSA*
VICTOZA 3-PAK 18 MG/3 ML PEN	2	Max. 9 ML(s) per 30 days;Step Therapy required HSA*
XIGDUO XR 10 MG-1,000 MG TAB	4	Prior Authorization required HSA*
XIGDUO XR 10 MG-500 MG TABLET	4	Prior Authorization required HSA*
XIGDUO XR 5 MG-1,000 MG TABLET	4	Prior Authorization required HSA*
XIGDUO XR 5 MG-500 MG TABLET	4	Prior Authorization required HSA*

## INSULINS

DRUG NAME	TIER	LIMITATIONS/ * NOTES
AFREZZA 12 UNIT CARTRIDGE	NC	
AFREZZA 30-4 UNIT / 60-8 UNIT	NC	
AFREZZA 4 UNIT CARTRIDGE	NC	
AFREZZA 4 UNIT/8 UNIT/12 UNIT	NC	
AFREZZA 60-8 UNIT / 30-12 UNIT	NC	
AFREZZA 8 UNIT CARTRIDGE	NC	
AFREZZA 90-4 UNIT / 90-8 UNIT	NC	
APIDRA 100 UNITS/ML VIAL	NC	
APIDRA SOLOSTAR 100 UNITS/ML	NC	
BASAGLAR 100 UNIT/ML KWIKPEN	3	Prior Authorization required HSA*
HUMALOG 100 UNITS/ML CARTRIDGE	2	HSA*
HUMALOG 100 UNITS/ML KWIKPEN	2	HSA*
HUMALOG 100 UNITS/ML VIAL	2	HSA*
HUMALOG 200 UNITS/ML KWIKPEN	2	HSA*
HUMALOG JR 100 UNIT/ML KWIKPEN	2	HSA*
HUMALOG MIX 50-50 KWIKPEN	2	HSA*
HUMALOG MIX 50-50 VIAL	2	HSA*
HUMALOG MIX 75-25 KWIKPEN	2	HSA*
HUMALOG MIX 75-25 VIAL	2	HSA*
HUMULIN 70-30 PEN	2	HSA*
HUMULIN 70-30 VIAL	2	HSA*
HUMULIN 70/30 KWIKPEN	2	HSA*
HUMULIN N 100 UNITS/ML KWIKPEN	2	HSA*
HUMULIN N 100 UNITS/ML VIAL	2	HSA*
HUMULIN R 100 UNITS/ML VIAL	2	HSA*
HUMULIN R 500 UNITS/ML KWIKPEN	2	HSA*
HUMULIN R 500 UNITS/ML VIAL	2	HSA*
LANTUS 100 UNIT/ML VIAL	2	HSA*
LANTUS SOLOSTAR 100 UNIT/ML	2	HSA*
LEVEMIR 100 UNITS/ML VIAL	2	HSA*
LEVEMIR FLEXTOUCH 100 UNITS/ML	2	HSA*
NOVOLIN 70-30 100 UNIT/ML VIAL	3	Prior Authorization required HSA*
NOVOLIN N 100 UNITS/ML VIAL	3	Prior Authorization required HSA*
NOVOLIN R 100 UNITS/ML VIAL	3	Prior Authorization required HSA*
NOVOLOG 100 UNIT/ML CARTRIDGE	3	Prior Authorization required HSA*
NOVOLOG 100 UNIT/ML VIAL	3	Prior Authorization required HSA*
NOVOLOG 100 UNITS/ML FLEXPEN	3	Prior Authorization required HSA*
NOVOLOG MIX 70-30 FLEXPEN SYRN	3	Prior Authorization required HSA*
NOVOLOG MIX 70-30 VIAL	3	Prior Authorization required HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SOLIQUA 100 UNIT-33 MCG/ML PEN	NC	
TOUJEO SOLOSTAR 300 UNITS/ML	2	HSA*
TRESIBA FLEXTOUCH 100 UNITS/ML	4	Prior Authorization required HSA*
TRESIBA FLEXTOUCH 200 UNITS/ML	4	Prior Authorization required HSA*
XULTOPHY 100 UNIT-3.6MG/ML PEN	NC	

## SULFONYLUREAS

AMARYL 1 MG TABLET	NC	
AMARYL 2 MG TABLET	NC	
AMARYL 4 MG TABLET	NC	
CHLORPROPAMIDE 100 MG TABLET	1	HSA*
CHLORPROPAMIDE 250 MG TABLET	1	HSA*
DIABETA 1.25 MG TABLET	NC	
DIABETA 2.5 MG TABLET	NC	
DIABETA 5 MG TABLET	NC	
GLIMEPIRIDE 1 MG TABLET	1	HSA*
GLIMEPIRIDE 2 MG TABLET	1	HSA*
GLIMEPIRIDE 4 MG TABLET	1	HSA*
GLIPIZIDE 10 MG TABLET	1	HSA*
GLIPIZIDE 5 MG TABLET	1	HSA*
GLIPIZIDE ER 2.5 MG TABLET	1	HSA*
GLIPIZIDE XL 10 MG TABLET	1	HSA*
GLIPIZIDE XL 5 MG TABLET	1	HSA*
GLIPIZIDE-METFORMIN 2.5-250 MG	1	HSA*
GLIPIZIDE-METFORMIN 2.5-500 MG	1	HSA*
GLIPIZIDE-METFORMIN 5-500 MG	1	HSA*
GLUCOTROL 10 MG TABLET	NC	
GLUCOTROL 5 MG TABLET	NC	
GLUCOTROL XL 10 MG TABLET	NC	
GLUCOTROL XL 2.5 MG TABLET	NC	
GLUCOTROL XL 5 MG TABLET	NC	
GLUCOVANCE 2.5-500 MG TABLET	NC	
GLUCOVANCE 5-500 MG TABLET	NC	
GLYBURID-METFORMIN 1.25-250 MG	1	HSA*
GLYBURIDE 1.25 MG TABLET	1	HSA*
GLYBURIDE 2.5 MG TABLET	1	HSA*
GLYBURIDE 5 MG TABLET	1	HSA*
GLYBURIDE MICRO 1.5 MG TAB	1	HSA*
GLYBURIDE MICRO 3 MG TABLET	1	HSA*
GLYBURIDE MICRO 6 MG TABLET	1	HSA*
GLYBURIDE-METFORMIN 2.5-500 MG	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
GLYBURIDE-METFORMIN 5-500 MG	1	HSA*
GLYNASE 1.5 MG PRESTAB	NC	
GLYNASE 3 MG PRESTAB	NC	
GLYNASE 6 MG PRESTAB	NC	
TOLAZAMIDE 250 MG TABLET	1	HSA*
TOLAZAMIDE 500 MG TABLET	1	HSA*
TOLBUTAMIDE 500 MG TABLET	1	HSA*

## ANTIFUNGALS

### ANTIFUNGALS

ALA-QUIN 3-0.5% CREAM	NC	
ANCOBON 250 MG CAPSULE	NC	
ANCOBON 500 MG CAPSULE	NC	
CICLODAN 0.77% CREAM	NC	
CICLODAN 0.77% CREAM KIT	NC	
CICLODAN 8% KIT	NC	
CICLODAN 8% SOLUTION	NC	
CICLOPIROX 0.77% CREAM	1	
CICLOPIROX 0.77% GEL	1	
CICLOPIROX 0.77% TOPICAL SUSP	1	
CICLOPIROX 1% SHAMPOO	1	
CICLOPIROX 8% SOLUTION	1	
CICLOPIROX 8% TREATMENT KIT	NC	
CLOTRIMAZOLE 1% CREAM	NC	
CLOTRIMAZOLE 1% SOLUTION	NC	
CLOTRIMAZOLE 10 MG TROCHE	1	
CLOTRIMAZOLE-BETAMETHASONE CRM	1	
CLOTRIMAZOLE-BETAMETHASONE LOT	1	
CRESEMBA 186 MG CAPSULE	4	Prior Authorization required
DIFLUCAN 10 MG/ML SUSPENSION	NC	
DIFLUCAN 100 MG TABLET	NC	
DIFLUCAN 150 MG TABLET	NC	
DIFLUCAN 200 MG TABLET	NC	
DIFLUCAN 40 MG/ML SUSPENSION	NC	
DIFLUCAN 50 MG TABLET	NC	
ECONAZOLE NITRATE 1% CREAM	1	
ECOZA 1% FOAM	NC	
ERTACZO 2% CREAM	4	Prior Authorization required
EXELDERM 1% CREAM	3	
EXELDERM 1% SOLUTION	3	
EXTINA 2% FOAM	NC	
FIRST-DUKE'S MOUTHWASH	NC	
FIRST-MARY'S MOUTHWASH	NC	
FLUCONAZOLE 10 MG/ML SUSP	1	
FLUCONAZOLE 100 MG TABLET	1	
FLUCONAZOLE 150 MG TABLET	1	
FLUCONAZOLE 200 MG TABLET	1	
FLUCONAZOLE 40 MG/ML SUSP	1	
FLUCONAZOLE 50 MG TABLET	1	
FLUCYTOSINE 250 MG CAPSULE	1	
FLUCYTOSINE 500 MG CAPSULE	1	
GRIFULVIN V 500 MG TABLET	NC	
GRIS-PEG 125 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
GRIS-PEG 250 MG TABLET	NC	
GRISEOFULVIN 125 MG/5 ML SUSP	1	
GRISEOFULVIN MICRO 500 MG TAB	1	
GRISEOFULVIN ULTRA 125 MG TAB	1	
GRISEOFULVIN ULTRA 250 MG TAB	1	
ITRACONAZOLE 100 MG CAPSULE	1	Max. 84 Days Supply;Prior Authorization required;Max. 168 in 365 days
JUBLIA 10% TOPICAL SOLUTION	NC	
KERYDIN 5% TOPICAL SOLUTION	4	Prior Authorization required
KETOCONAZOLE 2% CREAM	1	
KETOCONAZOLE 2% FOAM	1	
KETOCONAZOLE 2% SHAMPOO	1	
KETOCONAZOLE 200 MG TABLET	1	
KETODAN 2% FOAM	1	
KETODAN 2% FOAM KIT	NC	
LAMISIL 125 MG GRANULES PACKET	NC	
LAMISIL 187.5 MG GRANULES PACK	NC	
LAMISIL 250 MG TABLET	NC	
LOPROX 0.77% CREAM	NC	
LOPROX 0.77% GEL	NC	
LOPROX 0.77% TOPICAL SUSP	NC	
LOPROX 1% SHAMPOO	NC	
LOTRISONE CREAM	NC	
LUZU 1% CREAM	4	Prior Authorization required
MENTAX 1% CREAM	4	Prior Authorization required
MICONAZOLE 3 200 MG VAG SUPP	NC	
NAFTIFINE HCL 1% CREAM	1	
NAFTIFINE HCL 2% CREAM	1	
NAFTIN 1% CREAM	NC	
NAFTIN 1% GEL	3	
NAFTIN 2% CREAM	NC	
NAFTIN 2% GEL	3	
NIZORAL 2% SHAMPOO	NC	
NOXAFIL 40 MG/ML SUSPENSION	4	
NOXAFIL DR 100 MG TABLET	NC	
NYAMYC 100,000 UNITS/GM POWDER	1	
NYATA 100,000 UNIT/GM POWDER	1	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM POWD	1	
NYSTATIN 100,000 UNIT/ML SUSP	1	
NYSTATIN 100,000 UNITS/GM OINT	1	
NYSTATIN 150,000,000 UNITS PWD	1	
NYSTATIN 500,000 UNIT ORAL TAB	1	
NYSTATIN-TRIAMCINOLONE CREAM	1	
NYSTATIN-TRIAMCINOLONE OINTM	1	
NYSTOP 100,000 UNITS/GM POWDER	1	
ONMEL 200 MG TABLET	NC	
ORAVIG 50 MG BUCCAL TABLET	3	
OXICONAZOLE NITRATE 1% CREAM	1	
OXISTAT 1% CREAM	NC	
OXISTAT 1% LOTION	3	
PEDI-DRI TOPICAL POWDER	1	
PEDIADERM AF KIT	NC	
PEDIPIROX-4 NAIL KIT	NC	
PENLAC 8% SOLUTION	NC	
SPORANOX 10 MG/ML SOLUTION	3	
SPORANOX 100 MG CAPSULE	NC	
TERBINAFINE HCL 250 MG TABLET	1	Max. quantity of 28 per fill;Max. 84 in 365 days
TRIPLE DYE SWAB	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
UNDECYLENIC ACID LIQUID	NC	
VFEND 200 MG TABLET	NC	
VFEND 40 MG/ML SUSPENSION	NC	
VFEND 50 MG TABLET	NC	
VORICONAZOLE 200 MG TABLET	3	
VORICONAZOLE 40 MG/ML SUSP	3	
VORICONAZOLE 50 MG TABLET	3	
VUSION OINTMENT	NC	
XOLEGEL 2% GEL	3	

## ANTIGOUT AGENTS

### ANTIGOUT AGENTS, OTHER

ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
COLCHICINE 0.6 MG CAPSULE	1	
COLCHICINE 0.6 MG TABLET	1	
COLCRYS 0.6 MG TABLET	NC	
DUZALLO 200-200 MG TABLET	NC	
DUZALLO 200-300 MG TABLET	NC	
MITIGARE 0.6 MG CAPSULE	NC	
PROBENECID 500 MG TABLET	1	
PROBENECID-COLCHICINE TABS	1	
ULORIC 40 MG TABLET	2	
ULORIC 80 MG TABLET	2	
ZURAMPIC 200 MG TABLET	3	Prior Authorization required;Max. 1 per day
ZYLOPRIM 100 MG TABLET	NC	
ZYLOPRIM 300 MG TABLET	NC	

## ANTIHISTAMINES

### ANTIHISTAMINES

ALLEGRA-D 24 HOUR TABLET	NC	
ARBINOXA 4 MG TABLET	1	
ARBINOXA 4 MG/5 ML LIQUID	1	
CARBINOXAMINE 4 MG/5 ML LIQUID	1	
CARBINOXAMINE MALEATE 4 MG TAB	1	
CETIRIZINE HCL 1 MG/ML SOLN	NC	
CLARINEX 0.5 MG/ML (2.5 MG/5)	3	
CLARINEX 5 MG TABLET	NC	
CLARINEX-D 12 HOUR TABLET	NC	
CLARINEX-D 24 HOUR TABLET	NC	
CLEMASTINE 0.5 MG/5 ML SYRUP	1	
CLEMASTINE FUM 2.68 MG TAB	1	
CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
CYPROHEPTADINE 4 MG TABLET	1	
DESLORATADINE 2.5 MG ODT	NC	
DESLORATADINE 5 MG ODT	NC	
DESLORATADINE 5 MG TABLET	NC	
DICOPANOL ORAL SUSPENSION	NC	
FEXOFENADINE-PSE ER 180-240 TB	NC	
HYDROXYZINE 10 MG/5 ML SOLN	1	
HYDROXYZINE HCL 10 MG TABLET	1	
HYDROXYZINE HCL 25 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
HYDROXYZINE HCL 50 MG TABLET	1	
KARBINAL ER 4 MG/ 5 ML SUSP	NC	
LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	
LEVOCETIRIZINE 5 MG TABLET	1	
PALGIC 4 MG TABLET	NC	
PALGIC 4 MG/5 ML LIQUID	1	
PROMETHAZINE 6.25 MG/5 ML SYRP	1	
PROMETHAZINE VC SYRUP	1	
RESPA A.R. TABLET SA	NC	
RYVENT 6 MG TABLET	NC	
SEMPREX-D 8 MG-60 MG CAPSULE	NC	
XYZAL 2.5 MG/5 ML SOLUTION	NC	
XYZAL 5 MG TABLET	NC	

## ANTIMIGRAINE AGENTS

### ANTIMIGRAINE AGENTS

ALMOTRIPTAN MALATE 12.5 MG TAB	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
ALMOTRIPTAN MALATE 6.25 MG TAB	1	Max. quantity of 12 per fill MQC*: 12 tabs/copay
ALSUMA 6 MG/0.5 ML AUTO-INJECT	NC	
AMERGE 1 MG TABLET	NC	
AMERGE 2.5 MG TABLET	NC	
AXERT 12.5 MG TABLET	NC	
AXERT 6.25 MG TABLET	NC	
CAFERGOT TABLET	NC	
D.H.E.45 1 MG/ML AMPUL	NC	
DIHYDROERGOTAMINE 1 MG/ML AM	1	
DIHYDROERGOTAMINE 4 MG/ML SPRY	3	
ELETRIPTAN HBR 20 MG TABLET	2	Max. quantity of 12 per fill MQC*: 12 tabs per copay
ELETRIPTAN HBR 40 MG TABLET	2	Max. quantity of 6 per fill MQC*: 6 tabs/copay
ERGOMAR 2 MG TABLET SL	2	
ERGOTAMINE-CAFFEINE 1-100MG TB	1	
FROVA 2.5 MG TABLET	NC	
FROVATRIPTAN SUCC 2.5 MG TAB	1	Max. quantity of 9 per fill;Step Therapy required MQC*: 9 tabs/copay
IMITREX 100 MG TABLET	NC	
IMITREX 20 MG NASAL SPRAY	NC	
IMITREX 25 MG TABLET	NC	
IMITREX 4 MG/0.5 ML PEN INJECT	NC	
IMITREX 5 MG NASAL SPRAY	NC	
IMITREX 50 MG TABLET	NC	
IMITREX 6 MG/0.5 ML PEN INJECT	NC	
IMITREX 6 MG/0.5 ML VIAL	NC	
ISOMETHEPT-DICHLORALP-ACETAMIN	1	
MAXALT 10 MG TABLET	NC	
MAXALT 5 MG TABLET	NC	
MAXALT MLT 10 MG TABLET	NC	
MAXALT MLT 5 MG TABLET	NC	
MIGERGOT SUPPOSITORY	NC	
MIGRANAL NASAL SPRAY	NC	
NARATRIPTAN HCL 1 MG TABLET	1	Max. quantity of 15 per fill MQC*: 15 tabs/copay
NARATRIPTAN HCL 2.5 MG TABLET	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
NODOLOR CAPSULE	1	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
ONZETRA XSAIL 11 MG	NC	
RELPAK 20 MG TABLET	3	Max. quantity of 12 per fill; Step Therapy required MQC*: 12 tabs per copay
RELPAK 40 MG TABLET	3	Max. quantity of 6 per fill; Step Therapy required MQC*: 6 tabs/copay
RIZATRIPTAN 10 MG ODT	1	Max. quantity of 9 per fill MQC*: 9 tabs/copay
RIZATRIPTAN 10 MG TABLET	1	Max. quantity of 9 per fill MQC*: 9 tabs/copay
RIZATRIPTAN 5 MG ODT	1	Max. quantity of 18 per fill MQC*: 4 patches/copay
RIZATRIPTAN 5 MG TABLET	1	Max. quantity of 18 per fill MQC*: 18 tabs/copay
SUMATRIPTAN 20 MG NASAL SPRAY	1	Max. quantity of 6 per fill MQC*: 6 sprays/copay
SUMATRIPTAN 4 MG/0.5 ML CART	1	Max. quantity of 3 per fill
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay
SUMATRIPTAN 5 MG NASAL SPRAY	1	Max. quantity of 6 per fill MQC*: 6 sprays/copay
SUMATRIPTAN 6 MG/0.5 ML INJECT	1	Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay
SUMATRIPTAN 6 MG/0.5 ML REFILL	1	Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay
SUMATRIPTAN 6 MG/0.5 ML SYRNG	1	Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay
SUMATRIPTAN SUCC 100 MG TABLET	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
SUMATRIPTAN SUCC 25 MG TABLET	1	Max. quantity of 24 per fill MQC*: 24 tabs/copay
SUMATRIPTAN SUCC 50 MG TABLET	1	Max. quantity of 12 per fill MQC*: 12 tabs/copay
SUMAVEL DOSEPRO 4 MG/0.5 ML	NC	
SUMAVEL DOSEPRO 6 MG/0.5 ML	NC	
TREXIMET 10-60 MG TABLET	NC	
TREXIMET 85-500 MG TABLET	NC	
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	NC	
ZOLMITRIPTAN 2.5 MG ODT	1	Max. quantity of 12 per fill MQC*: 12 tabs/copay
ZOLMITRIPTAN 2.5 MG TABLET	1	Max. quantity of 12 per fill MQC*: 12 tabs/copay
ZOLMITRIPTAN 5 MG ODT	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
ZOLMITRIPTAN 5 MG TABLET	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
ZOMIG 2.5 MG NASAL SPRAY	3	Max. quantity of 12 per fill MQC*: 6 sprays/copay
ZOMIG 2.5 MG TABLET	NC	
ZOMIG 5 MG NASAL SPRAY	3	Max. quantity of 6 per fill MQC*: 6 sprays/copay
ZOMIG 5 MG TABLET	NC	
ZOMIG ZMT 2.5 MG TABLET	NC	
ZOMIG ZMT 5 MG TABLET	NC	

## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS

CYCLOSERINE 250 MG CAPSULE	1	
DAPSONE 100 MG TABLET	1	
DAPSONE 25 MG TABLET	1	
ETHAMBUTOL HCL 100 MG TABLET	1	
ETHAMBUTOL HCL 400 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ISONIAZID 100 MG TABLET	1	
ISONIAZID 300 MG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	1	
MYAMBUTOL 400 MG TABLET	NC	
MYCOBUTIN 150 MG CAPSULE	NC	
PASER GRANULES 4 GM PACKET	3	
PRIFTIN 150 MG TABLET	3	
PYRAZINAMIDE 500 MG TABLET	1	
RIFABUTIN 150 MG CAPSULE	1	
RIFADIN 150 MG CAPSULE	NC	
RIFADIN 300 MG CAPSULE	NC	
RIFAMATE CAPSULE	3	
RIFAMPIN 150 MG CAPSULE	1	
RIFAMPIN 300 MG CAPSULE	1	
RIFATER TABLET	3	
SIRTURO 100 MG TABLET	4	Prior Authorization required;Max. quantity of 32 per fill
TRECTOR 250 MG TABLET	3	

## ANTINAUSEA AGENTS

### ANTINAUSEA AGENTS

AKYNZEO 300-0.5 MG CAPSULE	4	Prior Authorization required;Max. quantity of 1 per fill;Max. 3 in 30 days MQC*: 1 cap/copay, Max. 3 caps/28 day-supply
ANZEMET 100 MG TABLET	3	Max. quantity of 6 per fill MQC*: 3 tabs/copay
ANZEMET 50 MG TABLET	3	Max. quantity of 6 per fill MQC*: 6 tabs/copay
APREPITANT 125 MG CAPSULE	2	Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 cap/copay
APREPITANT 125-80-80 MG PACK	2	Max. 30 Days Supply;Max. quantity of 3 per fill MQC*: 1 pack/copay
APREPITANT 40 MG CAPSULE	2	Max. 30 Days Supply;Max. quantity of 4 per fill MQC*: 4 caps/copay
APREPITANT 80 MG CAPSULE	2	Max. 30 Days Supply;Max. quantity of 2 per fill MQC*: 2 caps/copay
CESAMET 1 MG CAPSULE	3	Max. quantity of 18 per fill MQC*: 18 tabs/copay
COMPAZINE 10 MG TABLET	NC	
COMPAZINE 25 MG SUPPOSITORY	NC	
COMPAZINE 5 MG TABLET	NC	
COMPRO 25 MG SUPPOSITORY	1	
DICLEGIS DR 10-10 MG TABLET	3	
DRONABINOL 10 MG CAPSULE	1	
DRONABINOL 2.5 MG CAPSULE	1	
DRONABINOL 5 MG CAPSULE	1	
EMEND 125 MG CAPSULE	3	Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 cap/copay
EMEND 125 MG POWDER PACKET	3	Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 packet/copay
EMEND 40 MG CAPSULE	3	Max. 30 Days Supply;Max. quantity of 4 per fill MQC*: 4 caps/copay
EMEND 80 MG CAPSULE	3	Max. 30 Days Supply;Max. quantity of 2 per fill MQC*: 2 caps/copay
EMEND TRIPACK	3	Max. 30 Days Supply;Max. quantity of 3 per fill MQC*: 1 pack/copay
GRANISETRON HCL 1 MG TABLET	1	Max. quantity of 6 per fill MQC*: 6 tabs/copay
GRANISOL 2 MG/10 ML SOLUTION	1	Max. quantity of 30 per fill MQC*: 30mL/copay
MARINOL 10 MG CAPSULE	NC	
MARINOL 2.5 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MARINOL 5 MG CAPSULE	NC	
MECLIZINE 12.5 MG TABLET	1	
MECLIZINE 25 MG TABLET	1	
ONDANSETRON 4 MG/5 ML SOLUTION	1	Max. quantity of 100 per fill MQC*: 100mL (2 bottles)/copay
ONDANSETRON HCL 24 MG TABLET	1	Max. quantity of 3 per fill MQC*: 3 tabs/copay
ONDANSETRON HCL 4 MG TABLET	1	Max. quantity of 18 per fill MQC*: 18 tabs/copay
ONDANSETRON HCL 8 MG TABLET	1	Max. quantity of 9 per fill MQC*: 9 tabs/copay
ONDANSETRON ODT 4 MG TABLET	1	Max. quantity of 18 per fill MQC*: 18 tabs/copay
ONDANSETRON ODT 8 MG TABLET	1	Max. quantity of 9 per fill MQC*: 9 tabs/copay
PHENADOZ 12.5 MG SUPPOSITORY	1	
PHENADOZ 25 MG SUPPOSITORY	1	
PHENERGAN 12.5 MG SUPPOSITORY	NC	
PHENERGAN 25 MG SUPPOSITORY	NC	
PHENERGAN 50 MG SUPPOSITORY	NC	
PROCHLORPERAZINE 10 MG TAB	1	
PROCHLORPERAZINE 25 MG SUPP	1	
PROCHLORPERAZINE 5 MG TABLET	1	
PROMETHAZINE 12.5 MG SUPPOS	1	
PROMETHAZINE 12.5 MG TABLET	1	
PROMETHAZINE 25 MG SUPPOSITORY	1	
PROMETHAZINE 25 MG TABLET	1	
PROMETHAZINE 50 MG SUPPOSITORY	1	
PROMETHAZINE 50 MG TABLET	1	
PROMETHEGAN 12.5 MG SUPPOS	1	
PROMETHEGAN 25 MG SUPPOSITORY	1	
PROMETHEGAN 50 MG SUPPOSITORY	1	
SANCUSO 3.1 MG/24 HR PATCH	3	Max. quantity of 4 per fill MQC*: 4 patches/copay
SCOPOLAMINE 1 MG/3 DAY PATCH	2	Max. quantity of 4 per fill MQC*: 1 box (4 patches)/copay
SYNDROS 5 MG/ML SOLUTION	NC	
TIGAN 300 MG CAPSULE	NC	
TRANSDERM-SCOP 1.5 MG/3 DAY	3	Max. quantity of 4 per fill MQC*: 1 box (4 patches)/copay
TRIMETHOBENZAMIDE 300 MG CAP	1	
VARUBI 90 MG TABLET	NC	
ZOFRAN 4 MG TABLET	NC	
ZOFRAN 4 MG/5 ML ORAL SOLN	NC	
ZOFRAN 8 MG TABLET	NC	
ZOFRAN ODT 4 MG TABLET	NC	
ZOFRAN ODT 8 MG TABLET	NC	
ZUPLENZ 4 MG SOLUBLE FILM	NC	
ZUPLENZ 8 MG SOLUBLE FILM	NC	

## ANTIPARASITE AGENTS

### ANTIPARASITE AGENTS

ALBENZA 200 MG TABLET	3	
ALINIA 100 MG/5 ML SUSPENSION	3	
ALINIA 500 MG TABLET	3	
ATOVAQUONE 750 MG/5 ML SUSP	1	
ATOVAQUONE-PROGUANIL 250-100	1	
ATOVAQUONE-PROGUANIL 62.5-25	1	
BILTRICIDE 600 MG TABLET	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CHLOROQUINE PH 250 MG TABLET	1	
CHLOROQUINE PH 500 MG TABLET	1	
COARTEM TABLETS	3	Max. quantity of 24 per fill MQC*: 24 tabs/copay
DARAPRIM 25 MG TABLET	4	Prior Authorization required
EMVERM 100 MG TABLET CHEW	NC	
HYDROXYCHLOROQUINE 200 MG TAB	1	
IMPAVIDO 50 MG CAPSULE	NC	
IVERMECTIN 3 MG TABLET	1	
MALARONE 250-100 MG TABLET	NC	
MALARONE 62.5-25 MG PED TAB	NC	
MEFLOQUINE HCL 250 MG TABLET	1	
MEPRON 750 MG/5 ML SUSPENSION	NC	
NEBUPENT 300 MG INHAL POWDER	3	
PAROMOMYCIN 250 MG CAPSULE	1	
PLAQUENIL 200 MG TABLET	NC	
PRIMAQUINE 26.3 MG TABLET	2	
QUALAQUIN 324 MG CAPSULE	NC	
QUININE SULFATE 324 MG CAPSULE	1	
STROMECTOL 3 MG TABLET	NC	
TINDAMAX 250 MG TABLET	NC	
TINDAMAX 500 MG TABLET	NC	
TINIDAZOLE 250 MG TABLET	1	
TINIDAZOLE 500 MG TABLET	1	
YODOXIN 210 MG TABLET	NC	
YODOXIN 650 MG TABLET	NC	

## ANTIPARKINSONIAN AGENTS

### ANTIPARKINSONIAN AGENTS

AMANTADINE 100 MG CAPSULE	1	
AMANTADINE 100 MG TABLET	1	
AMANTADINE 50 MG/5 ML SOLUTION	1	
APOKYN 30 MG/3 ML CARTRIDGE	4	
AZILECT 0.5 MG TABLET	3	
AZILECT 1 MG TABLET	3	
BENZTROPINE MES 0.5 MG TAB	1	
BENZTROPINE MES 1 MG TABLET	1	
BENZTROPINE MES 2 MG TABLET	1	
BROMOCRIPTINE 2.5 MG TABLET	1	
BROMOCRIPTINE 5 MG CAPSULE	1	
CABERGOLINE 0.5 MG TABLET	1	
CARBIDOPA 25 MG TABLET	1	
CARBIDOPA-LEVO 10-100 MG ODT	1	
CARBIDOPA-LEVO 25-100 MG ODT	1	
CARBIDOPA-LEVO 25-250 MG ODT	1	
CARBIDOPA-LEVO ER 25-100 TAB	1	
CARBIDOPA-LEVO ER 50-200 TAB	1	
CARBIDOPA-LEVODOPA 10-100 TAB	1	
CARBIDOPA-LEVODOPA 25-100 TAB	1	
CARBIDOPA-LEVODOPA 25-250 TAB	1	
CARBIDOPA-LEVODOPA-ENTA 100 MG	1	
CARBIDOPA-LEVODOPA-ENTA 125 MG	1	
CARBIDOPA-LEVODOPA-ENTA 150 MG	1	
CARBIDOPA-LEVODOPA-ENTA 200 MG	1	
CARBIDOPA-LEVODOPA-ENTA 50 MG	1	
CARBIDOPA-LEVODOPA-ENTA 75 MG	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
COMTAN 200 MG TABLET	NC	
DUOPA 4.63 MG-20 MG/ML SUSPENS	NC	
ELDEPRYL 5 MG CAPSULE	NC	
ENTACAPONE 200 MG TABLET	1	
LODOSYN 25 MG TABLET	NC	
MIRAPEX 0.125 MG TABLET	NC	
MIRAPEX 0.25 MG TABLET	NC	
MIRAPEX 0.5 MG TABLET	NC	
MIRAPEX 0.75 MG TABLET	NC	
MIRAPEX 1 MG TABLET	NC	
MIRAPEX 1.5 MG TABLET	NC	
MIRAPEX ER 0.375 MG TABLET	NC	
MIRAPEX ER 0.75 MG TABLET	NC	
MIRAPEX ER 1.5 MG TABLET	NC	
MIRAPEX ER 2.25 MG TABLET	NC	
MIRAPEX ER 3 MG TABLET	NC	
MIRAPEX ER 3.75 MG TABLET	NC	
MIRAPEX ER 4.5 MG TABLET	NC	
NEUPRO 1 MG/24 HR PATCH	NC	
NEUPRO 2 MG/24 HR PATCH	NC	
NEUPRO 3 MG/24 HR PATCH	NC	
NEUPRO 4 MG/24 HR PATCH	NC	
NEUPRO 6 MG/24 HR PATCH	NC	
NEUPRO 8 MG/24 HR PATCH	NC	
PARCOPA 10 MG-100 MG ODT	NC	
PARCOPA 25 MG-100 MG ODT	NC	
PARCOPA 25 MG-250 MG ODT	NC	
PARLODEL 2.5 MG TABLET	NC	
PARLODEL 5 MG CAPSULE	NC	
PRAMIPEXOLE 0.125 MG TABLET	1	
PRAMIPEXOLE 0.25 MG TABLET	1	
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	1	
PRAMIPEXOLE ER 0.75 MG TABLET	1	
PRAMIPEXOLE ER 1.5 MG TABLET	1	
PRAMIPEXOLE ER 2.25 MG TABLET	1	
PRAMIPEXOLE ER 3 MG TABLET	1	
PRAMIPEXOLE ER 3.75 MG TABLET	1	
PRAMIPEXOLE ER 4.5 MG TABLET	1	
RASAGILINE MESYLATE 0.5 MG TAB	2	
RASAGILINE MESYLATE 1 MG TAB	2	
REQUIP 0.25 MG TABLET	NC	
REQUIP 0.5 MG TABLET	NC	
REQUIP 1 MG TABLET	NC	
REQUIP 2 MG TABLET	NC	
REQUIP 3 MG TABLET	NC	
REQUIP 4 MG TABLET	NC	
REQUIP 5 MG TABLET	NC	
REQUIP XL 12 MG TABLET	NC	
REQUIP XL 2 MG TABLET	NC	
REQUIP XL 4 MG TABLET	NC	
REQUIP XL 6 MG TABLET	NC	
REQUIP XL 8 MG TABLET	NC	
ROPINIROLE HCL 0.25 MG TABLET	1	
ROPINIROLE HCL 0.5 MG TABLET	1	
ROPINIROLE HCL 1 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ROPINIROLE HCL 2 MG TABLET	1	
ROPINIROLE HCL 3 MG TABLET	1	
ROPINIROLE HCL 4 MG TABLET	1	
ROPINIROLE HCL 5 MG TABLET	1	
ROPINIROLE HCL ER 12 MG TABLET	1	
ROPINIROLE HCL ER 2 MG TABLET	1	
ROPINIROLE HCL ER 4 MG TABLET	1	
ROPINIROLE HCL ER 6 MG TABLET	1	
ROPINIROLE HCL ER 8 MG TABLET	1	
RYTARY ER 23.75 MG-95 MG CAP	NC	
RYTARY ER 36.25 MG-145 MG CAP	NC	
RYTARY ER 48.75 MG-195 MG CAP	NC	
RYTARY ER 61.25 MG-245 MG CAP	NC	
SELEGILINE HCL 5 MG CAPSULE	1	
SELEGILINE HCL 5 MG TABLET	1	
SINEMET 10-100 MG TABLET	NC	
SINEMET 25-100 MG TABLET	NC	
SINEMET 25-250 MG TABLET	NC	
SINEMET CR 25-100 TABLET	NC	
SINEMET CR 50-200 TABLET	NC	
STALEVO 100 TABLET	NC	
STALEVO 125 TABLET	NC	
STALEVO 150 TABLET	NC	
STALEVO 200 TABLET	NC	
STALEVO 50 TABLET	NC	
STALEVO 75 TABLET	NC	
TASMAR 100 MG TABLET	NC	
TOLCAPONE 100 MG TABLET	1	
TRIHEXYPHENIDYL 2 MG TABLET	1	
TRIHEXYPHENIDYL 2 MG/5 ML ELX	1	
TRIHEXYPHENIDYL 5 MG TABLET	1	
XADAGO 100 MG TABLET	NC	
XADAGO 50 MG TABLET	NC	
ZELAPAR 1.25 MG ODT TABLET	NC	

## ANTIPSYCHOTIC AGENTS

### ANTIPSYCHOTIC AGENTS

ABILIFY 1 MG/ML SOLUTION	NC	
ABILIFY 10 MG TABLET	NC	
ABILIFY 15 MG TABLET	NC	
ABILIFY 2 MG TABLET	NC	
ABILIFY 20 MG TABLET	NC	
ABILIFY 30 MG TABLET	NC	
ABILIFY 5 MG TABLET	NC	
ABILIFY DISCMELT 10 MG TABLET	NC	
ABILIFY DISCMELT 15 MG TABLET	NC	
ARIPIPRAZOLE 1 MG/ML SOLUTION	1	
ARIPIPRAZOLE 10 MG TABLET	1	
ARIPIPRAZOLE 15 MG TABLET	1	
ARIPIPRAZOLE 2 MG TABLET	1	
ARIPIPRAZOLE 20 MG TABLET	1	
ARIPIPRAZOLE 30 MG TABLET	1	
ARIPIPRAZOLE 5 MG TABLET	1	
ARIPIPRAZOLE ODT 10 MG TABLET	1	
ARIPIPRAZOLE ODT 15 MG TABLET	1	
CHLORPROMAZINE 10 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CHLORPROMAZINE 100 MG TABLET	1	
CHLORPROMAZINE 200 MG TABLET	1	
CHLORPROMAZINE 25 MG TABLET	1	
CHLORPROMAZINE 50 MG TABLET	1	
CLOZAPINE 100 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE 200 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE 25 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE 50 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE ODT 100 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE ODT 12.5 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE ODT 150 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE ODT 200 MG TABLET	1	Max. 28 Days Supply
CLOZAPINE ODT 25 MG TABLET	1	Max. 28 Days Supply
CLOZARIL 100 MG TABLET	NC	
CLOZARIL 25 MG TABLET	NC	
FANAPT 1 MG TABLET	3	
FANAPT 10 MG TABLET	3	
FANAPT 12 MG TABLET	3	
FANAPT 2 MG TABLET	3	
FANAPT 4 MG TABLET	3	
FANAPT 6 MG TABLET	3	
FANAPT 8 MG TABLET	3	
FANAPT TITRATION PACK	3	
FAZACLO 100 MG ODT	NC	
FAZACLO 12.5 MG ODT	NC	
FAZACLO 150 MG ODT	NC	
FAZACLO 200 MG ODT	NC	
FAZACLO 25 MG ODT	NC	
FLUPHENAZINE 1 MG TABLET	1	
FLUPHENAZINE 10 MG TABLET	1	
FLUPHENAZINE 2.5 MG TABLET	1	
FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLUPHENAZINE 5 MG TABLET	1	
FLUPHENAZINE 5 MG/ML CONC	1	
GEODON 20 MG CAPSULE	NC	
GEODON 40 MG CAPSULE	NC	
GEODON 60 MG CAPSULE	NC	
GEODON 80 MG CAPSULE	NC	
HALOPERIDOL 0.5 MG TABLET	1	
HALOPERIDOL 1 MG TABLET	1	
HALOPERIDOL 10 MG TABLET	1	
HALOPERIDOL 2 MG TABLET	1	
HALOPERIDOL 20 MG TABLET	1	
HALOPERIDOL 5 MG TABLET	1	
HALOPERIDOL LAC 2 MG/ML CONC	1	
INVEGA ER 1.5 MG TABLET	NC	
INVEGA ER 3 MG TABLET	NC	
INVEGA ER 6 MG TABLET	NC	
INVEGA ER 9 MG TABLET	NC	
INVEGA SUSTENNA 117 MG/0.75 ML	MD	SPP*: Must use CVS Specialty
INVEGA SUSTENNA 156 MG/ML SYRG	MD	SPP*: Must use CVS Specialty
INVEGA SUSTENNA 234 MG/1.5 ML	MD	SPP*: Must use CVS Specialty
INVEGA SUSTENNA 39 MG/0.25 ML	MD	SPP*: Must use CVS Specialty
INVEGA SUSTENNA 78 MG/0.5 ML	MD	SPP*: Must use CVS Specialty
LATUDA 120 MG TABLET	2	
LATUDA 20 MG TABLET	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LATUDA 40 MG TABLET	2	
LATUDA 60 MG TABLET	2	
LATUDA 80 MG TABLET	2	
LOXAPINE 10 MG CAPSULE	1	
LOXAPINE 25 MG CAPSULE	1	
LOXAPINE 5 MG CAPSULE	1	
LOXAPINE 50 MG CAPSULE	1	
LOXITANE 5 MG CAPSULE	NC	
MOLINDONE HCL 10 MG TABLET	1	
MOLINDONE HCL 25 MG TABLET	1	
MOLINDONE HCL 5 MG TABLET	1	
NUPLAZID 17 MG TABLET	NC	
OLANZAPINE 10 MG TABLET	1	
OLANZAPINE 10 MG VIAL	MD	SPP*: Must use CVS Specialty
OLANZAPINE 15 MG TABLET	1	
OLANZAPINE 2.5 MG TABLET	1	
OLANZAPINE 20 MG TABLET	1	
OLANZAPINE 5 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1	
OLANZAPINE ODT 10 MG TABLET	1	
OLANZAPINE ODT 15 MG TABLET	1	
OLANZAPINE ODT 20 MG TABLET	1	
OLANZAPINE ODT 5 MG TABLET	1	
ORAP 1 MG TABLET	NC	
ORAP 2 MG TABLET	NC	
PALIPERIDONE ER 1.5 MG TABLET	1	
PALIPERIDONE ER 3 MG TABLET	1	
PALIPERIDONE ER 6 MG TABLET	1	
PALIPERIDONE ER 9 MG TABLET	1	
PERPHENAZINE 16 MG TABLET	1	
PERPHENAZINE 2 MG TABLET	1	
PERPHENAZINE 4 MG TABLET	1	
PERPHENAZINE 8 MG TABLET	1	
PIMOZIDE 1 MG TABLET	1	
PIMOZIDE 2 MG TABLET	1	
QUETIAPINE ER 150 MG TABLET	2	
QUETIAPINE ER 200 MG TABLET	2	
QUETIAPINE ER 300 MG TABLET	2	
QUETIAPINE ER 400 MG TABLET	2	
QUETIAPINE ER 50 MG TABLET	2	
QUETIAPINE FUMARATE 100 MG TAB	1	
QUETIAPINE FUMARATE 200 MG TAB	1	
QUETIAPINE FUMARATE 25 MG TAB	1	
QUETIAPINE FUMARATE 300 MG TAB	1	
QUETIAPINE FUMARATE 400 MG TAB	1	
QUETIAPINE FUMARATE 50 MG TAB	1	
REXULTI 0.25 MG TABLET	NC	
REXULTI 0.5 MG TABLET	NC	
REXULTI 1 MG TABLET	NC	
REXULTI 2 MG TABLET	NC	
REXULTI 3 MG TABLET	NC	
REXULTI 4 MG TABLET	NC	
RISPERDAL 0.25 MG TABLET	NC	
RISPERDAL 0.5 MG TABLET	NC	
RISPERDAL 1 MG TABLET	NC	
RISPERDAL 1 MG/ML SOLUTION	NC	
RISPERDAL 2 MG TABLET	NC	
RISPERDAL 3 MG TABLET	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
RISPERDAL 4 MG TABLET	NC	
RISPERDAL CONSTA 12.5 MG SYR	MD	SPP*: Must use CVS Specialty
RISPERDAL CONSTA 25 MG SYR	MD	SPP*: Must use CVS Specialty
RISPERDAL CONSTA 37.5 MG SYR	MD	SPP*: Must use CVS Specialty
RISPERDAL CONSTA 50 MG SYR	MD	SPP*: Must use CVS Specialty
RISPERDAL M-TAB 0.5 MG ODT	NC	
RISPERDAL M-TAB 1 MG ODT	NC	
RISPERDAL M-TAB 2 MG ODT	NC	
RISPERDAL M-TAB 3 MG ODT	NC	
RISPERDAL M-TAB 4 MG ODT	NC	
RISPERIDONE 0.25 MG ODT	1	
RISPERIDONE 0.25 MG TABLET	1	
RISPERIDONE 0.5 MG ODT	1	
RISPERIDONE 0.5 MG TABLET	1	
RISPERIDONE 1 MG ODT	1	
RISPERIDONE 1 MG TABLET	1	
RISPERIDONE 1 MG/ML SOLUTION	1	
RISPERIDONE 2 MG ODT	1	
RISPERIDONE 2 MG TABLET	1	
RISPERIDONE 3 MG ODT	1	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG ODT	1	
RISPERIDONE 4 MG TABLET	1	
SAPHRIS 10 MG TAB SL BLK CHERY	3	
SAPHRIS 2.5 MG TAB SL BLK CHRY	3	
SAPHRIS 5 MG TAB SL BLK CHERRY	3	
SEROQUEL 100 MG TABLET	NC	
SEROQUEL 200 MG TABLET	NC	
SEROQUEL 25 MG TABLET	NC	
SEROQUEL 300 MG TABLET	NC	
SEROQUEL 400 MG TABLET	NC	
SEROQUEL 50 MG TABLET	NC	
SEROQUEL XR 150 MG TABLET	3	
SEROQUEL XR 200 MG TABLET	3	
SEROQUEL XR 300 MG TABLET	3	
SEROQUEL XR 400 MG TABLET	3	
SEROQUEL XR 50 MG TABLET	3	
SEROQUEL XR SAMPLE KIT	NC	
THIORIDAZINE 10 MG TABLET	1	
THIORIDAZINE 100 MG TABLET	1	
THIORIDAZINE 25 MG TABLET	1	
THIORIDAZINE 50 MG TABLET	1	
THIOTHIXENE 1 MG CAPSULE	1	
THIOTHIXENE 10 MG CAPSULE	1	
THIOTHIXENE 2 MG CAPSULE	1	
THIOTHIXENE 5 MG CAPSULE	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
VERSACLOZ 50 MG/ML SUSPENSION	3	Max. 28 Days Supply
VRAYLAR 1.5 MG CAPSULE	NC	
VRAYLAR 1.5 MG-3 MG PACK	NC	
VRAYLAR 3 MG CAPSULE	NC	
VRAYLAR 4.5 MG CAPSULE	NC	
VRAYLAR 6 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZIPRASIDONE HCL 20 MG CAPSULE	1	
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZYPREXA 10 MG TABLET	NC	
ZYPREXA 10 MG VIAL	MD	SPP*: Must use CVS Specialty
ZYPREXA 15 MG TABLET	NC	
ZYPREXA 2.5 MG TABLET	NC	
ZYPREXA 20 MG TABLET	NC	
ZYPREXA 5 MG TABLET	NC	
ZYPREXA 7.5 MG TABLET	NC	
ZYPREXA ZYDIS 10 MG TABLET	NC	
ZYPREXA ZYDIS 15 MG TABLET	NC	
ZYPREXA ZYDIS 20 MG TABLET	NC	
ZYPREXA ZYDIS 5 MG TABLET	NC	

## ANTIVIRALS (SYSTEMIC)

### ANTIRETROVIRALS

ABACAVIR 300 MG TABLET	1	
ABACAVIR-LAMIVUDINE 600-300 MG	2	
ABACAVIR-LAMIVUDINE-ZIDOV TAB	1	
APTIVUS 100 MG/ML SOLUTION	3	
APTIVUS 250 MG CAPSULE	3	
ATRIPLA TABLET	2	
COMBIVIR TABLET	NC	
COMPLERA TABLET	3	
CRIXIVAN 200 MG CAPSULE	2	
CRIXIVAN 400 MG CAPSULE	2	
DESCOVY 200-25 MG TABLET	3	
DIDANOSINE DR 125 MG CAPSULE	1	
DIDANOSINE DR 200 MG CAPSULE	1	
DIDANOSINE DR 250 MG CAPSULE	1	
DIDANOSINE DR 400 MG CAPSULE	1	
EDURANT 25 MG TABLET	3	
EMTRIVA 10 MG/ML SOLUTION	3	
EMTRIVA 200 MG CAPSULE	3	
EPIVIR 10 MG/ML ORAL SOLN	NC	
EPIVIR 150 MG TABLET	NC	
EPIVIR 300 MG TABLET	NC	
EPIVIR HBV 100 MG TABLET	NC	
EPIVIR HBV 25 MG/5 ML SOLN	2	
EPZICOM TABLET	3	
EVOTAZ 300 MG-150 MG TABLET	3	
FUZEON 90 MG VIAL	4	SPP*: Must use CVS Specialty
GENVOYA TABLET	3	
INTELENCE 100 MG TABLET	3	
INTELENCE 200 MG TABLET	3	
INTELENCE 25 MG TABLET	3	
INVIRASE 200 MG CAPSULE	2	
INVIRASE 500 MG TABLET	2	
ISENTRESS 100 MG POWDER PACKET	2	
ISENTRESS 100 MG TABLET CHEW	2	
ISENTRESS 25 MG TABLET CHEW	2	
ISENTRESS 400 MG TABLET	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ISENTRESS HD 600 MG TABLET	2	
KALETRA 100-25 MG TABLET	2	
KALETRA 200-50 MG TABLET	2	
KALETRA 80 MG-20 MG/ML SOLN	3	
LAMIVUDINE 10 MG/ML ORAL SOLN	1	
LAMIVUDINE 150 MG TABLET	1	
LAMIVUDINE 300 MG TABLET	1	
LAMIVUDINE HBV 100 MG TABLET	1	
LAMIVUDINE-ZIDOVUDINE TABLET	1	
LEXIVA 50 MG/ML SUSPENSION	3	
LEXIVA 700 MG TABLET	3	
LOPINAVIR-RITONAVIR 80-20MG/ML	2	
NEVIRAPINE 200 MG TABLET	1	
NEVIRAPINE 50 MG/5 ML SUSP	1	
NEVIRAPINE ER 100 MG TABLET	1	
NEVIRAPINE ER 400 MG TABLET	1	
NORVIR 100 MG SOFTGEL CAP	3	
NORVIR 100 MG TABLET	3	
NORVIR 80 MG/ML SOLUTION	3	
ODEFSEY TABLET	4	
PREZCOBIX 800 MG-150 MG TABLET	3	
PREZISTA 100 MG/ML SUSPENSION	2	
PREZISTA 150 MG TABLET	2	
PREZISTA 400 MG TABLET	2	
PREZISTA 600 MG TABLET	2	
PREZISTA 75 MG TABLET	2	
PREZISTA 800 MG TABLET	2	
RESCRIPTOR 100 MG TABLET	2	
RESCRIPTOR 200 MG TABLET	2	
RETROVIR 10 MG/ML SYRUP	NC	
RETROVIR 100 MG CAPSULE	NC	
REYATAZ 150 MG CAPSULE	2	
REYATAZ 200 MG CAPSULE	2	
REYATAZ 300 MG CAPSULE	2	
REYATAZ 50 MG POWDER PACKET	2	
SELZENTRY 150 MG TABLET	2	
SELZENTRY 20 MG/ML ORAL SOLN	2	
SELZENTRY 25 MG TABLET	2	
SELZENTRY 300 MG TABLET	2	
SELZENTRY 75 MG TABLET	2	
STAVUDINE 1 MG/ML SOLUTION	1	
STAVUDINE 15 MG CAPSULE	1	
STAVUDINE 20 MG CAPSULE	1	
STAVUDINE 30 MG CAPSULE	1	
STAVUDINE 40 MG CAPSULE	1	
STRIBILD TABLET	3	
SUSTIVA 200 MG CAPSULE	2	
SUSTIVA 50 MG CAPSULE	2	
SUSTIVA 600 MG TABLET	2	
TIVICAY 10 MG TABLET	3	
TIVICAY 25 MG TABLET	3	
TIVICAY 50 MG TABLET	3	
TRIUMEQ TABLET	3	
TRIZIVIR TABLET	NC	
TRUVADA 100 MG-150 MG TABLET	2	
TRUVADA 133 MG-200 MG TABLET	2	
TRUVADA 167 MG-250 MG TABLET	2	
TRUVADA 200 MG-300 MG TABLET	2	
VIDEX 2 GM PEDIATRIC SOLN	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
VIDEX EC 125 MG CAPSULE	NC	
VIDEX EC 200 MG CAPSULE	NC	
VIDEX EC 250 MG CAPSULE	NC	
VIDEX EC 400 MG CAPSULE	NC	
VIRACEPT 250 MG TABLET	2	
VIRACEPT 625 MG TABLET	2	
VIRAMUNE 200 MG TABLET	NC	
VIRAMUNE 50 MG/5 ML SUSP	NC	
VIRAMUNE XR 100 MG TABLET	NC	
VIRAMUNE XR 400 MG TABLET	NC	
VIREAD 150 MG TABLET	2	
VIREAD 200 MG TABLET	2	
VIREAD 250 MG TABLET	2	
VIREAD 300 MG TABLET	2	
VIREAD POWDER	2	
VITEKTA 150 MG TABLET	3	
VITEKTA 85 MG TABLET	3	
ZERIT 1 MG/ML SOLUTION	NC	
ZERIT 15 MG CAPSULE	NC	
ZERIT 20 MG CAPSULE	NC	
ZERIT 30 MG CAPSULE	NC	
ZERIT 40 MG CAPSULE	NC	
ZIAGEN 20 MG/ML SOLUTION	3	
ZIAGEN 300 MG TABLET	NC	
ZIDOVUDINE 100 MG CAPSULE	1	
ZIDOVUDINE 300 MG TABLET	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	

### ANTIVIRALS, MISCELLANEOUS

FLUMADINE 100 MG TABLET	NC	
OSELTAMIVIR PHOS 30 MG CAPSULE	2	Max. 10 Days Supply;Max. 20 in 180 days
OSELTAMIVIR PHOS 45 MG CAPSULE	2	Max. 10 Days Supply;Max. 20 in 180 days
OSELTAMIVIR PHOS 75 MG CAPSULE	2	Max. 10 Days Supply;Max. 10 in 180 days
RELENZA 5 MG DISKHALER	3	Max. quantity of 20 per fill
RIMANTADINE HCL 100 MG TABLET	1	
SYNAGIS 100 MG/1 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SYNAGIS 50 MG/0.5 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
TAMIFLU 30 MG CAPSULE	3	Max. 10 Days Supply;Max. 20 in 180 days
TAMIFLU 45 MG CAPSULE	3	Max. 10 Days Supply;Max. 20 in 180 days
TAMIFLU 6 MG/ML SUSPENSION	2	Max. 240 ML(s) in 180 days
TAMIFLU 75 MG CAPSULE	3	Max. 10 Days Supply;Max. 10 in 180 days

### HCV ANTIVIRALS

DAKLINZA 30 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
DAKLINZA 60 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
DAKLINZA 90 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
EPCLUSA 400 MG-100 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
HARVONI 90-400 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
INCIVEK 375 MG TABLET	NC	
MAVYRET 100-40 MG TABLET	4	Prior Authorization required;Max. 84 per 28 days SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
OLYSIO 150 MG CAPSULE	NC	
SOVALDI 400 MG TABLET	3	Prior Authorization required;Max. 1 per day SPP*: Must use CVS Specialty
TECHNIVIE DOSE PACK	4	Prior Authorization required;Max. 56 per 28 days Max 56 tabs/28 days supply; SPP*: Must use CVS Specialty
VICTRELIS 200 MG CAPSULE	4	Prior Authorization required;Max. 12 per day SPP*: Must use CVS Specialty
VIEKIRA PAK	NC	
VIEKIRA XR TABLET	NC	
VOSEVI 400-100-100 MG TABLET	4	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty
ZEPATIER 50-100 MG TABLET	3	Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty

## INTERFERONS

INFERGEN 15 MCG/0.5 ML VIAL	4	LDD*: Accredo (866) 815-4717
INFERGEN 9 MCG/0.3 ML VIAL	4	LDD*: Accredo (866) 815-4717
INTRON A 10 MILLION UNITS VIAL	4	SPP*: Must use CVS Specialty
INTRON A 18 MILLION UNIT/3 ML	4	SPP*: Must use CVS Specialty
INTRON A 18 MILLION UNITS VIAL	4	SPP*: Must use CVS Specialty
INTRON A 25 MILLION UNIT/2.5ML	4	SPP*: Must use CVS Specialty
INTRON A 50 MILLION UNITS VIAL	4	SPP*: Must use CVS Specialty
PEGASYS 180 MCG/0.5 ML SYRINGE	3	SPP*: Must use CVS Specialty
PEGASYS 180 MCG/ML VIAL	3	SPP*: Must use CVS Specialty
PEGASYS PROCLICK 135 MCG/0.5	3	
PEGASYS PROCLICK 180 MCG/0.5	3	
PEGINTRON 120 MCG KIT	4	SPP*: Must use CVS Specialty
PEGINTRON 150 MCG KIT	4	SPP*: Must use CVS Specialty
PEGINTRON 50 MCG KIT	4	SPP*: Must use CVS Specialty
PEGINTRON 80 MCG KIT	4	SPP*: Must use CVS Specialty
PEGINTRON REDIPEN 120 MCG	4	
PEGINTRON REDIPEN 150 MCG	4	
PEGINTRON REDIPEN 50 MCG	4	
PEGINTRON REDIPEN 80 MCG	4	
SYLATRON 200 MCG KIT	3	SPP*: Must use CVS Specialty
SYLATRON 300 MCG KIT	3	SPP*: Must use CVS Specialty
SYLATRON 600 MCG KIT	3	SPP*: Must use CVS Specialty

## NUCLEOSIDES AND NUCLEOTIDES

ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSP	1	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADEFOVIR DIPIVOXIL 10 MG TAB	1	
BARACLUDE 0.05 MG/ML SOLUTION	2	
BARACLUDE 0.5 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BARACLUDE 1 MG TABLET	NC	
COPEGUS 200 MG TABLET	NC	
ENTECAVIR 0.5 MG TABLET	1	
ENTECAVIR 1 MG TABLET	1	
FAMCICLOVIR 125 MG TABLET	1	
FAMCICLOVIR 250 MG TABLET	1	
FAMCICLOVIR 500 MG TABLET	1	
FAMVIR 125 MG TABLET	NC	
FAMVIR 250 MG TABLET	NC	
FAMVIR 500 MG TABLET	NC	
HEPSERA 10 MG TABLET	NC	
MODERIBA 200 MG TABLET	NC	
MODERIBA 200-400 MG DOSEPACK	NC	
MODERIBA 400-400 MG DOSEPACK	NC	
MODERIBA 600-400 MG DOSEPACK	NC	
MODERIBA 600-600 MG DOSEPACK	NC	
REBETOL 200 MG CAPSULE	NC	
REBETOL 40 MG/ML SOLUTION	3	SPP*: Must use CVS Specialty
RIBASPHERE 200 MG CAPSULE	1	SPP*: Must use CVS Specialty
RIBASPHERE 200 MG TABLET	1	SPP*: Must use CVS Specialty
RIBASPHERE 400 MG TABLET	1	SPP*: Must use CVS Specialty
RIBASPHERE 600 MG TABLET	1	SPP*: Must use CVS Specialty
RIBASPHERE RIBAPAK 200-400 MG	1	
RIBASPHERE RIBAPAK 400-400 MG	1	
RIBASPHERE RIBAPAK 600-400 MG	1	
RIBASPHERE RIBAPAK 600-600 MG	1	
RIBATAB 400-400 MG DOSEPACK	NC	
RIBATAB 400-600 MG DOSEPACK	NC	
RIBAVIRIN 200 MG CAPSULE	1	SPP*: Must use CVS Specialty
RIBAVIRIN 200 MG TABLET	1	SPP*: Must use CVS Specialty
RIBAVIRIN 6 GM INHALATION VIAL	2	
SITAVIG 50 MG BUCCAL TABLET	NC	
TYZEKA 600 MG TABLET	4	
VALACYCLOVIR HCL 1 GRAM TABLET	1	
VALACYCLOVIR HCL 500 MG TABLET	1	
VALCYTE 450 MG TABLET	NC	
VALCYTE 50 MG/ML SOLUTION	3	
VALGANCICLOVIR 450 MG TABLET	1	
VALGANCICLOVIR HCL 50 MG/ML	1	
VALTREX 1 GM CAPLET	NC	
VALTREX 500 MG CAPLET	NC	
VEMLIDY 25 MG TABLET	NC	
VIRAZOLE 6 GM VIAL	3	
ZOVIRAX 200 MG CAPSULE	NC	
ZOVIRAX 200 MG/5 ML SUSP	NC	
ZOVIRAX 400 MG TABLET	NC	
ZOVIRAX 800 MG TABLET	NC	

## BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

### ANTICOAGULANTS

ARGATROBAN 50 MG/50ML-0.9%NACL	NC
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DRUG NAME	TIER	LIMITATIONS/ * NOTES
ARIXTRA 10 MG/0.8 ML SYRINGE	NC	
ARIXTRA 2.5 MG/0.5 ML SYRINGE	NC	
ARIXTRA 5 MG/0.4 ML SYRINGE	NC	
ARIXTRA 7.5 MG/0.6 ML SYRINGE	NC	
BEVYXXA 40 MG CAPSULE	NC	
BEVYXXA 80 MG CAPSULE	NC	
COUMADIN 1 MG TABLET	NC	
COUMADIN 10 MG TABLET	NC	
COUMADIN 2 MG TABLET	NC	
COUMADIN 2.5 MG TABLET	NC	
COUMADIN 3 MG TABLET	NC	
COUMADIN 4 MG TABLET	NC	
COUMADIN 5 MG TABLET	NC	
COUMADIN 6 MG TABLET	NC	
COUMADIN 7.5 MG TABLET	NC	
ELIQUIS 2.5 MG TABLET	2	HSA*
ELIQUIS 5 MG TABLET	2	HSA*
ENOXAPARIN 100 MG/ML SYRINGE	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 120 MG/0.8 ML SYR	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 150 MG/ML SYRINGE	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 30 MG/0.3 ML SYR	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 300 MG/3 ML VIAL	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 40 MG/0.4 ML SYR	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 60 MG/0.6 ML SYR	1	HSA*; SPP*: CVS Specialty
ENOXAPARIN 80 MG/0.8 ML SYR	1	HSA*; SPP*: CVS Specialty
FONDAPARINUX 10 MG/0.8 ML SYR	3	HSA*; SPP*: CVS Specialty
FONDAPARINUX 2.5 MG/0.5 ML SYR	3	HSA*; SPP*: CVS Specialty
FONDAPARINUX 5 MG/0.4 ML SYR	3	HSA*; SPP*: CVS Specialty
FONDAPARINUX 7.5 MG/0.6 ML SYR	3	HSA*; SPP*: CVS Specialty
FRAGMIN 10,000 UNITS/ML SYRINGE	4	HSA*; SPP*: CVS Specialty
FRAGMIN 12,500 UNITS/0.5 ML	4	HSA*; SPP*: CVS Specialty
FRAGMIN 15,000 UNITS/0.6 ML	4	HSA*; SPP*: CVS Specialty
FRAGMIN 18,000 UNITS/0.72 ML	4	HSA*; SPP*: CVS Specialty
FRAGMIN 2,500 UNITS/0.2 ML SYR	4	HSA*; SPP*: CVS Specialty
FRAGMIN 5,000 UNITS/0.2 ML SYR	4	HSA*; SPP*: CVS Specialty
FRAGMIN 7,500 UNITS/0.3 ML SYR	4	HSA*; SPP*: CVS Specialty
FRAGMIN 95,000 UNITS/3.8 ML VL	4	HSA*; SPP*: CVS Specialty
HEPARIN SOD 10,000 UNIT/ML VL	1	
HEPARIN SOD 20,000 UNIT/ML VL	1	
HEPARIN SOD 5,000 UNIT/ML VIAL	1	
IPRIVASK 15 MG VIAL	NC	
JANTOVEN 1 MG TABLET	1	HSA*
JANTOVEN 10 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
JANTOVEN 2 MG TABLET	1	HSA*
JANTOVEN 2.5 MG TABLET	1	HSA*
JANTOVEN 3 MG TABLET	1	HSA*
JANTOVEN 4 MG TABLET	1	HSA*
JANTOVEN 5 MG TABLET	1	HSA*
JANTOVEN 6 MG TABLET	1	HSA*
JANTOVEN 7.5 MG TABLET	1	HSA*
LOVENOX 100 MG/ML SYRINGE	NC	
LOVENOX 120 MG/0.8 ML SYRINGE	NC	
LOVENOX 150 MG/ML SYRINGE	NC	
LOVENOX 30 MG/0.3 ML SYRINGE	NC	
LOVENOX 300 MG/3 ML VIAL	NC	
LOVENOX 40 MG/0.4 ML SYRINGE	NC	
LOVENOX 60 MG/0.6 ML SYRINGE	NC	
LOVENOX 80 MG/0.8 ML SYRINGE	NC	
PRADAXA 110 MG CAPSULE	3	HSA*
PRADAXA 150 MG CAPSULE	3	HSA*
PRADAXA 75 MG CAPSULE	3	HSA*
SAVAYSA 15 MG TABLET	NC	
SAVAYSA 30 MG TABLET	NC	
SAVAYSA 60 MG TABLET	NC	
SODIUM CITRATE 4% SOLN	NC	
WARFARIN SODIUM 1 MG TABLET	1	HSA*
WARFARIN SODIUM 10 MG TABLET	1	HSA*
WARFARIN SODIUM 2 MG TABLET	1	HSA*
WARFARIN SODIUM 2.5 MG TABLET	1	HSA*
WARFARIN SODIUM 3 MG TABLET	1	HSA*
WARFARIN SODIUM 4 MG TABLET	1	HSA*
WARFARIN SODIUM 5 MG TABLET	1	HSA*
WARFARIN SODIUM 6 MG TABLET	1	HSA*
WARFARIN SODIUM 7.5 MG TABLET	1	HSA*
XARELTO 10 MG TABLET	2	HSA*
XARELTO 15 MG TABLET	2	HSA*
XARELTO 20 MG TABLET	2	HSA*
XARELTO STARTER PACK	2	HSA*

### BLOOD FORMATION MODIFIERS

ARANESP 10 MCG/0.4 ML SYRINGE	4	Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty
ARANESP 100 MCG/0.5 ML SYRINGE	4	Prior Authorization required;Max. quantity of 2 per fill SPP*: CVS Specialty
ARANESP 100 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty



DRUG NAME	TIER	LIMITATIONS/ * NOTES
ARANESP 150 MCG/0.3 ML SYRINGE	4	Prior Authorization required SPP*: CVS Specialty
ARANESP 150 MCG/0.75 ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 200 MCG/0.4 ML SYRINGE	4	Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty
ARANESP 200 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 25 MCG/0.42 ML SYRING	4	Prior Authorization required;Max. quantity of 1.68 per fill SPP*: CVS Specialty
ARANESP 25 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 300 MCG/0.6 ML SYRINGE	4	Prior Authorization required;Max. quantity of 2.4 per fill SPP*: CVS Specialty
ARANESP 300 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 40 MCG/0.4 ML SYRINGE	4	Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty
ARANESP 40 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 500 MCG/1 ML SYRINGE	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
ARANESP 60 MCG/0.3 ML SYRINGE	4	Prior Authorization required SPP*: CVS Specialty
ARANESP 60 MCG/ML VIAL	4	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
CINRYZE 500 UNIT VIAL	MD	Prior Authorization required;Max. 2 per 3 days SPP*: Must use CVS Specialty
EPOGEN 10,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
EPOGEN 2,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
EPOGEN 20,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
EPOGEN 3,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
EPOGEN 4,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
GRANIX 300 MCG/0.5 ML SAFE SYR	3	Prior Authorization required SPP*: CVS Specialty
GRANIX 480 MCG/0.8 ML SAFE SYR	3	Prior Authorization required SPP*: CVS Specialty
HAEGARDA 2,000 UNIT VIAL	NC	
HAEGARDA 3,000 UNIT VIAL	NC	
MIRCERA 100 MCG/0.3 ML SYRINGE	NC	
MIRCERA 150 MCG/0.3 ML SYRINGE	NC	
MIRCERA 200 MCG/0.3 ML SYRINGE	NC	
MIRCERA 30 MCG/0.3 ML SYRINGE	NC	
MIRCERA 50 MCG/0.3 ML SYRINGE	NC	
MIRCERA 75 MCG/0.3 ML SYRINGE	NC	
NEULASTA 6 MG/0.6 ML SYRINGE	4	Prior Authorization required;Max. 1.2 ML(s) per 28 days SPP*: CVS Specialty
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	Prior Authorization required;Max. 1.2 ML(s) per 28 days SPP*: CVS Specialty
NEUMEGA 5 MG VIAL	3	SPP*: Must use CVS Specialty
NEUPOGEN 300 MCG/0.5 ML SYR	4	Prior Authorization required SPP*: CVS Specialty
NEUPOGEN 300 MCG/ML VIAL	4	Prior Authorization required SPP*: CVS Specialty
NEUPOGEN 480 MCG/0.8 ML SYR	4	Prior Authorization required SPP*: CVS Specialty
NEUPOGEN 480 MCG/1.6 ML VIAL	4	Prior Authorization required SPP*: CVS Specialty
PROCRIT 10,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
PROCRIT 2,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PROCRIT 20,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
PROCRIT 3,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
PROCRIT 4,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty
PROCRIT 40,000 UNITS/ML VIAL	3	Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty
PROMACTA 12.5 MG TABLET	4	HSA*; SPP*: Must use CVS Specialty
PROMACTA 25 MG TABLET	4	HSA*; SPP*: Must use CVS Specialty
PROMACTA 50 MG TABLET	4	HSA*; SPP*: Must use CVS Specialty
PROMACTA 75 MG TABLET	4	HSA*; SPP*: Must use CVS Specialty
ZARXIO 300 MCG/0.5 ML SYRINGE	NC	
ZARXIO 480 MCG/0.8 ML SYRINGE	NC	

## HEMATOLOGIC AGENTS, MISCELLANEOUS

ADVATE 2,401-3,600 UNITS VIAL	MD	SPP*: Must use CVS Specialty
ADYNOVATE 1,251-2,500 UNIT VL	MD	SPP*: Must use CVS Specialty
AFSTYLA 500 UNIT VIAL	MD	SPP*: Must use CVS Specialty
AGRYLIN 0.5 MG CAPSULE	NC	
ALPHANATE 2,000-800 UNIT VIAL	MD	SPP*: Must use CVS Specialty
ALPHANINE SD 1,500 UNITS VIAL	MD	SPP*: Must use CVS Specialty
ALPROLIX 3,000 UNIT NOMINAL	MD	SPP*: Must use CVS Specialty
AMICAR 0.25 GRAM/ML ORAL SOLN	3	
AMICAR 1,000 MG TABLET	3	
AMICAR 500 MG TABLET	3	
AMINOCAPROIC ACID 1,000 MG TAB	1	
AMINOCAPROIC ACID 25% SOLUTION	1	
AMINOCAPROIC ACID 500 MG TAB	1	
ANAGRELIDE HCL 0.5 MG CAPSULE	1	HSA*
ANAGRELIDE HCL 1 MG CAPSULE	1	HSA*
AVITENE FLOUR	NC	
AVITENE SHEET 35MMX35MM	NC	
AVITENE SHEET 70MMX35MM	NC	
AVITENE SHEET 70MMX70MM	NC	
BEBULIN 200-1,200 UNITS VIAL	MD	SPP*: Must use CVS Specialty
BENEFIX 2,000 UNIT RANGE	MD	SPP*: Must use CVS Specialty
CORIFACT KIT	MD	SPP*: Must use CVS Specialty
ELOCTATE 3,000 UNIT NOMINAL	MD	SPP*: Must use CVS Specialty
FEIBA NF 2,500 UNIT (NOMINAL)	MD	SPP*: Must use CVS Specialty
GELFOAM POWDER	NC	
HELIXATE FS 2,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty; Kogenate Preferred
HEMOFIL M 1,700 UNIT NOMINAL	MD	SPP*: Must use CVS Specialty
HUMATE-P 2,400 UNIT VWF:RCO	MD	SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
IDELVION 1,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty
IXINITY 500 UNIT RANGE	MD	SPP*: Must use CVS Specialty
KOATE 250 UNIT VIAL	MD	SPP*: Must use CVS Specialty
KOGENATE FS 500 UNIT VIAL	MD	SPP*: Must use CVS Specialty
KOVALTRY 3,000 UNIT KIT	MD	SPP*: Must use CVS Specialty
LYSTEDA 650 MG TABLET	NC	
MONOCLATE-P 1,000 UNIT KIT	MD	SPP*: Must use CVS Specialty
MONONINE 1,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty
NOVOEIGHT 1,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty
NOVOSEVEN RT 2 MG VIAL	MD	SPP*: Must use CVS Specialty
NUWIQ 2,500 UNIT VIAL	MD	SPP*: Must use CVS Specialty
NUWIQ 2,500 UNIT VIAL PACK	MD	SPP*: Must use CVS Specialty
NUWIQ 250 UNIT VIAL PACK	MD	SPP*: Must use CVS Specialty
NUWIQ 3,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty
NUWIQ 3,000 UNIT VIAL PACK	MD	SPP*: Must use CVS Specialty
NUWIQ 4,000 UNIT VIAL	MD	SPP*: Must use CVS Specialty
NUWIQ 4,000 UNIT VIAL PACK	MD	SPP*: Must use CVS Specialty
PROFILNINE 500 UNITS VIAL	MD	SPP*: Must use CVS Specialty
RECOMBINATE 1,241-1,800 UNIT V	MD	SPP*: Must use CVS Specialty
RIASTAP VIAL	MD	SPP*: Must use CVS Specialty
RIXUBIS 250 UNIT NOMINAL	MD	SPP*: Must use CVS Specialty
THROMBIN-JMI 20,000 UNITS PUMP	NC	
THROMBIN-JMI 5,000 UNITS VIAL	NC	
TISSEEL VHSD 2 ML KIT	NC	
TRANEXAMIC ACID 650 MG TABLET	1	Max. 30 in 30 days
TRETTEN 2,500 UNIT VIAL	MD	SPP*: Must use CVS Specialty
ULTRAFOAM 2X6.25X7CM SPONGE	NC	
VONVENDI 1,300 UNIT VIAL	MD	SPP*: Must use CVS Specialty
WILATE 1,000-1,000 UNIT VIAL	MD	SPP*: Must use CVS/specialty
XYNTHA 500 UNIT KIT	MD	SPP*: Must use CVS Specialty
XYNTHA SOLOFUSE 1,000 UNIT KIT	MD	SPP*: Must use CVS Specialty

### PLATELET-AGGREGATION INHIBITORS

AGGRENOX 25 MG-200 MG CAPSULE	NC	
ASPIRIN-DIPYRIDAM ER 25-200 MG	1	HSA*
BRILINTA 60 MG TABLET	2	HSA*
BRILINTA 90 MG TABLET	2	HSA*
CILOSTAZOL 100 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CILOSTAZOL 50 MG TABLET	1	HSA*
CLOPIDOGREL 300 MG TABLET	1	HSA*
CLOPIDOGREL 75 MG TABLET	1	HSA*
DIPYRIDAMOLE 25 MG TABLET	1	HSA*
DIPYRIDAMOLE 50 MG TABLET	1	HSA*
DIPYRIDAMOLE 75 MG TABLET	1	HSA*
EFFIENT 10 MG TABLET	3	HSA*
EFFIENT 5 MG TABLET	3	HSA*
PENTOXIFYLLINE ER 400 MG TAB	1	HSA*
PERSANTINE 25 MG TABLET	NC	
PERSANTINE 50 MG TABLET	NC	
PERSANTINE 75 MG TABLET	NC	
PLAVIX 300 MG TABLET	NC	
PLAVIX 75 MG TABLET	NC	
PLETAL 100 MG TABLET	NC	
PLETAL 50 MG TABLET	NC	
PRASUGREL 10 MG TABLET	2	HSA*
PRASUGREL 5 MG TABLET	2	HSA*
TICLOPIDINE 250 MG TABLET	1	HSA*
ZONTIVITY 2.08 MG TABLET	4	Prior Authorization required HSA*

## CALORIC AGENTS

### CALORIC AGENTS

PROTECT PLUS LIQUID	NC
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## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGENTS

CARDURA 1 MG TABLET	NC	
CARDURA 2 MG TABLET	NC	
CARDURA 4 MG TABLET	NC	
CARDURA 8 MG TABLET	NC	
CARDURA XL 4 MG TABLET	3	HSA*
CARDURA XL 8 MG TABLET	3	HSA*
CATAPRES 0.1 MG TABLET	NC	
CATAPRES 0.2 MG TABLET	NC	
CATAPRES 0.3 MG TABLET	NC	
CATAPRES-TTS 1 PATCH	NC	
CATAPRES-TTS 2 PATCH	NC	
CATAPRES-TTS 3 PATCH	NC	
CLONIDINE 0.1 MG/DAY PATCH	1	HSA*
CLONIDINE 0.2 MG/DAY PATCH	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CLONIDINE 0.3 MG/DAY PATCH	1	HSA*
CLONIDINE HCL 0.1 MG TABLET	1	HSA*
CLONIDINE HCL 0.2 MG TABLET	1	HSA*
CLONIDINE HCL 0.3 MG TABLET	1	HSA*
CLORPRES 0.1-15 TABLET	1	HSA*
CLORPRES 0.2-15 TABLET	1	HSA*
CLORPRES 0.3-15 TABLET	1	HSA*
DIBENZYLIN 10 MG CAPSULE	NC	
DOXAZOSIN MESYLATE 1 MG TAB	1	HSA*
DOXAZOSIN MESYLATE 2 MG TAB	1	HSA*
DOXAZOSIN MESYLATE 4 MG TAB	1	HSA*
DOXAZOSIN MESYLATE 8 MG TAB	1	HSA*
GUANFACINE 1 MG TABLET	1	HSA*
GUANFACINE 2 MG TABLET	1	HSA*
METHYLDOPA 250 MG TABLET	1	HSA*
METHYLDOPA 500 MG TABLET	1	HSA*
METHYLDOPA-HCTZ 250-15 MG TAB	1	HSA*
METHYLDOPA-HCTZ 250-25 MG TAB	1	HSA*
MIDODRINE HCL 10 MG TABLET	1	HSA*
MIDODRINE HCL 2.5 MG TABLET	1	HSA*
MIDODRINE HCL 5 MG TABLET	1	HSA*
MINIPRESS 1 MG CAPSULE	NC	
MINIPRESS 2 MG CAPSULE	NC	
MINIPRESS 5 MG CAPSULE	NC	
NORTHERA 100 MG CAPSULE	NC	
NORTHERA 200 MG CAPSULE	NC	
NORTHERA 300 MG CAPSULE	NC	
PHENOXYBENZAMINE HCL 10 MG CAP	1	HSA*
PHENTOLAMINE 5 MG VIAL	NC	
PHENTOLAMINE 5 MG/ML VIAL	NC	
PRAZOSIN 1 MG CAPSULE	1	HSA*
PRAZOSIN 2 MG CAPSULE	1	HSA*
PRAZOSIN 5 MG CAPSULE	1	HSA*
TENEX 1 MG TABLET	NC	
TENEX 2 MG TABLET	NC	

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND 16 MG TABLET	NC
ATACAND 32 MG TABLET	NC
ATACAND 4 MG TABLET	NC
ATACAND 8 MG TABLET	NC

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ATACAND HCT 16-12.5 MG TAB	NC	
ATACAND HCT 32-12.5 MG TAB	NC	
ATACAND HCT 32-25 MG TABLET	NC	
AVALIDE 150-12.5 MG TABLET	NC	
AVALIDE 300-12.5 MG TABLET	NC	
AVAPRO 150 MG TABLET	NC	
AVAPRO 300 MG TABLET	NC	
AVAPRO 75 MG TABLET	NC	
BENICAR 20 MG TABLET	3	HSA*
BENICAR 40 MG TABLET	3	HSA*
BENICAR 5 MG TABLET	3	HSA*
BENICAR HCT 20-12.5 MG TABLET	NC	
BENICAR HCT 40-12.5 MG TABLET	NC	
BENICAR HCT 40-25 MG TABLET	NC	
CANDESARTAN CILEXETIL 16 MG TB	1	HSA*
CANDESARTAN CILEXETIL 32 MG TB	1	HSA*
CANDESARTAN CILEXETIL 4 MG TAB	1	HSA*
CANDESARTAN CILEXETIL 8 MG TAB	1	HSA*
CANDESARTAN-HCTZ 16-12.5 MG TB	1	HSA*
CANDESARTAN-HCTZ 32-12.5 MG TB	1	HSA*
CANDESARTAN-HCTZ 32-25 MG TAB	1	HSA*
COZAAR 100 MG TABLET	NC	
COZAAR 25 MG TABLET	NC	
COZAAR 50 MG TABLET	NC	
DIOVAN 160 MG TABLET	NC	
DIOVAN 320 MG TABLET	NC	
DIOVAN 40 MG TABLET	NC	
DIOVAN 80 MG TABLET	NC	
DIOVAN HCT 160-12.5 MG TAB	NC	
DIOVAN HCT 160-25 MG TABLET	NC	
DIOVAN HCT 320-12.5 MG TAB	NC	
DIOVAN HCT 320-25 MG TABLET	NC	
DIOVAN HCT 80-12.5 MG TABLET	NC	
EDARBI 40 MG TABLET	3	HSA*
EDARBI 80 MG TABLET	3	HSA*
EDARBYCLOR 40-12.5 MG TABLET	NC	
EDARBYCLOR 40-25 MG TABLET	NC	
ENTRESTO 24 MG-26 MG TABLET	2	Prior Authorization required;Max. 2 per day HSA*
ENTRESTO 49 MG-51 MG TABLET	2	Prior Authorization required;Max. 2 per day HSA*
ENTRESTO 97 MG-103 MG TABLET	2	Prior Authorization required;Max. 2 per day HSA*
EPROSARTAN MESYLATE 600 MG TAB	1	HSA*
HYZAAR 100-12.5 TABLET	NC	
HYZAAR 100-25 TABLET	NC	
HYZAAR 50-12.5 TABLET	NC	
IRBESARTAN 150 MG TABLET	1	HSA*
IRBESARTAN 300 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
IRBESARTAN 75 MG TABLET	1	HSA*
IRBESARTAN-HCTZ 150-12.5 MG TB	1	HSA*
IRBESARTAN-HCTZ 300-12.5 MG TB	1	HSA*
LOSARTAN POTASSIUM 100 MG TAB	1	HSA*
LOSARTAN POTASSIUM 25 MG TAB	1	HSA*
LOSARTAN POTASSIUM 50 MG TAB	1	HSA*
LOSARTAN-HCTZ 100-12.5 MG TAB	1	HSA*
LOSARTAN-HCTZ 100-25 MG TAB	1	HSA*
LOSARTAN-HCTZ 50-12.5 MG TAB	1	HSA*
MICARDIS 20 MG TABLET	NC	
MICARDIS 40 MG TABLET	NC	
MICARDIS 80 MG TABLET	NC	
MICARDIS HCT 40-12.5 MG TABLET	NC	
MICARDIS HCT 80-12.5 MG TABLET	NC	
MICARDIS HCT 80-25 MG TABLET	NC	
OLMESARTAN MEDOXOMIL 20 MG TAB	2	HSA*
OLMESARTAN MEDOXOMIL 40 MG TAB	2	HSA*
OLMESARTAN MEDOXOMIL 5 MG TAB	2	HSA*
OLMESARTAN-HCTZ 20-12.5 MG TAB	2	HSA*
OLMESARTAN-HCTZ 40-12.5 MG TAB	2	HSA*
OLMESARTAN-HCTZ 40-25 MG TAB	2	HSA*
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2	HSA*
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2	HSA*
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2	HSA*
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2	HSA*
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2	HSA*
TELMISARTAN 20 MG TABLET	1	HSA*
TELMISARTAN 40 MG TABLET	1	HSA*
TELMISARTAN 80 MG TABLET	1	HSA*
TELMISARTAN-AMLODIPINE 40-10	1	Max. 30 in 30 days HSA*
TELMISARTAN-AMLODIPINE 40-5 MG	1	Max. 30 in 30 days HSA*
TELMISARTAN-AMLODIPINE 80-10	1	Max. 30 in 30 days HSA*
TELMISARTAN-AMLODIPINE 80-5 MG	1	Max. 30 in 30 days HSA*
TELMISARTAN-HCTZ 40-12.5 MG TB	1	HSA*
TELMISARTAN-HCTZ 80-12.5 MG TB	1	HSA*
TELMISARTAN-HCTZ 80-25 MG TAB	1	HSA*
TEVETEN 600 MG TABLET	NC	
TEVETEN HCT 600-12.5 MG TAB	NC	
TEVETEN HCT 600-25 MG TAB	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
TRIBENZOR 20-5-12.5 MG TABLET	NC	
TRIBENZOR 40-10-12.5 MG TABLET	NC	
TRIBENZOR 40-10-25 MG TABLET	NC	
TRIBENZOR 40-5-12.5 MG TABLET	NC	
TRIBENZOR 40-5-25 MG TABLET	NC	
TWYNSTA 40-10 MG TABLET	NC	
TWYNSTA 40-5 MG TABLET	NC	
TWYNSTA 80-10 MG TABLET	NC	
TWYNSTA 80-5 MG TABLET	NC	
VALSARTAN 160 MG TABLET	1	HSA*
VALSARTAN 320 MG TABLET	1	HSA*
VALSARTAN 40 MG TABLET	1	HSA*
VALSARTAN 80 MG TABLET	1	HSA*
VALSARTAN-HCTZ 160-12.5 MG TAB	1	HSA*
VALSARTAN-HCTZ 160-25 MG TAB	1	HSA*
VALSARTAN-HCTZ 320-12.5 MG TAB	1	HSA*
VALSARTAN-HCTZ 320-25 MG TAB	1	HSA*
VALSARTAN-HCTZ 80-12.5 MG TAB	1	HSA*

### ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

ACCUPRIL 10 MG TABLET	NC	
ACCUPRIL 20 MG TABLET	NC	
ACCUPRIL 40 MG TABLET	NC	
ACCUPRIL 5 MG TABLET	NC	
ACCURETIC 10-12.5 MG TABLET	NC	
ACCURETIC 20-12.5 MG TABLET	NC	
ACCURETIC 20-25 MG TABLET	NC	
ACEON 4 MG TABLET	NC	
ACEON 8 MG TABLET	NC	
ALTACE 1.25 MG CAPSULE	NC	
ALTACE 10 MG CAPSULE	NC	
ALTACE 2.5 MG CAPSULE	NC	
ALTACE 5 MG CAPSULE	NC	
BENAZEPRIL HCL 10 MG TABLET	1	HSA*
BENAZEPRIL HCL 20 MG TABLET	1	HSA*
BENAZEPRIL HCL 40 MG TABLET	1	HSA*
BENAZEPRIL HCL 5 MG TABLET	1	HSA*
BENAZEPRIL-HCTZ 10-12.5 MG TAB	1	HSA*
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1	HSA*
BENAZEPRIL-HCTZ 20-25 MG TAB	1	HSA*
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1	HSA*
CAPTOPRIL 100 MG TABLET	1	HSA*
CAPTOPRIL 12.5 MG TABLET	1	HSA*
CAPTOPRIL 25 MG TABLET	1	HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
CAPTOPRIL 50 MG TABLET	1	HSA*
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	HSA*
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	HSA*
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	HSA*
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	HSA*
ENALAPRIL MALEATE 10 MG TAB	1	HSA*
ENALAPRIL MALEATE 2.5 MG TAB	1	HSA*
ENALAPRIL MALEATE 20 MG TAB	1	HSA*
ENALAPRIL MALEATE 5 MG TABLET	1	HSA*
ENALAPRIL-HCTZ 10-25 MG TABLET	1	HSA*
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	HSA*
EPANED 1 MG/ML ORAL SOLUTION	NC	
FOSINOPRIL SODIUM 10 MG TAB	1	HSA*
FOSINOPRIL SODIUM 20 MG TAB	1	HSA*
FOSINOPRIL SODIUM 40 MG TAB	1	HSA*
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1	HSA*
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1	HSA*
LISINOPRIL 10 MG TABLET	1	HSA*
LISINOPRIL 2.5 MG TABLET	1	HSA*
LISINOPRIL 20 MG TABLET	1	HSA*
LISINOPRIL 30 MG TABLET	1	HSA*
LISINOPRIL 40 MG TABLET	1	HSA*
LISINOPRIL 5 MG TABLET	1	HSA*
LISINOPRIL-HCTZ 10-12.5 MG TAB	1	HSA*
LISINOPRIL-HCTZ 20-12.5 MG TAB	1	HSA*
LISINOPRIL-HCTZ 20-25 MG TAB	1	HSA*
LOTENSIN 20 MG TABLET	NC	
LOTENSIN 40 MG TABLET	NC	
LOTENSIN HCT 10-12.5 MG TABLET	NC	
LOTENSIN HCT 20-12.5 MG TABLET	NC	
LOTENSIN HCT 20-25 MG TABLET	NC	
MAVIK 1 MG TABLET	NC	
MAVIK 2 MG TABLET	NC	
MAVIK 4 MG TABLET	NC	
MOEXIPRIL HCL 15 MG TABLET	1	HSA*
MOEXIPRIL HCL 7.5 MG TABLET	1	HSA*
MOEXIPRIL-HCTZ 15-12.5 MG TAB	1	HSA*
MOEXIPRIL-HCTZ 15-25 MG TABLET	1	HSA*
MOEXIPRIL-HCTZ 7.5-12.5 MG TAB	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PERINDOPRIL ERBUMINE 2 MG TAB	1	HSA*
PERINDOPRIL ERBUMINE 4 MG TAB	1	HSA*
PERINDOPRIL ERBUMINE 8 MG TAB	1	HSA*
PRINIVIL 10 MG TABLET	NC	
PRINIVIL 20 MG TABLET	NC	
PRINIVIL 5 MG TABLET	NC	
QBRELIS 1MG/ML SOLUTION	NC	
QUINAPRIL 10 MG TABLET	1	HSA*
QUINAPRIL 20 MG TABLET	1	HSA*
QUINAPRIL 40 MG TABLET	1	HSA*
QUINAPRIL 5 MG TABLET	1	HSA*
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	HSA*
QUINAPRIL-HCTZ 20-12.5 MG TAB	1	HSA*
QUINAPRIL-HCTZ 20-25 MG TAB	1	HSA*
RAMIPRIL 1.25 MG CAPSULE	1	HSA*
RAMIPRIL 10 MG CAPSULE	1	HSA*
RAMIPRIL 2.5 MG CAPSULE	1	HSA*
RAMIPRIL 5 MG CAPSULE	1	HSA*
TARKA ER 1-240 MG TABLET	NC	
TARKA ER 2-180 MG TABLET	NC	
TARKA ER 2-240 MG TABLET	NC	
TARKA ER 4-240 MG TABLET	NC	
TRANDOLAPR-VERAPAM ER 1-240 MG	1	HSA*
TRANDOLAPR-VERAPAM ER 2-180 MG	1	HSA*
TRANDOLAPR-VERAPAM ER 2-240 MG	1	HSA*
TRANDOLAPR-VERAPAM ER 4-240 MG	1	HSA*
TRANDOLAPRIL 1 MG TABLET	1	HSA*
TRANDOLAPRIL 2 MG TABLET	1	HSA*
TRANDOLAPRIL 4 MG TABLET	1	HSA*
UNIRETIC 15-12.5 TABLET	NC	
UNIRETIC 15-25 MG TABLET	NC	
UNIRETIC 7.5-12.5 MG TABLET	NC	
UNIVASC 15 MG TABLET	NC	
UNIVASC 7.5 MG TABLET	NC	
VASERETIC 10-25 MG TABLET	NC	
VASOTEC 10 MG TABLET	NC	
VASOTEC 2.5 MG TABLET	NC	
VASOTEC 20 MG TABLET	NC	
VASOTEC 5 MG TABLET	NC	
ZESTORETIC 10-12.5 MG TABLET	NC	
ZESTORETIC 20-12.5 MG TABLET	NC	
ZESTORETIC 20-25 MG TABLET	NC	
ZESTRIL 10 MG TABLET	NC	
ZESTRIL 2.5 MG TABLET	NC	
ZESTRIL 20 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZESTRIL 30 MG TABLET	NC	
ZESTRIL 40 MG TABLET	NC	
ZESTRIL 5 MG TABLET	NC	

### ANTIARRHYTHMIC AGENTS

AMIODARONE HCL 100 MG TABLET	1	
AMIODARONE HCL 200 MG TABLET	1	
AMIODARONE HCL 400 MG TABLET	1	
CORDARONE 200 MG TABLET	NC	
DISOPYRAMIDE 100 MG CAPSULE	1	
DISOPYRAMIDE 150 MG CAPSULE	1	
DOFETILIDE 125 MCG CAPSULE	2	
DOFETILIDE 250 MCG CAPSULE	2	
DOFETILIDE 500 MCG CAPSULE	2	
FLECAINIDE ACETATE 100 MG TAB	1	
FLECAINIDE ACETATE 150 MG TAB	1	
FLECAINIDE ACETATE 50 MG TAB	1	
MEXILETINE 150 MG CAPSULE	1	
MEXILETINE 200 MG CAPSULE	1	
MEXILETINE 250 MG CAPSULE	1	
MULTAQ 400 MG TABLET	2	
NORPACE 100 MG CAPSULE	NC	
NORPACE 150 MG CAPSULE	NC	
NORPACE CR 100 MG CAPSULE	3	
NORPACE CR 150 MG CAPSULE	3	
PACERONE 100 MG TABLET	1	
PACERONE 200 MG TABLET	1	
PACERONE 400 MG TABLET	1	
PROPafenONE HCL 150 MG TABLET	1	
PROPafenONE HCL 225 MG TAB	1	
PROPafenONE HCL 300 MG TAB	1	
PROPafenONE HCL ER 225 MG CAP	1	
PROPafenONE HCL ER 325 MG CAP	1	
PROPafenONE HCL ER 425 MG CAP	1	
QUINIDINE GLUC ER 324 MG TAB	1	
QUINIDINE SULF ER 300 MG TAB	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
RYTHMOL 150 MG TABLET	NC	
RYTHMOL 225 MG TABLET	NC	
RYTHMOL SR 225 MG CAPSULE	NC	
RYTHMOL SR 325 MG CAPSULE	NC	
RYTHMOL SR 425 MG CAPSULE	NC	
TIKOSYN 125 MCG CAPSULE	NC	
TIKOSYN 250 MCG CAPSULE	NC	
TIKOSYN 500 MCG CAPSULE	NC	

### BETA-ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL 200 MG CAPSULE	1	HSA*
ACEBUTOLOL 400 MG CAPSULE	1	HSA*
ATENOLOL 100 MG TABLET	1	HSA*
ATENOLOL 25 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ATENOLOL 50 MG TABLET	1	HSA*
ATENOLOL-CHLORTHALIDONE 100-25	1	HSA*
ATENOLOL-CHLORTHALIDONE 50-25	1	HSA*
BETAPACE 160 MG TABLET	NC	
BETAPACE 240 MG TABLET	NC	
BETAPACE 80 MG TABLET	NC	
BETAPACE AF 120 MG TABLET	NC	
BETAXOLOL 10 MG TABLET	1	HSA*
BETAXOLOL 20 MG TABLET	1	HSA*
BISOPROLOL FUMARATE 10 MG TAB	1	HSA*
BISOPROLOL FUMARATE 5 MG TAB	1	HSA*
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	HSA*
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	HSA*
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	HSA*
BYSTOLIC 10 MG TABLET	2	HSA*
BYSTOLIC 2.5 MG TABLET	2	HSA*
BYSTOLIC 20 MG TABLET	2	HSA*
BYSTOLIC 5 MG TABLET	2	HSA*
BYVALSON 5 MG-80 MG TABLET	2	HSA*
CARVEDILOL 12.5 MG TABLET	1	HSA*
CARVEDILOL 25 MG TABLET	1	HSA*
CARVEDILOL 3.125 MG TABLET	1	HSA*
CARVEDILOL 6.25 MG TABLET	1	HSA*
COREG 12.5 MG TABLET	NC	
COREG 25 MG TABLET	NC	
COREG 3.125 MG TABLET	NC	
COREG 6.25 MG TABLET	NC	
COREG CR 10 MG CAPSULE	2	HSA*
COREG CR 20 MG CAPSULE	2	HSA*
COREG CR 40 MG CAPSULE	2	HSA*
COREG CR 80 MG CAPSULE	2	HSA*
CORGARD 20 MG TABLET	NC	
CORGARD 40 MG TABLET	NC	
CORGARD 80 MG TABLET	NC	
CORZIDE 40-5 TABLET	NC	
CORZIDE 80-5 TABLET	NC	
DUTOPROL 100-12.5 MG TABLET	NC	
DUTOPROL 25-12.5 MG TABLET	NC	
DUTOPROL 50-12.5 MG TABLET	NC	
HEMANGEOL 4.28 MG/ML ORAL SOLN	4	Prior Authorization required HSA*
INDERAL LA 160 MG CAPSULE	NC	
INDERAL LA 60 MG CAPSULE	NC	
INDERAL LA 80 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
INDERAL XL 120 MG CAPSULE	NC	
INNOPRAN XL 120 MG CAPSULE	NC	
INNOPRAN XL 80 MG CAPSULE	NC	
LABETALOL HCL 100 MG TABLET	1	HSA*
LABETALOL HCL 200 MG TABLET	1	HSA*
LABETALOL HCL 300 MG TABLET	1	HSA*
LEVATOL 20 MG TABLET	3	HSA*
LOPRESSOR 100 MG TABLET	NC	
LOPRESSOR 50 MG TABLET	NC	
LOPRESSOR HCT 50-25 TABLET	NC	
METOPROLOL ER-HCTZ 100-12.5 MG	2	HSA*
METOPROLOL ER-HCTZ 25-12.5 MG	2	HSA*
METOPROLOL ER-HCTZ 50-12.5 MG	2	HSA*
METOPROLOL SUCC ER 100 MG TAB	1	HSA*
METOPROLOL SUCC ER 200 MG TAB	1	HSA*
METOPROLOL SUCC ER 25 MG TAB	1	HSA*
METOPROLOL SUCC ER 50 MG TAB	1	HSA*
METOPROLOL TARTRATE 100 MG TAB	1	HSA*
METOPROLOL TARTRATE 25 MG TAB	1	HSA*
METOPROLOL TARTRATE 37.5 MG TB	1	HSA*
METOPROLOL TARTRATE 50 MG TAB	1	HSA*
METOPROLOL TARTRATE 75 MG TAB	1	HSA*
METOPROLOL-HCTZ 100-25 MG TAB	1	HSA*
METOPROLOL-HCTZ 100-50 MG TAB	1	HSA*
METOPROLOL-HCTZ 50-25 MG TAB	1	HSA*
NADOLOL 20 MG TABLET	1	HSA*
NADOLOL 40 MG TABLET	1	HSA*
NADOLOL 80 MG TABLET	1	HSA*
NADOLOL-BENDROFLU 40-5 MG TAB	1	HSA*
NADOLOL-BENDROFLU 80-5 MG TAB	1	HSA*
PINDOLOL 10 MG TABLET	1	HSA*
PINDOLOL 5 MG TABLET	1	HSA*
PROPRANOLOL 10 MG TABLET	1	HSA*
PROPRANOLOL 20 MG TABLET	1	HSA*
PROPRANOLOL 20 MG/5 ML SOLN	1	HSA*
PROPRANOLOL 40 MG TABLET	1	HSA*
PROPRANOLOL 40 MG/5 ML SOLN	1	HSA*
PROPRANOLOL 60 MG TABLET	1	HSA*

<b>DRUG NAME</b>	<b>TIER</b>	<b>LIMITATIONS/ * NOTES</b>
PROPRANOLOL 80 MG TABLET	1	HSA*
PROPRANOLOL ER 120 MG CAPSULE	1	HSA*
PROPRANOLOL ER 160 MG CAPSULE	1	HSA*
PROPRANOLOL ER 60 MG CAPSULE	1	HSA*
PROPRANOLOL ER 80 MG CAPSULE	1	HSA*
PROPRANOLOL-HCTZ 40-25 MG TAB	1	HSA*
PROPRANOLOL-HCTZ 80-25 MG TAB	1	HSA*
SECTRAL 200 MG CAPSULE	NC	
SECTRAL 400 MG CAPSULE	NC	
SORINE 120 MG TABLET	1	HSA*
SORINE 160 MG TABLET	1	HSA*
SORINE 240 MG TABLET	1	HSA*
SORINE 80 MG TABLET	1	HSA*
SOTALOL 120 MG TABLET	1	HSA*
SOTALOL 160 MG TABLET	1	HSA*
SOTALOL 240 MG TABLET	1	HSA*
SOTALOL 80 MG TABLET	1	HSA*
SOTYLIZE 5 MG/ML ORAL SOLUTION	NC	
TENORETIC 100 TABLET	NC	
TENORETIC 50 TABLET	NC	
TENORMIN 100 MG TABLET	NC	
TENORMIN 25 MG TABLET	NC	
TENORMIN 50 MG TABLET	NC	
TIMOLOL MALEATE 10 MG TABLET	1	HSA*
TIMOLOL MALEATE 20 MG TABLET	1	HSA*
TIMOLOL MALEATE 5 MG TABLET	1	HSA*
TOPROL XL 100 MG TABLET	NC	
TOPROL XL 200 MG TABLET	NC	
TOPROL XL 25 MG TABLET	NC	
TOPROL XL 50 MG TABLET	NC	
TRANDATE 100 MG TABLET	NC	
TRANDATE 200 MG TABLET	NC	
TRANDATE 300 MG TABLET	NC	
ZEBETA 10 MG TABLET	NC	
ZEBETA 5 MG TABLET	NC	
ZIAC 10-6.25 MG TABLET	NC	
ZIAC 2.5-6.25 MG TABLET	NC	
ZIAC 5-6.25 MG TABLET	NC	

### **CALCIUM-CHANNEL BLOCKING AGENTS**

CALAN 120 MG TABLET	NC
CALAN 80 MG TABLET	NC
CALAN SR 120 MG CAPLET	NC
CALAN SR 180 MG CAPLET	NC
CALAN SR 240 MG CAPLET	NC

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CARDIZEM 120 MG TABLET	NC	
CARDIZEM 30 MG TABLET	NC	
CARDIZEM 60 MG TABLET	NC	
CARDIZEM 90 MG TABLET	NC	
CARDIZEM CD 120 MG CAPSULE	NC	
CARDIZEM CD 180 MG CAPSULE	NC	
CARDIZEM CD 240 MG CAPSULE	NC	
CARDIZEM CD 300 MG CAPSULE	NC	
CARDIZEM CD 360 MG CAPSULE	NC	
CARDIZEM LA 120 MG TABLET	3	HSA*
CARDIZEM LA 180 MG TABLET	NC	
CARDIZEM LA 240 MG TABLET	NC	
CARDIZEM LA 300 MG TABLET	NC	
CARDIZEM LA 360 MG TABLET	NC	
CARDIZEM LA 420 MG TABLET	NC	
CARTIA XT 120 MG CAPSULE	1	HSA*
CARTIA XT 180 MG CAPSULE	1	HSA*
CARTIA XT 240 MG CAPSULE	1	HSA*
CARTIA XT 300 MG CAPSULE	1	HSA*
DILACOR XR 240 MG CAPSULE	NC	
DILT XR 120 MG CAPSULE	1	HSA*
DILT XR 180 MG CAPSULE	1	HSA*
DILT XR 240 MG CAPSULE	1	HSA*
DILT-CD 120 MG CAPSULE	1	HSA*
DILT-CD ER 300 MG CAPSULE	1	HSA*
DILTIAZEM 120 MG TABLET	1	HSA*
DILTIAZEM 12HR ER 120 MG CAP	1	HSA*
DILTIAZEM 12HR ER 60 MG CAP	1	HSA*
DILTIAZEM 12HR ER 90 MG CAP	1	HSA*
DILTIAZEM 24HR ER 120 MG CAP	1	HSA*
DILTIAZEM 24HR ER 180 MG CAP	1	HSA*
DILTIAZEM 24HR ER 180 MG TAB	1	HSA*
DILTIAZEM 24HR ER 240 MG CAP	1	HSA*
DILTIAZEM 24HR ER 240 MG TAB	1	HSA*
DILTIAZEM 24HR ER 300 MG CAP	1	HSA*
DILTIAZEM 24HR ER 300 MG TAB	1	HSA*
DILTIAZEM 24HR ER 360 MG CAP	1	HSA*
DILTIAZEM 24HR ER 360 MG TAB	1	HSA*
DILTIAZEM 24HR ER 420 MG CAP	1	HSA*
DILTIAZEM 24HR ER 420 MG TAB	1	HSA*
DILTIAZEM 30 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DILTIAZEM 60 MG TABLET	1	HSA*
DILTIAZEM 90 MG TABLET	1	HSA*
DILTZAC ER 120 MG CAPSULE	1	HSA*
DILTZAC ER 180 MG CAPSULE	1	HSA*
DILTZAC ER 240 MG CAPSULE	1	HSA*
DILTZAC ER 300 MG CAPSULE	1	HSA*
DILTZAC ER 360 MG CAPSULE	1	HSA*
MATZIM LA 180 MG TABLET	1	HSA*
MATZIM LA 240 MG TABLET	1	HSA*
MATZIM LA 300 MG TABLET	1	HSA*
MATZIM LA 360 MG TABLET	1	HSA*
MATZIM LA 420 MG TABLET	1	HSA*
TAZTIA XT 120 MG CAPSULE	1	HSA*
TAZTIA XT 180 MG CAPSULE	1	HSA*
TAZTIA XT 240 MG CAPSULE	1	HSA*
TAZTIA XT 300 MG CAPSULE	1	HSA*
TAZTIA XT 360 MG CAPSULE	1	HSA*
TIAZAC ER 120 MG CAPSULE	NC	
TIAZAC ER 180 MG CAPSULE	NC	
TIAZAC ER 240 MG CAPSULE	NC	
TIAZAC ER 300 MG CAPSULE	NC	
TIAZAC ER 360 MG CAPSULE	NC	
TIAZAC ER 420 MG CAPSULE	NC	
VERAPAMIL 120 MG TABLET	1	HSA*
VERAPAMIL 360 MG CAP PELLETT	1	HSA*
VERAPAMIL 40 MG TABLET	1	HSA*
VERAPAMIL 80 MG TABLET	1	HSA*
VERAPAMIL ER 120 MG CAPSULE	1	HSA*
VERAPAMIL ER 120 MG TABLET	1	HSA*
VERAPAMIL ER 180 MG CAPSULE	1	HSA*
VERAPAMIL ER 180 MG TABLET	1	HSA*
VERAPAMIL ER 240 MG CAPSULE	1	HSA
VERAPAMIL ER 240 MG TABLET	1	HSA*
VERAPAMIL ER PM 100 MG CAPSULE	1	HSA*
VERAPAMIL ER PM 200 MG CAPSULE	1	HSA*
VERAPAMIL ER PM 300 MG CAPSULE	1	HSA*
VERELAN 120 MG CAP PELLETT	NC	
VERELAN 180 MG CAP PELLETT	NC	
VERELAN 240 MG CAP PELLETT	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
VERELAN 360 MG CAP PELLETT	NC	
VERELAN PM 100 MG CAP PELLETT	NC	
VERELAN PM 200 MG CAP PELLETT	NC	
VERELAN PM 300 MG CAP PELLETT	NC	

### CARDIOVASCULAR AGENTS, MISCELLANEOUS

ADRENALICK 0.15 MG AUTO-INJECT	NC	
ADRENALICK 0.3 MG AUTO-INJECT	NC	
AUVI-Q 0.15 MG AUTO-INJECTOR	4	Prior Authorization required;Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
AUVI-Q 0.3 MG AUTO-INJECTOR	4	Prior Authorization required;Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
CORLANOR 5 MG TABLET	2	Prior Authorization required;Max. 2 per day HSA*
CORLANOR 7.5 MG TABLET	2	Prior Authorization required;Max. 2 per day HSA*
DEMSEER 250 MG CAPSULE	NC	
DIGITEK 125 MCG TABLET	1	HSA*
DIGITEK 250 MCG TABLET	1	HSA*
DIGOX 125 MCG TABLET	1	HSA*
DIGOX 250 MCG TABLET	1	HSA*
DIGOXIN 0.05 MG/ML SOLUTION	2	HSA*
DIGOXIN 125 MCG TABLET	1	HSA*
DIGOXIN 250 MCG TABLET	1	HSA*
EPINEPHRINE 0.15 MG AUTO-INJECT	1	Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
EPINEPHRINE 0.3 MG AUTO-INJECT	1	Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
EPIPEN 0.3 MG AUTO-INJECTOR	3	Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
EPIPEN 2-PAK 0.3 MG AUTO-INJECT	3	Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
EPIPEN JR 2-PAK 0.15 MG INJECTR	3	Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay
FIRAZYR 30 MG/3 ML SYRINGE	4	SPP*: Must use CVS Specialty
HYDRALAZINE 10 MG TABLET	1	HSA*
HYDRALAZINE 100 MG TABLET	1	HSA*
HYDRALAZINE 25 MG TABLET	1	HSA*
HYDRALAZINE 50 MG TABLET	1	HSA*
ISOXSUPRINE 10 MG TABLET	1	
ISOXSUPRINE 20 MG TABLET	1	
LANOXIN 125 MCG TABLET	NC	
LANOXIN 187.5 MCG TABLET	NC	
LANOXIN 250 MCG TABLET	NC	
LANOXIN 62.5 MCG TABLET	NC	
PAPAVERINE 150 MG CAPSULE SA	1	
RANEXA ER 1,000 MG TABLET	2	HSA*
RANEXA ER 500 MG TABLET	2	HSA*
RESERPINE 0.1 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
RESERPINE 0.25 MG TABLET	1	HSA*
VECAMYL 2.5 MG TABLET	NC	
YOSPRALA DR 325-40 MG TABLET	NC	
YOSPRALA DR 81-40 MG TABLET	NC	

## DIHYDROPYRIDINES

ADALAT CC 30 MG TABLET	NC	
ADALAT CC 60 MG TABLET	NC	
ADALAT CC 90 MG TABLET	NC	
AFEDITAB CR 30 MG TABLET	1	HSA*
AFEDITAB CR 60 MG TABLET	1	HSA*
AMLOD-VALSA-HCTZ 10-160-12.5MG	1	HSA*
AMLOD-VALSA-HCTZ 10-160-25 MG	1	HSA*
AMLOD-VALSA-HCTZ 10-320-25 MG	1	HSA*
AMLOD-VALSA-HCTZ 5-160-12.5 MG	1	HSA*
AMLOD-VALSA-HCTZ 5-160-25 MG	1	HSA*
AMLODIPINE BESYLATE 10 MG TAB	1	HSA*
AMLODIPINE BESYLATE 2.5 MG TAB	1	HSA*
AMLODIPINE BESYLATE 5 MG TAB	1	HSA*
AMLODIPINE-BENAZEPRIL 10-20 MG	1	HSA*
AMLODIPINE-BENAZEPRIL 10-40 MG	1	HSA*
AMLODIPINE-BENAZEPRIL 2.5-10	1	HSA*
AMLODIPINE-BENAZEPRIL 5-10 MG	1	HSA*
AMLODIPINE-BENAZEPRIL 5-20 MG	1	HSA*
AMLODIPINE-BENAZEPRIL 5-40 MG	1	HSA*
AMLODIPINE-OLMESARTAN 10-20 MG	2	HSA*
AMLODIPINE-OLMESARTAN 10-40 MG	2	HSA*
AMLODIPINE-OLMESARTAN 5-20 MG	2	HSA*
AMLODIPINE-OLMESARTAN 5-40 MG	2	HSA*
AMLODIPINE-VALSARTAN 10-160 MG	1	HSA*
AMLODIPINE-VALSARTAN 10-320 MG	1	HSA*
AMLODIPINE-VALSARTAN 5-160 MG	1	HSA*
AMLODIPINE-VALSARTAN 5-320 MG	1	HSA*
AZOR 10-20 MG TABLET	NC	
AZOR 10-40 MG TABLET	NC	
AZOR 5-20 MG TABLET	NC	
AZOR 5-40 MG TABLET	NC	
CARDENE SR 30 MG CAPSULE	NC	
CARDENE SR 60 MG CAPSULE	NC	
EXFORGE 10-160 MG TABLET	NC	

EXFORGE 10-320 MG TABLET	NC	
EXFORGE 5-160 MG TABLET	NC	
EXFORGE 5-320 MG TABLET	NC	
EXFORGE HCT 10-160-12.5 MG TAB	NC	
EXFORGE HCT 10-160-25 MG TAB	NC	
EXFORGE HCT 10-320-25 MG TAB	NC	
EXFORGE HCT 5-160-12.5 MG TAB	NC	
EXFORGE HCT 5-160-25 MG TAB	NC	
FELODIPINE ER 10 MG TABLET	1	HSA*
FELODIPINE ER 2.5 MG TABLET	1	HSA*
FELODIPINE ER 5 MG TABLET	1	HSA*
ISRADIPINE 2.5 MG CAPSULE	1	HSA*
ISRADIPINE 5 MG CAPSULE	1	HSA*
LOTREL 10-20 MG CAPSULE	NC	
LOTREL 10-40 MG CAPSULE	NC	
LOTREL 2.5-10 MG CAPSULE	NC	
LOTREL 5-10 MG CAPSULE	NC	
LOTREL 5-20 MG CAPSULE	NC	
LOTREL 5-40 MG CAPSULE	NC	
NICARDIPINE 20 MG CAPSULE	1	HSA*
NICARDIPINE 30 MG CAPSULE	1	HSA*
NIFEDICAL XL 30 MG TABLET	1	HSA*
NIFEDICAL XL 60 MG TABLET	1	HSA*
NIFEDIPINE 10 MG CAPSULE	1	HSA*
NIFEDIPINE 20 MG CAPSULE	1	HSA*
NIFEDIPINE ER 30 MG TABLET	1	HSA*
NIFEDIPINE ER 30 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	HSA*
NIFEDIPINE ER 90 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1	HSA*
NIMODIPINE 30 MG CAPSULE	1	HSA*
NISOLDIPINE ER 17 MG TABLET	1	HSA*
NISOLDIPINE ER 20 MG TABLET	1	HSA*
NISOLDIPINE ER 25.5 MG TABLET	1	HSA*
NISOLDIPINE ER 30 MG TABLET	1	HSA*
NISOLDIPINE ER 34 MG TABLET	1	HSA*
NISOLDIPINE ER 40 MG TABLET	1	HSA*
NISOLDIPINE ER 8.5 MG TABLET	1	HSA*
NORVASC 10 MG TABLET	NC	
NORVASC 2.5 MG TABLET	NC	
NORVASC 5 MG TABLET	NC	
NYMALIZE 60 MG/20 ML SOLUTION	4	HSA*
PROCARDIA 10 MG CAPSULE	NC	
PROCARDIA XL 30 MG TABLET	NC	
PROCARDIA XL 60 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PROCARDIA XL 90 MG TABLET	NC	
SULAR ER 17 MG TABLET	NC	
SULAR ER 34 MG TABLET	NC	
SULAR ER 8.5 MG TABLET	NC	

## DIURETICS

ALDACTAZIDE 25-25 TABLET	NC	
ALDACTAZIDE 50-50 TABLET	NC	
ALDACTONE 100 MG TABLET	NC	
ALDACTONE 25 MG TABLET	NC	
ALDACTONE 50 MG TABLET	NC	
AMILORIDE HCL 5 MG TABLET	1	HSA*
AMILORIDE HCL-HCTZ 5-50 MG TAB	1	HSA*
BUMETANIDE 0.5 MG TABLET	1	HSA*
BUMETANIDE 1 MG TABLET	1	HSA*
BUMETANIDE 2 MG TABLET	1	HSA*
CHLOROTHIAZIDE 250 MG TABLET	1	HSA*
CHLOROTHIAZIDE 500 MG TABLET	1	HSA*
CHLORTHALIDONE 25 MG TABLET	1	HSA*
CHLORTHALIDONE 50 MG TABLET	1	HSA*
DEMADEX 10 MG TABLET	NC	
DEMADEX 100 MG TABLET	NC	
DEMADEX 20 MG TABLET	NC	
DEMADEX 5 MG TABLET	NC	
DIURIL 250 MG/5 ML ORAL SUSP	3	HSA*
DYAZIDE 37.5-25 CAPSULE	NC	
DYRENIUM 100 MG CAPSULE	3	HSA*
DYRENIUM 50 MG CAPSULE	3	HSA*
EDECIN 25 MG TABLET	NC	
ETHACRYNIC ACID 25 MG TABLET	2	HSA*
FUROSEMIDE 10 MG/ML SOLUTION	1	HSA*
FUROSEMIDE 20 MG TABLET	1	HSA*
FUROSEMIDE 40 MG TABLET	1	HSA*
FUROSEMIDE 40 MG/5 ML SOLN	1	HSA*
FUROSEMIDE 80 MG TABLET	1	HSA*
HYDROCHLOROTHIAZIDE 12.5 MG CP	1	HSA*
HYDROCHLOROTHIAZIDE 12.5 MG TB	1	HSA*
HYDROCHLOROTHIAZIDE 25 MG TAB	1	HSA*
HYDROCHLOROTHIAZIDE 50 MG TAB	1	HSA*
INDAPAMIDE 1.25 MG TABLET	1	HSA*
INDAPAMIDE 2.5 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LASIX 20 MG TABLET	NC	
LASIX 40 MG TABLET	NC	
LASIX 80 MG TABLET	NC	
MAXZIDE 37.5 MG-25 MG TABLET	NC	
MAXZIDE 75 MG-50 MG TABLET	NC	
METHYCLOTHIAZIDE 5 MG TABLET	1	HSA*
METOLAZONE 10 MG TABLET	1	HSA*
METOLAZONE 2.5 MG TABLET	1	HSA*
METOLAZONE 5 MG TABLET	1	HSA*
MICROZIDE 12.5 MG CAPSULE	NC	
SAMSCA 15 MG TABLET	4	
SAMSCA 30 MG TABLET	4	
SPIRONOLACTONE 100 MG TABLET	1	HSA*
SPIRONOLACTONE 25 MG TABLET	1	HSA*
SPIRONOLACTONE 50 MG TABLET	1	HSA*
SPIRONOLACTONE-HCTZ 25-25 TAB	1	HSA*
TORSEMIDE 10 MG TABLET	1	HSA*
TORSEMIDE 100 MG TABLET	1	HSA*
TORSEMIDE 20 MG TABLET	1	HSA*
TORSEMIDE 5 MG TABLET	1	HSA*
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	HSA*
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	HSA*
TRIAMTERENE-HCTZ 50-25 MG CAP	1	HSA*
TRIAMTERENE-HCTZ 75-50 MG TAB	1	HSA*
ZAROXOLYN 2.5 MG TABLET	NC	
ZAROXOLYN 5 MG TABLET	NC	

## DYSLIPIDEMICS

ADVICOR 1,000 MG-20 MG TABLET	NC	
ADVICOR 1,000 MG-40 MG TABLET	NC	
ADVICOR 500 MG-20 MG TABLET	NC	
ADVICOR 750 MG-20 MG TABLET	NC	
ALTOPREV 20 MG TABLET	3	HSA*
ALTOPREV 40 MG TABLET	3	HSA*
ALTOPREV 60 MG TABLET	3	HSA*
AMLODIPINE-ATORVAST 10-10 MG	1	HSA*
AMLODIPINE-ATORVAST 10-20 MG	1	HSA*
AMLODIPINE-ATORVAST 10-40 MG	1	HSA*
AMLODIPINE-ATORVAST 10-80 MG	1	HSA*
AMLODIPINE-ATORVAST 2.5-10 MG	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
AMLODIPINE-ATORVAST 2.5-20 MG	1	HSA*
AMLODIPINE-ATORVAST 2.5-40 MG	1	HSA*
AMLODIPINE-ATORVAST 5-10 MG	1	HSA*
AMLODIPINE-ATORVAST 5-20 MG	1	HSA*
AMLODIPINE-ATORVAST 5-40 MG	1	HSA*
AMLODIPINE-ATORVAST 5-80 MG	1	HSA*
ANTARA 130 MG CAPSULE	NC	
ANTARA 30 MG CAPSULE	NC	
ANTARA 43 MG CAPSULE	NC	
ANTARA 90 MG CAPSULE	NC	
ATORVASTATIN 10 MG TABLET	1	HSA*
ATORVASTATIN 20 MG TABLET	1	HSA*
ATORVASTATIN 40 MG TABLET	1	HSA*
ATORVASTATIN 80 MG TABLET	1	HSA*
CADUET 10 MG-10 MG TABLET	NC	
CADUET 10 MG-20 MG TABLET	NC	
CADUET 10 MG-40 MG TABLET	NC	
CADUET 10 MG-80 MG TABLET	NC	
CADUET 2.5 MG-10 MG TABLET	NC	
CADUET 2.5 MG-20 MG TABLET	NC	
CADUET 2.5 MG-40 MG TABLET	NC	
CADUET 5 MG-10 MG TABLET	NC	
CADUET 5 MG-20 MG TABLET	NC	
CADUET 5 MG-40 MG TABLET	NC	
CADUET 5 MG-80 MG TABLET	NC	
CHOLESTYRAMINE LIGHT PACKET	1	HSA*
CHOLESTYRAMINE PACKET	1	HSA*
COLESTID 1 GM TABLET	NC	
COLESTID FLAVORED GRANULES	NC	
COLESTIPOL HCL GRANULES PACKET	1	HSA*
COLESTIPOL MICRONIZED 1 GM TAB	1	HSA*
CRESTOR 10 MG TABLET	NC	
CRESTOR 20 MG TABLET	NC	
CRESTOR 40 MG TABLET	NC	
CRESTOR 5 MG TABLET	NC	
EZETIMIBE 10 MG TABLET	2	Max. 1 per day HSA*
EZETIMIBE-SIMVASTATIN 10-10 MG	2	Max. 1 per day HSA*
EZETIMIBE-SIMVASTATIN 10-20 MG	2	Max. 1 per day HSA*
EZETIMIBE-SIMVASTATIN 10-40 MG	2	Max. 1 per day HSA*
EZETIMIBE-SIMVASTATIN 10-80 MG	2	Max. 1 per day HSA*
FENOFIBRATE 120 MG TABLET	1	HSA*
FENOFIBRATE 130 MG CAPSULE	1	HSA*
FENOFIBRATE 134 MG CAPSULE	1	HSA*
FENOFIBRATE 145 MG TABLET	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
FENOFIBRATE 150 MG CAPSULE	1	HSA*
FENOFIBRATE 160 MG TABLET	1	HSA*
FENOFIBRATE 200 MG CAPSULE	1	HSA*
FENOFIBRATE 40 MG TABLET	1	HSA*
FENOFIBRATE 43 MG CAPSULE	1	HSA*
FENOFIBRATE 48 MG TABLET	1	HSA*
FENOFIBRATE 50 MG CAPSULE	1	HSA*
FENOFIBRATE 54 MG TABLET	1	HSA*
FENOFIBRATE 67 MG CAPSULE	1	HSA*
FENOFIBRIC ACID 105 MG TABLET	1	HSA*
FENOFIBRIC ACID 35 MG TABLET	1	HSA*
FENOFIBRIC ACID DR 135 MG CAP	1	HSA*
FENOFIBRIC ACID DR 45 MG CAP	1	HSA*
FENOGLIDE 120 MG TABLET	NC	
FENOGLIDE 40 MG TABLET	NC	
FIBRICOR 105 MG TABLET	NC	
FIBRICOR 35 MG TABLET	NC	
FLOLIPID 20 MG/5 ML ORAL SUSP	NC	
FLOLIPID 40 MG/5 ML ORAL SUSP	NC	
FLUVASTATIN ER 80 MG TABLET	1	HSA*
FLUVASTATIN SODIUM 20 MG CAP	1	HSA*
FLUVASTATIN SODIUM 40 MG CAP	1	HSA*
GEMFIBROZIL 600 MG TABLET	1	HSA*
JUXTAPID 10 MG CAPSULE	NC	
JUXTAPID 20 MG CAPSULE	NC	
JUXTAPID 30 MG CAPSULE	NC	
JUXTAPID 40 MG CAPSULE	NC	
JUXTAPID 5 MG CAPSULE	NC	
JUXTAPID 60 MG CAPSULE	NC	
KYNAMRO 200 MG/ML SYRINGE	NC	
LESCOL 20 MG CAPSULE	NC	
LESCOL 40 MG CAPSULE	NC	
LESCOL XL 80 MG TABLET	NC	
LIPITOR 10 MG TABLET	NC	
LIPITOR 20 MG TABLET	NC	
LIPITOR 40 MG TABLET	NC	
LIPITOR 80 MG TABLET	NC	
LIPOFEN 150 MG CAPSULE	NC	
LIPOFEN 50 MG CAPSULE	NC	
LIPTRUZET 10-20 MG TABLET	NC	
LIPTRUZET 10-40 MG TABLET	NC	
LIPTRUZET 10-80 MG TABLET	NC	
LIVALO 1 MG TABLET	3	HSA*
LIVALO 2 MG TABLET	3	HSA*
LIVALO 4 MG TABLET	3	HSA*
LOFIBRA 134 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LOFIBRA 160 MG TABLET	NC	
LOFIBRA 200 MG CAPSULE	NC	
LOFIBRA 54 MG TABLET	NC	
LOFIBRA 67 MG CAPSULE	NC	
LOPID 600 MG TABLET	NC	
LOVASTATIN 10 MG TABLET	1	HSA*
LOVASTATIN 20 MG TABLET	1	HSA*
LOVASTATIN 40 MG TABLET	1	HSA*
LOVAZA 1 GM CAPSULE	NC	
MEVACOR 20 MG TABLET	NC	
MEVACOR 40 MG TABLET	NC	
NIACIN ER 1,000 MG TABLET	1	HSA*
NIACIN ER 500 MG TABLET	1	HSA*
NIACIN ER 750 MG TABLET	1	HSA*
NIACOR 500 MG TABLET	1	HSA*
NIASPAN ER 1,000 MG TABLET	NC	
NIASPAN ER 500 MG TABLET	NC	
NIASPAN ER 750 MG TABLET	NC	
OMEGA-3 ETHYL ESTERS 1 GM CAP	1	HSA*
PRALUENT 150 MG/ML PEN	4	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
PRALUENT 150 MG/ML SYRINGE	4	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
PRALUENT 75 MG/ML PEN	4	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
PRALUENT 75 MG/ML SYRINGE	4	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
PRAVACHOL 20 MG TABLET	NC	
PRAVACHOL 40 MG TABLET	NC	
PRAVACHOL 80 MG TABLET	NC	
PRAVASTATIN SODIUM 10 MG TAB	1	HSA*
PRAVASTATIN SODIUM 20 MG TAB	1	HSA*
PRAVASTATIN SODIUM 40 MG TAB	1	HSA*
PRAVASTATIN SODIUM 80 MG TAB	1	HSA*
PREVALITE PACKET	1	HSA*
QUESTRAN LIGHT POWDER	NC	
QUESTRAN PACKET	NC	
REPATHA 140 MG/ML SURECLICK	3	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
REPATHA 140 MG/ML SYRINGE	3	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
REPATHA 420 MG/3.5ML PUSHTRONX	3	Prior Authorization required;Max. 3.5 ML(s) per 30 days SPP*: Must use CVS Specialty
ROSUVASTATIN CALCIUM 10 MG TAB	1	HSA*
ROSUVASTATIN CALCIUM 20 MG TAB	1	HSA*
ROSUVASTATIN CALCIUM 40 MG TAB	1	HSA*
ROSUVASTATIN CALCIUM 5 MG TAB	1	HSA*
SIMCOR 1,000-20 MG TABLET	2	HSA*
SIMCOR 1,000-40 MG TABLET	2	HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
SIMCOR 500-20 MG TABLET	2	HSA*
SIMCOR 500-40 MG TABLET	2	HSA*
SIMCOR 750-20 MG TABLET	2	HSA*
SIMVASTATIN 10 MG TABLET	1	HSA*
SIMVASTATIN 20 MG TABLET	1	HSA*
SIMVASTATIN 40 MG TABLET	1	HSA*
SIMVASTATIN 5 MG TABLET	1	HSA*
SIMVASTATIN 80 MG TABLET	1	HSA*
TRICOR 145 MG TABLET	NC	
TRICOR 48 MG TABLET	NC	
TRIGLIDE 160 MG TABLET	3	HSA*
TRILIPIX DR 135 MG CAPSULE	NC	
TRILIPIX DR 45 MG CAPSULE	NC	
VASCAZEN CAPSULE	NC	
VASCEPA 0.5 GM CAPSULE	2	HSA*
VASCEPA 1 GM CAPSULE	2	HSA*
VYTORIN 10-10 MG TABLET	3	Max. 1 per day HSA*
VYTORIN 10-20 MG TABLET	3	Max. 1 per day HSA*
VYTORIN 10-40 MG TABLET	3	Max. 1 per day HSA*
VYTORIN 10-80 MG TABLET	3	Max. 1 per day HSA*
WELCHOL 3.75G PACKET	2	HSA*
WELCHOL 625 MG TABLET	2	HSA*
ZETIA 10 MG TABLET	3	Max. 1 per day HSA*
ZOCOR 10 MG TABLET	NC	
ZOCOR 20 MG TABLET	NC	
ZOCOR 40 MG TABLET	NC	
ZOCOR 5 MG TABLET	NC	
ZOCOR 80 MG TABLET	NC	

## RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS

AMTURNIDE 150-5-12.5 MG TAB	NC	
AMTURNIDE 300-10-12.5 MG TAB	NC	
AMTURNIDE 300-10-25 MG TAB	NC	
AMTURNIDE 300-5-12.5 MG TAB	NC	
AMTURNIDE 300-5-25 MG TAB	NC	
CAROSPIR 25 MG/5 ML SUSPENSION	NC	
EPLERENONE 25 MG TABLET	1	HSA*
EPLERENONE 50 MG TABLET	1	HSA*
INSPIRA 25 MG TABLET	NC	
INSPIRA 50 MG TABLET	NC	
TEKAMLO 150 MG-10 MG TABLET	3	Max. 1.5 per day HSA*
TEKAMLO 150 MG-5 MG TABLET	3	Max. 1.5 per day HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
TEKAMLO 300 MG-10 MG TABLET	3	Max. 1 per day HSA*
TEKAMLO 300 MG-5 MG TABLET	3	Max. 1 per day HSA*
TEKTURNA 150 MG TABLET	3	Max. 1.5 per day HSA*
TEKTURNA 300 MG TABLET	3	Max. 1 per day HSA*
TEKTURNA HCT 150-12.5 MG TAB	3	Max. 30 in 30 days HSA*
TEKTURNA HCT 150-25 MG TABLET	3	Max. 30 in 30 days HSA*
TEKTURNA HCT 300-12.5 MG TAB	3	Max. 30 in 30 days HSA*
TEKTURNA HCT 300-25 MG TABLET	3	Max. 30 in 30 days HSA*

## VASODILATORS

AMYL NITRITE AMPUL	1	
BIDIL TABLET	2	
DILATRATE-SR 40 MG CAPSULE	3	
GONITRO 0.4 MG SUBLINGUAL PWD	NC	
IMDUR ER 120 MG TABLET	NC	
IMDUR ER 30 MG TABLET	NC	
IMDUR ER 60 MG TABLET	NC	
ISOCHRON 40 MG TABLET SA	NC	
ISORDIL 40 MG TABLET	3	
ISORDIL TITRADOSE 5 MG TAB	NC	
ISOSORBIDE DN 10 MG TABLET	1	
ISOSORBIDE DN 2.5 MG TAB SL	1	
ISOSORBIDE DN 20 MG TABLET	1	
ISOSORBIDE DN 30 MG TABLET	1	
ISOSORBIDE DN 5 MG TABLET	1	
ISOSORBIDE DN 5 MG TABLET SL	1	
ISOSORBIDE DN ER 40 MG TABLET	1	
ISOSORBIDE MN 10 MG TABLET	1	
ISOSORBIDE MN 20 MG TABLET	1	
ISOSORBIDE MN ER 120 MG TAB	1	
ISOSORBIDE MN ER 30 MG TABLET	1	
ISOSORBIDE MN ER 60 MG TABLET	1	
MINITRAN 0.1 MG/HR PATCH	3	Prior Authorization required HSA*
MINITRAN 0.2 MG/HR PATCH	3	Prior Authorization required HSA*
MINITRAN 0.4 MG/HR PATCH	3	Prior Authorization required HSA*
MINITRAN 0.6 MG/HR PATCH	3	Prior Authorization required HSA*
MINOXIDIL 10 MG TABLET	1	HSA*
MINOXIDIL 2.5 MG TABLET	1	HSA*
NITRO-BID 2% OINTMENT	2	HSA*
NITRO-DUR 0.1 MG/HR PATCH	NC	
NITRO-DUR 0.2 MG/HR PATCH	NC	
NITRO-DUR 0.3 MG/HR PATCH	3	HSA*
NITRO-DUR 0.4 MG/HR PATCH	NC	
NITRO-DUR 0.6 MG/HR PATCH	NC	
NITRO-DUR 0.8 MG/HR PATCH	3	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NITROGLYCERIN 0.1 MG/HR PATCH	1	HSA*
NITROGLYCERIN 0.2 MG/HR PATCH	1	HSA*
NITROGLYCERIN 0.3 MG TABLET SL	2	HSA*
NITROGLYCERIN 0.4 MG TABLET SL	2	HSA*
NITROGLYCERIN 0.4 MG/HR PATCH	1	HSA*
NITROGLYCERIN 0.6 MG TABLET SL	2	HSA*
NITROGLYCERIN 0.6 MG/HR PATCH	1	HSA*
NITROGLYCERIN ER 2.5 MG CAP	1	HSA*
NITROGLYCERIN ER 6.5 MG CAP	1	HSA*
NITROGLYCERIN ER 9 MG CAPSULE	1	HSA*
NITROGLYCERIN LINGUAL 0.4 MG	1	HSA*
NITROLINGUAL 0.4 MG SPRAY	NC	
NITROMIST 400 MCG SPRAY	NC	
NITROSTAT 0.3 MG TABLET SL	3	HSA*
NITROSTAT 0.4 MG TABLET SL	3	HSA*
NITROSTAT 0.6 MG TABLET SL	3	HSA*
NYLIDRIN HCL POWDER	NC	
PRESTALIA 14 MG-10 MG TABLET	NC	
PRESTALIA 3.5 MG-2.5 MG TABLET	NC	
PRESTALIA 7 MG-5 MG TABLET	NC	
PROGLYCEM 50 MG/ML ORAL SUSP	3	HSA*

## CENTRAL NERVOUS SYSTEM AGENTS

### CENTRAL NERVOUS SYSTEM AGENTS

ADDERALL 10 MG TABLET	NC	
ADDERALL 12.5 MG TABLET	NC	
ADDERALL 15 MG TABLET	NC	
ADDERALL 20 MG TABLET	NC	
ADDERALL 30 MG TABLET	NC	
ADDERALL 5 MG TABLET	NC	
ADDERALL 7.5 MG TABLET	NC	
ADDERALL XR 10 MG CAPSULE	NC	
ADDERALL XR 15 MG CAPSULE	NC	
ADDERALL XR 20 MG CAPSULE	NC	
ADDERALL XR 25 MG CAPSULE	NC	
ADDERALL XR 30 MG CAPSULE	NC	
ADDERALL XR 5 MG CAPSULE	NC	
ADDYI 100 MG TABLET	NC	
ADZENYS XR-ODT 12.5 MG TABLET	NC	
ADZENYS XR-ODT 15.7 MG TABLET	NC	
ADZENYS XR-ODT 18.8 MG TABLET	NC	
ADZENYS XR-ODT 3.1 MG TABLET	NC	
ADZENYS XR-ODT 6.3 MG TABLET	NC	
ADZENYS XR-ODT 9.4 MG TABLET	NC	
AMPYRA ER 10 MG TABLET	4	Max. 2 per day SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
APTENSIO XR 10 MG CAPSULE	NC	
APTENSIO XR 15 MG CAPSULE	NC	
APTENSIO XR 20 MG CAPSULE	NC	
APTENSIO XR 30 MG CAPSULE	NC	
APTENSIO XR 40 MG CAPSULE	NC	
APTENSIO XR 50 MG CAPSULE	NC	
APTENSIO XR 60 MG CAPSULE	NC	
ATOMOXETINE HCL 10 MG CAPSULE	2	
ATOMOXETINE HCL 100 MG CAPSULE	2	
ATOMOXETINE HCL 18 MG CAPSULE	2	
ATOMOXETINE HCL 25 MG CAPSULE	2	
ATOMOXETINE HCL 40 MG CAPSULE	2	
ATOMOXETINE HCL 60 MG CAPSULE	2	
ATOMOXETINE HCL 80 MG CAPSULE	2	
AUBAGIO 14 MG TABLET	4	Max. 1 per day SPP*: Must use CVS Specialty
AUBAGIO 7 MG TABLET	4	Max. 1 per day SPP*: Must use CVS Specialty
AUSTEDO 12 MG TABLET	NC	
AUSTEDO 6 MG TABLET	NC	
AUSTEDO 9 MG TABLET	NC	
AVONEX 30 MCG VIAL KIT	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
AVONEX PEN 30 MCG/0.5 ML KIT	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
AVONEX PREFILLED SYR 30 MCG KT	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
BETASERON 0.3 MG KIT	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
CAFCIT 20 MG/ML ORAL SOLN	NC	
CAFFEINE CIT 60 MG/3 ML ORAL	1	
CLONIDINE HCL ER 0.1 MG TABLET	1	
CONCERTA ER 18 MG TABLET	NC	
CONCERTA ER 27 MG TABLET	NC	
CONCERTA ER 36 MG TABLET	NC	
CONCERTA ER 54 MG TABLET	NC	
COPAXONE 20 MG/ML SYRINGE	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
COPAXONE 40 MG/ML SYRINGE	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
COTEMPLA XR-ODT 17.3 MG TABLET	NC	
COTEMPLA XR-ODT 25.9 MG TABLET	NC	
COTEMPLA XR-ODT 8.6 MG TABLET	NC	
D-AMPHETAMINE ER 10 MG CAPSULE	1	Max. 60 Days Supply
D-AMPHETAMINE ER 15 MG CAPSULE	1	Max. 60 Days Supply
D-AMPHETAMINE ER 5 MG CAPSULE	1	Max. 60 Days Supply
DAYTRANA 10 MG/9 HR PATCH	3	Max. 60 Days Supply
DAYTRANA 15 MG/9 HR PATCH	3	Max. 60 Days Supply
DAYTRANA 20 MG/9 HOUR PATCH	3	Max. 60 Days Supply
DAYTRANA 30 MG/9 HOUR PATCH	3	Max. 60 Days Supply
DESOXYN 5 MG TABLET	NC	
DEXDRINE 10 MG TABLET	NC	
DEXDRINE 5 MG TABLET	NC	
DEXDRINE SPANSULE 10 MG	NC	
DEXDRINE SPANSULE 15 MG	NC	
DEXDRINE SPANSULE 5 MG	NC	
DEXMETHYLPHENIDATE 10 MG TAB	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE 2.5 MG TAB	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE 5 MG TAB	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 10 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 15 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 20 MG CP	1	Max. 60 Days Supply

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DEXMETHYLPHENIDATE ER 25 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 30 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 35 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 40 MG CP	1	Max. 60 Days Supply
DEXMETHYLPHENIDATE ER 5 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 10 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 15 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 20 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 25 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 30 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHET ER 5 MG CAP	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	Max. 60 Days Supply
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	Max. 60 Days Supply
DEXTROAMPHETAMINE 10 MG TAB	1	Max. 60 Days Supply
DEXTROAMPHETAMINE 5 MG TAB	1	Max. 60 Days Supply
DEXTROAMPHETAMINE 5 MG/5 ML	1	Max. 60 Days Supply
DYANAVEL XR 2.5 MG/ML SUSP	NC	
EVEKEO 10 MG TABLET	3	Max. 60 Days Supply
EVEKEO 5 MG TABLET	NC	
EXTAVIA 0.3 MG KIT	NC	
FOCALIN 10 MG TABLET	NC	
FOCALIN 2.5 MG TABLET	NC	
FOCALIN 5 MG TABLET	NC	
FOCALIN XR 10 MG CAPSULE	NC	
FOCALIN XR 15 MG CAPSULE	NC	
FOCALIN XR 20 MG CAPSULE	NC	
FOCALIN XR 25 MG CAPSULE	3	Max. 60 Days Supply
FOCALIN XR 30 MG CAPSULE	NC	
FOCALIN XR 35 MG CAPSULE	3	Max. 60 Days Supply
FOCALIN XR 40 MG CAPSULE	NC	
FOCALIN XR 5 MG CAPSULE	NC	
GILENYA 0.5 MG CAPSULE	3	Max. 1 per day SPP*: Must use CVS Specialty
GLATOPA 20 MG/ML SYRINGE	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
GUANFACINE HCL ER 1 MG TABLET	1	
GUANFACINE HCL ER 2 MG TABLET	1	
GUANFACINE HCL ER 3 MG TABLET	1	
GUANFACINE HCL ER 4 MG TABLET	1	
INGREZZA 40 MG CAPSULE	NC	
INTUNIV ER 1 MG TABLET	NC	
INTUNIV ER 2 MG TABLET	NC	
INTUNIV ER 3 MG TABLET	NC	
INTUNIV ER 4 MG TABLET	NC	
KAPVAY 0.1-0.2 MG DOSEPACK	NC	
KAPVAY ER 0.1 MG TABLET	NC	
LITHIUM 8 MEQ/5 ML SOLUTION	1	
LITHIUM CARBONATE 150 MG CAP	1	
LITHIUM CARBONATE 300 MG CAP	1	
LITHIUM CARBONATE 300 MG TAB	1	
LITHIUM CARBONATE 600 MG CAP	1	
LITHIUM CARBONATE ER 300 MG TB	1	
LITHIUM CARBONATE ER 450 MG TB	1	
LITHOBID ER 300 MG TABLET	NC	
METADATE CD 10 MG CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
METADATE CD 20 MG CAPSULE	NC	
METADATE CD 30 MG CAPSULE	NC	
METADATE CD 40 MG CAPSULE	NC	
METADATE CD 50 MG CAPSULE	NC	
METADATE CD 60 MG CAPSULE	NC	
METADATE ER 20 MG TABLET	1	Max. 60 Days Supply
METHAMPHETAMINE 5 MG TABLET	1	Max. 60 Days Supply
METHYLIN 10 MG CHEWABLE TABLET	NC	
METHYLIN 10 MG/5 ML SOLUTION	NC	
METHYLIN 2.5 MG CHEWABLE TAB	NC	
METHYLIN 5 MG CHEWABLE TABLET	NC	
METHYLIN 5 MG/5 ML SOLUTION	NC	
METHYLPHENIDATE 10 MG CHEW TAB	1	Max. 60 Days Supply
METHYLPHENIDATE 10 MG TABLET	1	Max. 60 Days Supply
METHYLPHENIDATE 10 MG/5 ML SOL	1	Max. 60 Days Supply
METHYLPHENIDATE 2.5 MG CHEW TB	1	Max. 60 Days Supply
METHYLPHENIDATE 20 MG TABLET	1	Max. 60 Days Supply
METHYLPHENIDATE 5 MG CHEW TAB	1	Max. 60 Days Supply
METHYLPHENIDATE 5 MG TABLET	1	Max. 60 Days Supply
METHYLPHENIDATE 5 MG/5 ML SOLN	1	Max. 60 Days Supply
METHYLPHENIDATE CD 10 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE CD 20 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE CD 30 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE CD 40 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE CD 50 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE CD 60 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE ER 10 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE ER 18 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE ER 20 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE ER 20 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE ER 27 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE ER 36 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE ER 40 MG CAP	1	Max. 60 Days Supply
METHYLPHENIDATE ER 54 MG TAB	1	Max. 60 Days Supply
METHYLPHENIDATE LA 60 MG CAP	1	Max. 60 Days Supply
MYDAYIS ER 12.5 MG CAPSULE	NC	
MYDAYIS ER 25 MG CAPSULE	NC	
MYDAYIS ER 37.5 MG CAPSULE	NC	
MYDAYIS ER 50 MG CAPSULE	NC	
NUEDEXTA 20-10 MG CAPSULE	3	
PLEGRIDY 125 MCG/0.5 ML PEN	4	Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
PLEGRIDY 125 MCG/0.5 ML SYRINGE	4	Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
PLEGRIDY PEN INJ STARTER PACK	4	Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
PLEGRIDY SYRINGE STARTER PACK	4	Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
PROCENTRA 5 MG/5 ML SOLUTION	NC	
QUILLICHEW ER 20 MG CHEW TAB	NC	
QUILLICHEW ER 30 MG CHEW TAB	NC	
QUILLICHEW ER 40 MG CHEW TAB	NC	
QUILLIVANT XR 25 MG/5 ML SUSP	3	Max. 60 Days Supply
REBIF 22 MCG/0.5 ML SYRINGE	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
REBIF 44 MCG/0.5 ML SYRINGE	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
REBIF REBIDOSE 22 MCG/0.5 ML	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
REBIF REBIDOSE 44 MCG/0.5 ML	4	Max. 30 Days Supply SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
REBIF REBIDOSE TITRATION PACK	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
REBIF TITRATION PACK	4	Max. 30 Days Supply SPP*: Must use CVS Specialty
RILUTEK 50 MG TABLET	NC	
RILUZOLE 50 MG TABLET	1	
RITALIN 10 MG TABLET	NC	
RITALIN 20 MG TABLET	NC	
RITALIN 5 MG TABLET	NC	
RITALIN LA 10 MG CAPSULE	3	Max. 60 Days Supply
RITALIN LA 20 MG CAPSULE	NC	
RITALIN LA 30 MG CAPSULE	NC	
RITALIN LA 40 MG CAPSULE	NC	
RITALIN LA 60 MG CAPSULE	3	Max. 60 Days Supply
RITALIN SR 20 MG TABLET	3	Max. 60 Days Supply
SAVELLA 100 MG TABLET	2	Step Therapy required STA*: 18 and older
SAVELLA 12.5 MG TABLET	2	Step Therapy required STA*: 18 and older
SAVELLA 25 MG TABLET	2	Step Therapy required STA*: 18 and older
SAVELLA 50 MG TABLET	2	Step Therapy required STA*: 18 and older
SAVELLA TITRATION PACK	2	Step Therapy required STA*: 18 and older
STRATTERA 10 MG CAPSULE	3	
STRATTERA 100 MG CAPSULE	3	
STRATTERA 18 MG CAPSULE	3	
STRATTERA 25 MG CAPSULE	3	
STRATTERA 40 MG CAPSULE	3	
STRATTERA 60 MG CAPSULE	3	
STRATTERA 80 MG CAPSULE	3	
TECFIDERA DR 120 MG CAPSULE	3	SPP*: Must use CVS Specialty
TECFIDERA DR 240 MG CAPSULE	3	SPP*: Must use CVS Specialty
TECFIDERA STARTER PACK	3	SPP*: Must use CVS Specialty
TETRABENAZINE 12.5 MG TABLET	1	SPP*: Must use CVS Specialty
TETRABENAZINE 25 MG TABLET	1	SPP*: Must use CVS Specialty
VYVANSE 10 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 10 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 20 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 20 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 30 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 30 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 40 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 40 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 50 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 50 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 60 MG CAPSULE	2	Max. 60 Days Supply
VYVANSE 60 MG CHEWABLE TABLET	2	Max. 60 Days Supply
VYVANSE 70 MG CAPSULE	2	Max. 60 Days Supply
XENAZINE 12.5 MG TABLET	NC	
XENAZINE 25 MG TABLET	NC	
ZENZEDI 10 MG TABLET	1	Max. 60 Days Supply
ZENZEDI 15 MG TABLET	3	Max. 60 Days Supply
ZENZEDI 2.5 MG TABLET	3	Max. 60 Days Supply
ZENZEDI 20 MG TABLET	3	Max. 60 Days Supply
ZENZEDI 30 MG TABLET	3	Max. 60 Days Supply
ZENZEDI 5 MG TABLET	1	Max. 60 Days Supply

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZENZEDI 7.5 MG TABLET	3	Max. 60 Days Supply
ZINBRYTA 150 MG/ML SYRINGE	NC	

## CONTRACEPTIVES

### CONTRACEPTIVES

AFTERA 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
ALTAVERA-28 TABLET	0	ACA*
ALYACEN 1-35-28 TABLET	0	ACA*
ALYACEN 7-7-7-28 TABLET	0	ACA*
AMETHIA 0.15-0.03-0.01 MG TAB	0	Max. 91 Days Supply;Max. 1 per day ACA*
AMETHIA LO TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
AMETHYST 90-20 MCG TABLET	NC	
APRI 28 DAY TABLET	0	ACA*
ARANELLE 28 TABLET	0	ACA*
ASHLYNA 0.15-0.03-0.01 MG TAB	0	Max. 91 Days Supply;Max. 1 per day ACA*
AUBRA-28 TABLET	0	ACA*
AVIANE-28 TABLET	0	ACA*
AZURETTE 28 DAY TABLET	0	ACA*
BALZIVA 28 TABLET	0	ACA*
BEKYREE 28 DAY TABLET	0	ACA*
BEYAZ 28 TABLET	3	
BLISOVI 24 FE TABLET	0	ACA*
BLISOVI FE 1-20 TABLET	0	ACA*
BLISOVI FE 1.5-30 TABLET	0	ACA*
BREVICON 28 TABLET	0	ACA*
BRIELLYN TABLET	0	ACA*
CAMILA 0.35 MG TABLET	0	ACA*
CAMRESE 0.15-0.03-0.01 MG TAB	0	Max. 91 Days Supply;Max. 1 per day ACA*
CAMRESE LO TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
CAYA CONTOURED DIAPHRAGM	0	ACA*
CAZIAN 28 DAY TABLET	0	ACA*
CHATEAL-28 TABLET	0	ACA*
CONCEPTROL GEL	0	ACA*
CRYSSELLE-28 TABLET	0	ACA*
CYCLAFEM 1-35-28 TABLET	0	ACA*
CYCLAFEM 7-7-7-28 TABLET	0	ACA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
CYCLESSA 28 DAY TABLET	NC	
CYRED 28 DAY TABLET	0	ACA*
DASETTA 1-35-28 TABLET	0	ACA*
DASETTA 7/7/7-28 TABLET	0	ACA*
DAYSEE 0.15-0.03-0.01 MG TAB	0	Max. 91 Days Supply;Max. 1 per day ACA*
DEBLITANE 0.35 MG TABLET	0	ACA*
DELYLA-28 TABLET	0	ACA*
DEMULEN 1-50-21 TABLET	NC	
DESOGEN 28 DAY TABLET	NC	
DESOGEST-ETH ESTRA 0.15-0.03MG	0	ACA*
DESOGESTR-ETH ESTRAD ETH ESTRA	0	ACA*
DROSP-EE-LEVOMEF 3-0.02-0.451	0	ACA*
DROSPIRENONE-EE 3-0.02 MG TAB	0	ACA*
DROSPIRENONE-EE 3-0.03 MG TAB	0	ACA*
ECONTRA EZ 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
ELINEST-28 TABLET	0	ACA*
ELLA 30 MG TABLET	0	Max. quantity of 1 per fill ACA*
EMOQUETTE 28 DAY TABLET	0	ACA*
ENPRESSE-28 TABLET	0	ACA*
ENSKYCE 28 TABLET	0	ACA*
ERRIN 0.35 MG TABLET	0	ACA*
ESTARYLLA 0.25-0.035 MG TABLET	0	ACA*
ESTROSTEP FE-28 TABLET	NC	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	0	ACA*
FALLBACK SOLO 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
FALMINA-28 TABLET	0	ACA*
FAYOSIM TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
FC2 FEMALE CONDOM	0	ACA*
FEMCAP 22 MM CERVICAL CAP	0	ACA*
FEMCAP 26 MM CERVICAL CAP	0	ACA*
FEMCAP 30 MM CERVICAL CAP	0	ACA*
FEMCON FE CHEWABLE TABLET	NC	
FEMYNOR 28 TABLET	0	ACA*
GENERESS FE CHEWABLE TABLET	NC	
GIANVI 3 MG-0.02 MG TABLET	0	ACA*
GILDAGIA 0.4 MG-0.035 MG TAB	0	ACA*
GILDESS 1 MG-20 MCG TABLET	0	ACA*
GILDESS 1.5 MG-30 MCG TABLET	0	ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
GILDESS 24 FE 1-0.02 MG TABLET	0	ACA*
GILDESS FE 1-20 TABLET	0	ACA*
GILDESS FE 1.5-30 TABLET	0	ACA*
GYNOL II 3% GEL	0	ACA*
HEATHER TABLET	0	ACA*
INTROVALE 0.15-0.03 MG TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
ISIBLOOM 28 DAY TABLET	0	ACA*
JENCYCLA 0.35 MG TABLET	0	ACA*
JOLESSA 0.15 MG-0.03 MG TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
JOLIVETTE TABLET	0	ACA*
JULEBER 28 DAY TABLET	0	ACA*
JUNEL 1 MG-20 MCG TABLET	0	ACA*
JUNEL 1.5 MG-30 MCG TABLET	0	ACA*
JUNEL FE 1 MG-20 MCG TABLET	0	ACA*
JUNEL FE 1.5 MG-30 MCG TABLET	0	ACA*
JUNEL FE 24 TABLET	0	ACA*
KAITLIB FE CHEWABLE TABLET	0	ACA*
KARIVA 28 DAY TABLET	0	ACA*
KELNOR 1-35 28 TABLET	0	ACA*
KIMIDESS 28 DAY TABLET	0	ACA*
KURVELO TABLET	0	ACA*
LARIN 1.5 MG-30 MCG TABLET	0	ACA*
LARIN 21 1-20 TABLET	0	ACA*
LARIN 24 FE 1 MG-20 MCG TABLET	0	ACA*
LARIN FE 1-20 TABLET	0	ACA*
LARIN FE 1.5-30 TABLET	0	ACA*
LARISSIA-28 TABLET	0	ACA*
LAYOLIS FE CHEWABLE TABLET	0	ACA*
LEENA 28 TABLET	0	ACA*
LESSINA-28 TABLET	0	ACA*
LEVONEST-28 TABLET	0	ACA*
LEVONO-E ESTRAD 0.10-0.02-0.01	0	Max. 91 Days Supply;Max. 1 per day ACA*
LEVONO-E ESTRAD 0.15-0.03-0.01	0	Max. 91 Days Supply;Max. 1 per day ACA*
LEVONOR-ETH ESTRA 0.09-0.02 MG	0	ACA*
LEVONOR-ETH ESTRAD 0.1-0.02 MG	0	ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LEVONOR-ETH ESTRAD 0.15-0.03	0	ACA*
LEVONOR-ETH ESTRAD TRIPHASIC	0	Max. 91 Days Supply ACA*
LEVONORGESTREL 0.75 MG TABLET	0	Max. quantity of 1 per fill ACA*
LEVONORGESTREL 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
LEVORA-28 TABLET	0	ACA*
LILLOW-28 TABLET	0	ACA*
LO LOESTRIN FE 1-10 TABLET	0	ACA*
LOESTRIN 21 1-20 TABLET	NC	
LOESTRIN 21 1.5-30 TABLET	NC	
LOESTRIN 24 FE TABLET	NC	
LOESTRIN FE 1-20 TABLET	NC	
LOESTRIN FE 1.5-30 TABLET	NC	
LOMEDIA 24 FE 1 MG-20 MCG TAB	0	ACA*
LORYNA 3 MG-0.02 MG TABLET	0	ACA*
LOSEASONIQUE TABLET	NC	
LOW-OGESTREL-28 TABLET	0	ACA*
LUTERA-28 TABLET	0	ACA*
LYZA 0.35 MG TABLET	0	ACA*
MARLISSA-28 TABLET	0	ACA*
MIBELAS 24 FE CHEWABLE TABLET	0	ACA*
MICROGESTIN 21 1-20 TABLET	0	ACA*
MICROGESTIN 21 1.5-30 TAB	0	ACA*
MICROGESTIN 24 FE 1 MG-20 MCG	0	
MICROGESTIN FE 1-20 TABLET	0	ACA*
MICROGESTIN FE 1.5-30 TAB	0	ACA*
MINASTRIN 24 FE CHEWABLE TAB	NC	
MIRCETTE 28 DAY TABLET	NC	
MODICON 28 TABLET	NC	
MONO-LINYAH 28 TABLET	0	ACA*
MONONESSA 28 TABLET	0	ACA*
MY WAY 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
MYZILRA-28 TABLET	0	ACA*
NATAZIA 28 TABLET	0	ACA*
NECON 0.5-35-28 TABLET	0	ACA*
NECON 1-35-28 TABLET	0	ACA*
NECON 1-50-28 TABLET	0	ACA*
NECON 10-11-28 TABLET	0	ACA*
NECON 7-7-7-28 TABLET	0	ACA*
NEXPLANON 68 MG IMPLANT	MD	SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NEXT CHOICE ONE DOSE 1.5 MG TB	0	Max. quantity of 1 per fill ACA*
NIKKI 3 MG-0.02 MG TABLET	0	ACA*
NOR-Q-D TABLET	NC	
NORA-BE TABLET	0	ACA*
NORET-ESTR-FE 0.4-0.035(21)-75	0	ACA*
NORETH-ESTRAD-FE 1-0.02(21)-75	0	ACA*
NORETH-ESTRAD-FE 1-0.02(24)-75	0	ACA*
NORETHIN-ESTRA-FE 0.8-0.025 MG	0	ACA*
NORETHIND-ETH ESTRAD 1-0.02 MG	0	ACA*
NORETHINDRONE 0.35 MG TABLET	0	ACA*
NORG-EE 0.18-0.215-0.25/0.035	0	ACA*
NORG-EE 0.18-0.215-0.25/0.035	0	
NORG-ETHIN ESTRA 0.25-0.035 MG	0	ACA*
NORINYL 1+50-28 TABLET	NC	
NORINYL 1-35 28 TABLET	0	ACA*
NORLYDA 0.35 MG TABLET	0	ACA*
NORLYROC 0.35 MG TABLET	0	ACA*
NORTREL 0.5-35-28 TABLET	0	ACA*
NORTREL 1-35 21 TABLET	0	ACA*
NORTREL 1-35 28 TABLET	0	ACA*
NORTREL 7-7-7-28 TABLET	0	ACA*
NUVARING VAGINAL RING	0	ACA*
OCELLA 3 MG-0.03 MG TABLET	0	ACA*
OGESTREL TABLET	0	ACA*
OPCICON ONE-STEP 1.5 MG TABLET	0	Max. quantity of 1 per fill ACA*
ORSYTHIA-28 TABLET	0	ACA*
ORTHO ALL-FLEX DIAPHRAGM 65MM	0	ACA*
ORTHO ALL-FLEX DIAPHRAGM 70MM	0	ACA*
ORTHO ALL-FLEX DIAPHRAGM 75MM	0	ACA*
ORTHO ALL-FLEX DIAPHRAGM 80MM	0	ACA*
ORTHO EVRA PATCH	NC	
ORTHO MICRONOR 0.35 MG TABLET	NC	
ORTHO TRI-CYCLEN 28 TABLET	NC	
ORTHO TRI-CYCLEN LO TABLET	NC	
ORTHO-CEPT 28 DAY TABLET	NC	
ORTHO-CYCLEN 28 TABLET	NC	
ORTHO-NOVUM 1-35-28 TABLET	NC	
ORTHO-NOVUM 7-7-7-28 TABLET	NC	
OVCON-35 28 TABLET	NC	
PHILITH 0.4-0.035 MG TABLET	0	ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PIMTREA 28 DAY TABLET	0	ACA*
PIRMELLA 1-35-28 TABLET	0	ACA*
PIRMELLA 7-7-7-28 TABLET	0	ACA*
PLAN B ONE-STEP 1.5 MG TABLET	NC	
PORTIA-28 TABLET	0	ACA*
PREVIFEM TABLET	0	ACA*
QUARTETTE TABLET	3	Max. 91 Days Supply;Max. 1 per day
QUASENSE 0.15-0.03 MG TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
RAJANI 28 TABLET	0	ACA*
RECLIPSEN 28 DAY TABLET	0	ACA*
RIVELSA TABLET	0	Max. 91 Days Supply;Max. 1 per day ACA*
SAFYRAL TABLET	0	ACA*
SEASONIQUE 0.15-0.03-0.01 TAB	NC	
SETLAKIN 0.15 MG-0.03 MG TAB	0	Max. 91 Days Supply;Max. 1 per day ACA*
SHAROBEL 0.35 MG TABLET	0	ACA*
SPRINTEC 28 DAY TABLET	0	ACA*
SRONYX 0.10-0.02 MG TABLET	0	ACA*
SYEDA 28 TABLET	0	ACA*
TAKE ACTION 1.5 MG TABLET	NC	
TARINA FE 1-20 TABLET	0	ACA*
TAYTULLA 1 MG-20 MCG CAPSULE	0	ACA*
TILIA FE 28 TABLET	0	ACA*
TODAY CONTRACEPTIVE SPONGE	0	ACA*
TRI FEMYNOR 28 TABLET	0	ACA*
TRI-ESTARYLLA TABLET	0	ACA*
TRI-LEGEST FE-28 DAY TABLET	0	ACA*
TRI-LINYAH TABLET	0	ACA*
TRI-LO-ESTARYLLA TABLET	0	ACA*
TRI-LO-MARZIA TABLET	0	ACA*
TRI-LO-SPRINTEC TABLET	0	ACA*
TRI-NORINYL 28 TABLET	NC	
TRI-PREVIFEM TABLET	0	ACA*
TRI-SPRINTEC TABLET	0	ACA*
TRINESSA LO TABLET	0	ACA*
TRINESSA TABLET	0	ACA*
TRIVORA-28 TABLET	0	ACA*
VCF CONTRACEPTIVE FILM	0	ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
VCF CONTRACEPTIVE FOAM	0	ACA*
VCF CONTRACEPTIVE GEL	0	ACA*
VELIVET 28 DAY TABLET	0	ACA*
VESTURA 3 MG-0.02 MG TABLET	0	ACA*
VIENVA-28 TABLET	0	ACA*
VIORELE 28 DAY TABLET	0	ACA*
VYFEMLA 28 TABLET	0	ACA*
WERA 0.5/0.035 MG 28 TABLET	0	ACA*
WIDE SEAL DIAPHRAGM 70MM	0	ACA*
WYMZYA FE CHEWABLE TABLET	0	ACA*
XULANE PATCH	0	ACA*
YASMIN 28 TABLET	NC	
YAZ 28 TABLET	NC	
ZARAH TABLET	0	ACA*
ZENCHENT 0.4 MG-35 MCG TABLET	0	ACA*
ZENCHENT FE TABLET CHEWABLE	0	ACA*
ZEOSA CHEWABLE TABLET	0	ACA*
ZOVIA 1-35E TABLET	0	ACA*
ZOVIA 1-50E TABLET	0	ACA*

## COUGH AND COLD PRODUCTS

### COUGH AND COLD PRODUCTS

AMBITUSSIN AC LIQUID	1	
BENZONATATE 100 MG CAPSULE	1	
BENZONATATE 150 MG CAPSULE	1	
BENZONATATE 200 MG CAPSULE	1	
BROMFED DM COUGH SYRUP	NC	
BROMPHENIR-PSEUDOEPHED-DM SYR	NC	
CHERATUSSIN AC SYRUP	1	
CHERATUSSIN DAC SYRUP	NC	
CODEINE-GUAIFEN 10-100 MG/5 ML	1	
COTABFLU TABLET	NC	
FLOWTUSS 2.5-200 MG/5 ML SOLN	NC	
G TUSSIN AC LIQUID	1	
GUAIA TUSSIN AC LIQUID	1	
GUAIFEN-CODEINE 100-10 MG/5 ML	1	
GUAIFENESIN AC COUGH SYRUP	1	
GUAIFENESIN DAC ORAL SOLUTION	NC	
GUAIFENESIN-CODEINE SYRUP	1	
HYCOFENIX 2.5-30-200 MG/5 ML	NC	
HYDROCOD-CPM-PSEUDOEP 5-4-60/5	1	
HYDROCOD-HOMATROP 5-1.5 MG TAB	1	
HYDROCODONE-CHLORPHEN ER SUSP	1	
HYDROCODONE-HOMATROPINE SYRUP	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
HYDROMET SYRUP	1	
IOPHEN-C NR LIQUID	1	
J-COF DHC LIQUID	1	
J-MAX DHC LIQUID	1	
LORTUSS EX LIQUID	NC	
MAXIFLU CD TABLET	NC	
MAXIFLU CDX TABLET	NC	
OBREDON 2.5-200 MG/5 ML SOLN	NC	
PHENFLU CD TABLET	NC	
PHENFLU CDX TABLET	NC	
PHENYLHISTINE DH LIQUID	NC	
POLY-TUSSIN AC LIQUID	NC	
PROMETHAZINE VC-CODEINE SYRUP	1	
PROMETHAZINE-CODEINE SYRUP	1	
PROMETHAZINE-DM SYRUP	1	
REZIRA SOLUTION	NC	
TESSALON PERLE 100 MG CAP	NC	
TUSNEL C SYRUP	NC	
TUSNEL PEDIATRIC LIQUID	NC	
TUSSICAPS 10 MG-8 MG CAPSULE	NC	
TUSSICAPS 5 MG-4 MG CAPSULE	NC	
TUSSIGON 5-1.5 MG TABLET	NC	
TUSSIONEX PENNKINETIC SUSP	NC	
TUZISTRA XR 14.7-2.8 MG/5 ML	4	Prior Authorization required
VIRTUSSIN AC LIQUID	1	
VITUZ SOLUTION	NC	
ZODRYL AC 25 SUSPENSION	NC	
ZODRYL AC 30 SUSPENSION	NC	
ZODRYL AC 35 SUSPENSION	NC	
ZODRYL AC 40 SUSPENSION	NC	
ZODRYL AC 50 SUSPENSION	NC	
ZODRYL AC 60 SUSPENSION	NC	
ZODRYL AC 80 SUSPENSION	NC	
ZODRYL DAC 25 SUSPENSION	NC	
ZODRYL DAC 30 SUSPENSION	NC	
ZODRYL DAC 35 SUSPENSION	NC	
ZODRYL DAC 40 SUSPENSION	NC	
ZODRYL DAC 50 SUSPENSION	NC	
ZODRYL DAC 60 SUSPENSION	NC	
ZODRYL DAC 80 SUSPENSION	NC	
ZODRYL DEC 25 SUSPENSION	NC	
ZODRYL DEC 30 SUSPENSION	NC	
ZODRYL DEC 35 SUSPENSION	NC	
ZODRYL DEC 40 SUSPENSION	NC	
ZODRYL DEC 50 SUSPENSION	NC	
ZODRYL DEC 60 SUSPENSION	NC	
ZODRYL DEC 80 SUSPENSION	NC	
ZONATUSS 150 MG CAPSULE	NC	
ZUTRIPRO SOLUTION	NC	

## DENTAL AND ORAL AGENTS

### DENTAL AND ORAL AGENTS

CAPHOSOL SOLUTION	3	
CEVIMELINE HCL 30 MG CAPSULE	1	
CHLORHEXIDINE 0.12% RINSE	1	
CLINPRO 5000 1.1% TOOTHPASTE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DEBACTEROL SWABSTICK	3	
DENTA 5000 PLUS CREAM	1	
DENTAGEL 1.1% GEL	1	
EVOXAC 30 MG CAPSULE	NC	
FIRST-MOUTHWASH BLM SUSPENSION	2	
FLUORIDEX DAILY DEFENSE	NC	
FLUORIDEX SENSITIVITY RLF GEL	NC	
GELX ORAL GEL	NC	
NAFRINSE DAILY-NEUTRAL RINSE	NC	
NEUTRAL SODIUM FLUORIDE	1	ACA*: Children through age 5; HSA
NEUTRASAL 538 MG POWDER PACKET	NC	
ORALONE 0.1% PASTE	1	
PAROEX 0.12% ORAL RINSE	1	
PERIDEX 0.12% ORAL RINSE	NC	
PERIOGARD 0.12% ORAL RINSE	1	
PILOCARPINE HCL 5 MG TABLET	1	
PILOCARPINE HCL 7.5 MG TABLET	1	
PREVIDENT 0.2% RINSE	NC	
PREVIDENT 5000 BOOSTER PLUS	NC	
PREVIDENT 5000 SENSITIVE PASTE	NC	
SALAGEN 5 MG TABLET	NC	
SALAGEN 7.5 MG TABLET	NC	
SALIVAMAX POWDER PACKET	NC	
SF 5000 PLUS CREAM	1	
STANNOUS FLUOR 0.63% RINSE	1	
TRIAMCINOLONE 0.1% PASTE	1	

## DERMATOLOGICAL AGENTS

### DERMATOLOGICAL AGENTS, OTHER

8-MOP 10 MG CAPSULE	3	
ABSORICA 10 MG CAPSULE	NC	
ABSORICA 20 MG CAPSULE	NC	
ABSORICA 25 MG CAPSULE	NC	
ABSORICA 30 MG CAPSULE	NC	
ABSORICA 35 MG CAPSULE	NC	
ABSORICA 40 MG CAPSULE	NC	
ACITRETIN 10 MG CAPSULE	1	
ACITRETIN 17.5 MG CAPSULE	1	
ACITRETIN 25 MG CAPSULE	1	
ACYCLOVIR 5% OINTMENT	1	Max. 15 GM(s) in 30 days
ACZONE 5% GEL	3	
ACZONE 7.5% GEL PUMP	3	
ALDARA 5% CREAM	NC	
ALEVICYN ANTIPRURITIC SG GEL	NC	
ALUVEA 39% CREAM	NC	
AMMONIUM LACTATE 12% CREAM	1	
AMMONIUM LACTATE 12% LOTION	1	
AMNESTEEM 10 MG CAPSULE	1	
AMNESTEEM 20 MG CAPSULE	1	
AMNESTEEM 40 MG CAPSULE	1	
ANACAINE OINTMENT	NC	
ATOPICLAIR CREAM	NC	
AVAR CLEANSER	NC	
AVAR LS 10%-2% FOAM	NC	
AVAR LS CLEANSER	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
AVAR-E EMOLLIENT CREAM	NC	
AVAR-E LS CREAM	NC	
AZELEX 20% CREAM	3	
BENSAL HP 3% OINTMENT	NC	
BENZAC AC 5% GEL	NC	
BENZAC AC WASH 10% LIQUID	NC	
BP CLEANSING WASH	3	
BPO 4% GEL	1	
BPO 8% GEL	1	
CALCIPOTRIENE 0.005% CREAM	3	
CALCIPOTRIENE 0.005% OINTMENT	3	
CALCIPOTRIENE 0.005% SOLUTION	3	
CALCIPOTRIENE-BETAMETH DP OINT	3	
CALCITRENE 0.005% OINTMENT	3	
CALCITRIOL 3 MCG/G OINTMENT	1	
CARAC 0.5% CREAM	NC	
CELACYN GEL	NC	
CETACAINE ANESTHETIC LIQUID	NC	
CETACAINE SPRAY	NC	
CHLORHEXIDINE GLUC 20% SOLN	NC	
CLARAVIS 10 MG CAPSULE	1	
CLARAVIS 20 MG CAPSULE	1	
CLARAVIS 30 MG CAPSULE	1	
CLARAVIS 40 MG CAPSULE	1	
CLARIS CLARIFYING WASH	NC	
CONDYLOX 0.5% GEL	2	
CONDYLOX 0.5% TOPICAL SOLN	NC	
COSENTYX 300 MG DOSE-2 PENS	4	Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
COSENTYX 300 MG DOSE-2 SYRINGE	4	Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
DENAVIR 1% CREAM	3	Max. 5 GM(s) in 30 days
DICLOFENAC SODIUM 3% GEL	1	Step Therapy required
DOVONEX 0.005% CREAM	NC	
DOXEPIN 5% CREAM	1	
DRITHOCREME HP 1% CREAM	2	
DRYSOL DAB-O-MATIC SOLUTION	3	
DUPIXENT 300 MG/2 ML SAFE SYRG	NC	
EFUDEX 5% CREAM	NC	
ENSTILAR 0.005%-0.064% FOAM	NC	
ETHYL CHLORIDE SPRAY	1	
EXODERM LOTION	1	
FINACEA 15% FOAM	2	
FINACEA 15% GEL	2	
FLUOROPLEX 1% CREAM	3	Step Therapy required
FLUOROURACIL 0.5% CREAM	1	Step Therapy required
FLUOROURACIL 2% TOPICAL SOLN	1	
FLUOROURACIL 5% CREAM	1	
FLUOROURACIL 5% TOP SOLUTION	1	
FORMADON 10% SOLUTION	NC	
GORDO-UREA 22% OINTMENT	NC	
GORDO-UREA 40% OINTMENT	NC	
GRANULEX SPRAY	1	
GUAIACOL LIQUID PURIFIED	NC	
HYPERCARE 20% SOLUTION	1	
IMIQUIMOD 5% CREAM PACKET	1	
INOVA 4% EASY PAD	NC	
INOVA 4-1 EASY PAD	NC	
INOVA 8% EASY PAD	NC	
INOVA 8-2 EASY PAD	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
IODOFLEX PAD	NC	
IODOSORB GEL	NC	
IV INFUSION CPI KIT	NC	
KERAFOAM 30% FOAM	NC	
KERALYT 6% GEL	NC	
KERALYT SCALP COMPLETE KIT	NC	
LAC-HYDRIN 12% CREAM	NC	
LAC-HYDRIN 12% LOTION	NC	
LACTIC ACID 10% E CREAM	1	
LACTIC ACID 10% LOTION	1	
LATRIX 50% TOPICAL SUSPENSION	1	
LEVULAN KERASTICK	NC	
MAFENIDE ACETATE 50 GM POWD PK	1	
METHOXSALEN 10 MG CAPSULE	1	
MIRVASO 0.33% GEL PUMP	4	Prior Authorization required
MYORISAN 10 MG CAPSULE	1	
MYORISAN 20 MG CAPSULE	1	
MYORISAN 30 MG CAPSULE	1	
MYORISAN 40 MG CAPSULE	1	
NIVATOPIC PLUS CREAM	3	
NORMLGEL AG 0.11% WOUND GEL	NC	
OVACE PLUS 10% SHAMPOO	NC	
OVACE PLUS WASH 10% CLNSNG GEL	NC	
OXALIS OINTMENT	NC	
OXSORALEN 1% LOTION	4	
OXSORALEN-ULTRA 10 MG CAP	NC	
PAIN EASE SPRAY	NC	
PANRETIN 0.1% GEL	3	
PICATO 0.015% GEL	3	Max. 30 Days Supply;Step Therapy required
PICATO 0.05% GEL	3	Max. 30 Days Supply;Step Therapy required
PLEXION 9.8-4.8% CLEANSER	NC	
PODOCON-25 LIQUID	1	
PODOFILOX 0.5% TOPICAL SOLN	1	
POTASSIUM HYDROXIDE 5% SOLN	1	
PR CREAM KIT	1	
PRUCLAIR NONSTEROIDAL CREAM	1	
PRUDOXIN 5% CREAM	3	
PYROGALLIC ACID 25% OINTMENT	NC	
RADIAPLEXRX GEL	NC	
REA LO 39 CREAM	NC	
REA LO 40 CREAM	NC	
REA LO 40 LOTION	NC	
REGENECARE 2% WOUND GEL	NC	
REGRANEX 0.01% GEL	4	Limit fills to 3 in 365 days;Max. 15 GM(s) in 30 days
REMEVEN 50% CREAM	1	
RESTIZAN GEL	NC	
RHOFADE 1% CREAM	NC	
ROSANIL CLEANSER LOTION	NC	
ROSULA 10%-5% CLOTHS	NC	
SALACYN 6% CREAM	NC	
SALACYN 6% LOTION	1	
SALEX 6% CREAM KIT	NC	
SALEX 6% LOTION KIT	NC	
SALEX 6% SHAMPOO	NC	
SALICYLIC ACID 26% LIQUID	1	
SALICYLIC ACID 27.5% LIQUID	1	
SALICYLIC ACID 6% CREAM	1	
SALICYLIC ACID 6% GEL	1	
SALICYLIC ACID 6% LOTION KIT	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SALICYLIC ACID 6% SHAMPOO	1	
SANTYL OINTMENT	3	
SEB-PREV 10% WASH	1	
SILIQ 210 MG/1.5 ML SYRINGE	NC	
SILVRSTAT DRESSING GEL	NC	
SOD SULFACE-SULF 9.8-4.8% CLSR	1	
SOD SULFACE-SULFUR 10-5% CLOTH	1	
SOD SULFACET-SULFUR 10-2% CLSR	1	
SOD SULFACET-SULFUR 10-5% CLSR	1	
SOD SULFACETAMIDE 10% SHAMPOO	1	
SOD SULFACETAMIDE-SULFUR LOTN	NC	
SODIUM SULFACETAMIDE 10% WASH	1	
SOLARAZE 3% GEL	NC	
SORIATANE 10 MG CAPSULE	NC	
SORIATANE 17.5 MG CAPSULE	NC	
SORIATANE 25 MG CAPSULE	NC	
SORILUX 0.005% FOAM	NC	
SPRAY AND STRETCH SPRAY	NC	
SULFACETAMIDE-SULFUR 10-2% CRM	1	
SULFACETAMIDE-SULFUR 10-5% CRM	1	
SULFAMYLON 8.5% CREAM	3	
SULFAMYLON POWDER PACKET	NC	
SULFUR SUBLIMED POWDER	NC	
TACLONEX 0.005%-0.064% SUSPENS	NC	
TACLONEX OINTMENT	NC	
TALTZ 80 MG/ML AUTOINJECTOR	4	Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
TALTZ 80 MG/ML SYRINGE	4	Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty
TETRIX CREAM	NC	
TOLAK 4% CREAM	NC	
TREMFYA 100 MG/ML SYRINGE	NC	
TRI-CHLOR 80% SOLUTION	1	
UMECTA 40% EMULSION	NC	
UMECTA PD 40% EMULSION	NC	
URE-K 50% CREAM	1	
UREA 39% CREAM	1	
UREA 40% CREAM	1	
UREA 40% GEL	1	
UREA 40% LOTION	1	
UREA 50% NAIL STICK	NC	
VALCHLOR 0.016% GEL	4	Max. 60 GM(s) in 30 days LDD*: Dohmen Life Sciences 1-800-305-7881
VANOXIDE-HC LOTION	NC	
VASELINE WHITE PETROLEUM JELLY	1	
VASOLEX OINTMENT	1	
VECTICAL 3 MCG/G OINTMENT	NC	
VENELEX OINTMENT	NC	
VEREGEN 15% OINTMENT	2	
VIRASAL ANTIVIRAL WART REMOVER	NC	
X-VIATE 40% CREAM	1	
X-VIATE 40% GEL	NC	
X-VIATE 40% LOTION	1	
XENADERM OINTMENT	NC	
XERESE 5%-1% CREAM	NC	
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZONALON 5% CREAM	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZOVIRAX 5% CREAM	3	Max. 5 GM(s) in 30 days
ZOVIRAX 5% OINTMENT	NC	
ZYCLARA 2.5% CREAM PUMP	3	
ZYCLARA 3.75% CREAM PUMP	3	

## DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

ALA-CORT 1% CREAM	1	
ALA-CORT 2.5% CREAM	1	
ALA-SCALP 2% LOTION	1	
ALCLOMETASONE DIPR 0.05% OINT	1	
ALCLOMETASONE DIPRO 0.05% CRM	1	
AMCINONIDE 0.1% CREAM	1	
AMCINONIDE 0.1% LOTION	1	
AMCINONIDE 0.1% OINTMENT	1	
ANALPRAM HC 1% CREAM	NC	
ANALPRAM HC 2.5%-1% CREAM	NC	
ANALPRAM HC 2.5%-1% LOTION	2	
ANUCORT-HC 25 MG SUPPOSITORY	1	
ANUSOL-HC 2.5% CREAM	NC	
ANUSOL-HC 25 MG SUPPOSITORY	NC	
APEXICON E 0.05% CREAM	3	
AQUA GLYCOLIC HC 2% KIT	NC	
BETAMETHASONE DP 0.05% CRM	1	
BETAMETHASONE DP 0.05% LOT	1	
BETAMETHASONE DP 0.05% OINT	1	
BETAMETHASONE DP AUG 0.05% CRM	1	
BETAMETHASONE DP AUG 0.05% GEL	1	
BETAMETHASONE DP AUG 0.05% LOT	1	
BETAMETHASONE DP AUG 0.05% OIN	1	
BETAMETHASONE VA 0.1% CREAM	1	
BETAMETHASONE VA 0.1% LOTION	1	
BETAMETHASONE VALER 0.1% OINTM	1	
BETAMETHASONE VALER 0.12% FOAM	1	
CAPEX SHAMPOO	3	
CLOBETASOL 0.05% CREAM	1	
CLOBETASOL 0.05% GEL	1	
CLOBETASOL 0.05% OINTMENT	1	
CLOBETASOL 0.05% SHAMPOO	1	
CLOBETASOL 0.05% SOLUTION	1	
CLOBETASOL 0.05% TOPICAL LOTN	1	
CLOBETASOL PROP 0.05% FOAM	1	
CLOBETASOL PROP 0.05% SPRAY	1	
CLOBEX 0.05% SHAMPOO	NC	
CLOBEX 0.05% SPRAY	NC	
CLOBEX 0.05% TOPICAL LOTION	NC	
CLOCORTOLONE PIVALATE 0.1% CRM	1	
CLODAN 0.05% KIT	NC	
CLODAN 0.05% SHAMPOO	NC	
CLODERM 0.1% CREAM	NC	
CORDRAN 0.05% CREAM	NC	
CORDRAN 0.05% LOTION	3	
CORDRAN 0.05% OINTMENT	3	
CORDRAN 4 MCG/SQ CM TAPE LARGE	3	
CORMAX 0.05% SOLUTION	1	
CORTIFOAM 10% AEROSOL	NC	
CUTIVATE 0.05% CREAM	NC	
CUTIVATE 0.05% LOTION	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DERMA-SMOOTH-FS SCALP OIL	NC	
DERMASORB HC 2% COMPLETE KIT	NC	
DERMASORB TA 0.1% COMPLETE KIT	NC	
DERMATOP 0.1% OINTMENT	NC	
DERMATOP EMOLLIENT 0.1% CREAM	NC	
DERMAZENE CREAM	1	
DESONATE 0.05% GEL	3	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOWEN 0.05% CREAM	NC	
DESOWEN 0.05% LOTION	NC	
DESOXIMETASONE 0.05% CREAM	1	
DESOXIMETASONE 0.05% GEL	1	
DESOXIMETASONE 0.05% OINTMENT	1	
DESOXIMETASONE 0.25% CREAM	1	
DESOXIMETASONE 0.25% OINTMENT	1	
DIFLORASONE 0.05% CREAM	1	
DIFLORASONE 0.05% OINTMENT	1	
DIPROLENE 0.05% LOTION	NC	
DIPROLENE 0.05% OINTMENT	NC	
DIPROLENE AF 0.05% CREAM	NC	
ELIDEL 1% CREAM	3	Prior Authorization required
ELOCON 0.1% CREAM	NC	
ELOCON 0.1% LOTION	NC	
ELOCON 0.1% OINTMENT	NC	
EPIFOAM FOAM	NC	
EUCRISA 2% OINTMENT	NC	
FIRST HYDROCORT 10% GEL	NC	
FLUOCINOLONE 0.01% BODY OIL	1	
FLUOCINOLONE 0.01% CREAM	1	
FLUOCINOLONE 0.01% SOLUTION	1	
FLUOCINOLONE 0.025% CREAM	1	
FLUOCINOLONE 0.025% OINTMENT	1	
FLUOCINONIDE 0.05% CREAM	1	
FLUOCINONIDE 0.05% GEL	1	
FLUOCINONIDE 0.05% OINTMENT	1	
FLUOCINONIDE 0.05% SOLUTION	1	
FLUOCINONIDE 0.1% CREAM	1	
FLUOCINONIDE-E 0.05% CREAM	1	
FLURANDRENOLIDE 0.05% CREAM	1	
FLURANDRENOLIDE 0.05% LOTION	1	
FLURANDRENOLIDE 0.05% OINTMENT	2	
FLUTICASONE PROP 0.005% OINT	1	
FLUTICASONE PROP 0.05% CREAM	1	
FLUTICASONE PROP 0.05% LOTION	1	
HALOBETASOL PROP 0.05% CREAM	1	
HALOBETASOL PROP 0.05% OINTMNT	1	
HALOG 0.1% CREAM	3	
HALOG 0.1% OINTMENT	3	
HALONATE COMBO PACK	NC	
HALONATE PAC COMBO PACK	NC	
HEMMOREX-HC 25 MG SUPPOSITORY	NC	
HEMMOREX-HC 30 MG SUPPOSITORY	NC	
HEMRIL-30 30 MG SUPPOSITORY	1	
HYDROCORT-PRAMOXINE 1%-1% CRM	1	
HYDROCORT-PRAMOXINE 2.5-1% CRM	1	
HYDROCORTISONE 1% CREAM	1	
HYDROCORTISONE 1% OINTMENT	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
HYDROCORTISONE 2.5% CREAM	1	
HYDROCORTISONE 2.5% LOTION	1	
HYDROCORTISONE 2.5% OINTMENT	1	
HYDROCORTISONE AC 25 MG SUPP	1	
HYDROCORTISONE AC 30 MG SUPP	1	
HYDROCORTISONE ACETATE 2% GEL	1	
HYDROCORTISONE BUTY 0.1% CREAM	1	
HYDROCORTISONE BUTYR 0.1% OINT	1	
HYDROCORTISONE BUTYR 0.1% SOLN	1	
HYDROCORTISONE VAL 0.2% CREAM	1	
HYDROCORTISONE VAL 0.2% OINTMT	1	
HYDROCORTISONE-iodoquinol CRM	1	
HYDROCORTISONE-PRAMOXINE CREAM	1	
KENALOG 0.147 MG/GRAM SPRAY	NC	
LOCOID 0.1% CREAM	NC	
LOCOID 0.1% LOTION	NC	
LOCOID 0.1% OINTMENT	NC	
LOCOID 0.1% SOLUTION	NC	
LUXIQ 0.12% FOAM	NC	
MICORT HC 2.5% CREAM	NC	
MOMETASONE FUROATE 0.1% CREAM	1	
MOMETASONE FUROATE 0.1% OINT	1	
MOMETASONE FUROATE 0.1% SOLN	1	
MOMEXIN COMBO PACK	NC	
NOLIX 0.05% LOTION	NC	
NUCORT LOTION	NC	
OLUX-E 0.05% FOAM	NC	
PANDEL 0.1% CREAM	NC	
PEDIADERM TA 0.1% KIT	NC	
PRAMCORT 1% CREAM	NC	
PRAMOSONE 1% LOTION	2	
PRAMOSONE 1%-1% CREAM	NC	
PRAMOSONE 1%-1% OINTMENT	2	
PRAMOSONE 2.5%-1% CREAM	NC	
PRAMOSONE 2.5%-1% LOTION	2	
PRAMOSONE 2.5%-1% OINTMENT	NC	
PRAMOSONE E 2.5%-1% CREAM	NC	
PREDNICARBATE 0.1% CREAM	1	
PREDNICARBATE 0.1% OINTMENT	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTO-PAK 1% CREAM	NC	
PROCTOCORT 1% CREAM	NC	
PROCTOCORT 30 MG SUPPOSITORY	NC	
PROCTOFOAM-HC 1%-1% FOAM	2	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
PROTOPIC 0.03% OINTMENT	NC	
PROTOPIC 0.1% OINTMENT	NC	
PSORCON 0.05% CREAM	NC	
RECTACORT-HC 25 MG SUPPOSITORY	NC	
SCALACORT 2% LOTION	NC	
SERNIVO 0.05% SPRAY	NC	
SYNALAR 0.01% SOLUTION	NC	
SYNALAR 0.025% CREAM	NC	
SYNALAR 0.025% CREAM KIT	NC	
SYNALAR 0.025% OINTMENT	NC	
SYNALAR 0.025% OINTMENT KIT	NC	
SYNALAR TS 0.01% KIT	NC	
TACROLIMUS 0.03% OINTMENT	1	Prior Authorization required

DRUG NAME	TIER	LIMITATIONS/ * NOTES
TACROLIMUS 0.1% OINTMENT	1	Prior Authorization required
TEMOVATE 0.05% CREAM	NC	
TEMOVATE 0.05% OINTMENT	NC	
TEXACORT 2.5% SOLUTION	3	
TOPICORT 0.05% CREAM	NC	
TOPICORT 0.05% GEL	NC	
TOPICORT 0.05% OINTMENT	NC	
TOPICORT 0.25% CREAM	NC	
TOPICORT 0.25% OINTMENT	NC	
TOPICORT 0.25% SPRAY	NC	
TRIAMCINOLONE 0.025% CREAM	1	
TRIAMCINOLONE 0.025% LOTION	1	
TRIAMCINOLONE 0.025% OINT	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.1% LOTION	1	
TRIAMCINOLONE 0.1% OINTMENT	1	
TRIAMCINOLONE 0.147 MG/G SPRAY	1	
TRIAMCINOLONE 0.5% CREAM	1	
TRIAMCINOLONE 0.5% OINTMENT	1	
TRIANEX 0.05% OINTMENT	3	
TRIDERM 0.1% CREAM	1	
TRIDESILON 0.05% CREAM	1	
U-CORT 1% CREAM	1	
ULTRAVATE 0.05% CREAM	NC	
ULTRAVATE 0.05% LOTION	NC	
ULTRAVATE 0.05% OINTMENT	NC	
ULTRAVATE PAC OINTMENT KIT	NC	
ULTRAVATE X OINTMENT COMBO PAC	NC	
VANOS 0.1% CREAM	NC	
VERDESO 0.05% FOAM	3	
WESTCORT 0.2% OINTMENT	NC	

## DERMATOLOGICAL ANTIBACTERIALS

ACANYA GEL PUMP	NC	
AKNE-MYCIN 2% OINTMENT	3	
AKTIPAK 3%-5% GEL POUCH	NC	
ALTABAX 1% OINTMENT	3	
BACTROBAN 2% CREAM	NC	
BACTROBAN 2% OINTMENT	NC	
BACTROBAN NASAL 2% OINTMENT	3	
BENOXYLDOXY 30 KIT	NC	
BENOXYLDOXY 60 KIT	NC	
BENZACLIN GEL 50G PUMP	NC	
BENZAMYCIN GEL	NC	
CENTANY 2% OINTMENT	NC	
CENTANY AT 2% OINTMENT KIT	NC	
CLEOCIN T 1% GEL	NC	
CLEOCIN T 1% LOTION	NC	
CLEOCIN T 1% PLEDGETS	NC	
CLEOCIN T 1% SOLUTION	NC	
CLIND PH-BENZOYL PEROX 1.2-5%	1	
CLINDA-TRETINOIN 1.2%-0.025%	NC	
CLINDACIN ETZ 1% PLEDGET	NC	
CLINDACIN PAC KIT	NC	
CLINDAGEL 1% GEL	NC	
CLINDAMYCIN PH 1% GEL	1	
CLINDAMYCIN PH 1% SOLUTION	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CLINDAMYCIN PHOS 1% PLEDGET	1	
CLINDAMYCIN PHOSP 1% LOTION	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	1	
CLINDAMYCIN-BENZOYL PEROX 1-5%	1	
CORTISPORIN CREAM	3	
CORTISPORIN OINTMENT	3	
DUAC 1.2-5% GEL	NC	
ERY 2% PADS	1	
ERYGEL 2% GEL	NC	
ERYTHROMYCIN 2% GEL	1	
ERYTHROMYCIN 2% PLEDGETS	1	
ERYTHROMYCIN 2% SOLUTION	1	
ERYTHROMYCIN-BENZOYL GEL	1	
EVOCLIN 1% FOAM	NC	
GENTAMICIN 0.1% CREAM	1	
GENTAMICIN 0.1% OINTMENT	1	
KLARON 10% LOTION	NC	
METROCREAM 0.75% CREAM	NC	
METROGEL TOPICAL 1% GEL	NC	
METROLOTION TOPICAL 0.75%	NC	
METRONIDAZOLE 0.75% CREAM	1	
METRONIDAZOLE 0.75% LOTION	1	
METRONIDAZOLE TOPICAL 0.75% GL	1	
METRONIDAZOLE TOPICAL 1% GEL	1	
MUPIROCIN 2% CREAM	1	
MUPIROCIN 2% OINTMENT	1	
NEO-SYNALAR 0.5%-0.025% CREAM	4	Prior Authorization required
NEO-SYNALAR 0.5-0.025% CRM KIT	NC	
NEUAC 1.2-5% KIT	NC	
NEUAC GEL	1	
NORITATE 1% CREAM	NC	
ONEXTON GEL PUMP	NC	
PHISOHEX 3% CLEANSER	2	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% CREAM KIT	NC	
ROSADAN 0.75% GEL	NC	
SELENIUM SULFIDE 2.25% SHAMPOO	1	
SELENIUM SULFIDE 2.5% LOTION	1	
SILVADENE 1% CREAM	NC	
SILVER NITRATE 0.5% SOLN	1	
SILVER NITRATE 10% OINTMENT	1	
SILVER NITRATE 10% SOLUTION	1	
SILVER NITRATE 25% SOLUTION	1	
SILVER NITRATE 50% SOLUTION	1	
SILVER NITRATE APPLICATOR	1	
SILVER SULFADIAZINE 1% CREAM	1	
SSD 1% CREAM	1	
SULFACETAMIDE SOD 10% TOP SUSP	1	
TERSI 2.25% FOAM	NC	
THERMAZENE 1% CREAM	NC	
VELTIN 1.2%-0.025% GEL	4	Prior Authorization required
ZIANA GEL	NC	

## DERMATOLOGICAL RETINOIDS

ADAPALENE 0.1% CREAM	1	Prior Authorization required for members 30 and older
ADAPALENE 0.1% GEL	1	Prior Authorization required for members 30 and older
ADAPALENE 0.1% LOTION	1	Prior Authorization required for members 30 and older



DRUG NAME	TIER	LIMITATIONS/ * NOTES
ADAPALENE 0.3% GEL	1	Prior Authorization required for members 30 and older
ADAPALENE-BNZYL PEROX 0.1-2.5%	2	Prior Authorization required for members 30 and older
ATRALIN 0.05% GEL	NC	
AVITA 0.025% CREAM	1	Prior Authorization required for members 30 and older
AVITA 0.025% GEL	1	Prior Authorization required for members 30 and older
DIFFERIN 0.1% CREAM	NC	
DIFFERIN 0.1% GEL	NC	
DIFFERIN 0.1% LOTION	NC	
DIFFERIN 0.3% GEL PUMP	NC	
EPIDUO 0.1-2.5% GEL PUMP	3	Prior Authorization required
EPIDUO FORTE 0.3-2.5% GEL PUMP	3	Prior Authorization required
FABIOR 0.1% FOAM	3	Prior Authorization required for members 30 and older
RETIN-A 0.01% GEL	NC	
RETIN-A 0.025% CREAM	NC	
RETIN-A 0.025% GEL	NC	
RETIN-A 0.05% CREAM	NC	
RETIN-A 0.1% CREAM	NC	
RETIN-A MICRO 0.04% GEL	NC	
RETIN-A MICRO 0.1% GEL	NC	
RETIN-A MICRO PUMP 0.08% GEL	NC	
TAZAROTENE 0.1% CREAM	2	Prior Authorization required for members 30 and older
TAZORAC 0.05% CREAM	3	Prior Authorization required for members 30 and older
TAZORAC 0.05% GEL	3	Prior Authorization required for members 30 and older
TAZORAC 0.1% CREAM	3	Prior Authorization required for members 30 and older
TAZORAC 0.1% GEL	3	Prior Authorization required for members 30 and older
TRETIN-X 0.025% CREAM COMB PCK	3	Prior Authorization required for members 30 and older
TRETIN-X 0.0375% CREAM	3	Prior Authorization required for members 30 and older
TRETIN-X 0.075% CREAM	3	Prior Authorization required for members 30 and older
TRETIN-X 0.1% COMBO PACK	3	Prior Authorization required for members 30 and older
TRETINOIN 0.01% GEL	1	Prior Authorization required for members 30 and older
TRETINOIN 0.025% CREAM	1	Prior Authorization required for members 30 and older
TRETINOIN 0.025% GEL	1	Prior Authorization required for members 30 and older
TRETINOIN 0.05% CREAM	1	Prior Authorization required for members 30 and older
TRETINOIN 0.05% GEL	1	Prior Authorization required for members 30 and older
TRETINOIN 0.1% CREAM	1	Prior Authorization required for members 30 and older
TRETINOIN GEL MICRO 0.04% TUBE	1	Prior Authorization required for members 30 and older
TRETINOIN GEL MICRO 0.1% TUBE	1	Prior Authorization required for members 30 and older

## SCABICIDES AND PEDICULICIDES

ELIMITE 5% CREAM	NC	
EURAX 10% CREAM	3	
EURAX 10% LOTION	3	
LINDANE 1% LOTION	1	
LINDANE 1% SHAMPOO	1	
MALATHION 0.5% LOTION	1	
NATROBA 0.9% TOPICAL SUSP	NC	
OVIDE 0.5% LOTION	NC	
PERMETHRIN 5% CREAM	1	
SKLICE 0.5% LOTION	3	
SOOLANTRA 1% CREAM	NC	
SPINOSAD 0.9% TOPICAL SUSP	1	

## DEVICES

### DEVICES

DRUG NAME	TIER	LIMITATIONS/ * NOTES
1ST CHOICE THIN LANCETS	2	HSA*
1ST TIER COMFORTOUCH 28G LANCT	2	HSA*
1ST TIER COMFORTOUCH 30G LANCT	2	HSA*
ACAPELLA DEVICE	NC	
ACCU-CHEK ACTIVE TEST STRIP	NC	
ACCU-CHEK AVIVA PLUS TEST STRP	NC	
ACCU-CHEK AVIVA TEST STRIPS	NC	
ACCU-CHEK CMFRT CURVE STRIP	NC	
ACCU-CHEK COMPACT PLUS STRIPS	NC	
ACCU-CHEK FASTCLIX LANCETS	2	HSA*
ACCU-CHEK GUIDE TEST STRIP	NC	
ACCU-CHEK MULTICLIX LANCETS	2	HSA*
ACCU-CHEK SAFE-T-PRO 23G LANCT	2	HSA*
ACCU-CHEK SAFE-T-PRO PLUS 23G	2	HSA*
ACCU-CHEK SMARTVIEW TEST STRIP	NC	
ACCU-CHEK SOFTCLIX LANCETS	2	HSA*
ACCU-CHEK SPIRIT CLIP CASE	NC	
ACCUTREND GLUCOSE TEST STRIP	NC	
ACE AEROSOL CLOUD ENHANCER	MD	
ACTI-LANCE LITE 28G LANCETS	2	HSA*
ACTI-LANCE SPECIAL 17G LANCETS	2	HSA*
ACTI-LANCE UNIVERS 23G LANCETS	2	HSA*
ACUICYN EYELID-EYELASH CLEANSR	NC	
ACURA TEST STRIPS	NC	
ADVANCED TRAVEL 28G LANCETS	2	HSA*
ADVANCED TRAVEL 30G LANCETS	2	HSA*
ADVOCATE 26G LANCETS	2	HSA*
ADVOCATE 26G LANCETS	2	HSA*
ADVOCATE 30G LANCETS	2	HSA*
ADVOCATE BLOOD PRESSURE MONITR	NC	
ADVOCATE REDI-CODE TEST STRIP	NC	
ADVOCATE REDI-CODE+ TEST STRIP	NC	
ADVOCATE TEST STRIP	NC	
AEROCHAMBER MINI	MD	
AEROCHAMBER MV HOLD CHAMBER	MD	
AEROCHAMBER PLUS FLOW-VU	MD	
AEROCHAMBER PLUS FLOW-VU SMALL	MD	
AEROCHAMBER PLUS W-FLOWSIGNAL	MD	
AEROCHAMBER PLUS Z STAT MEDIUM	MD	
AEROCHAMBER Z-STAT PLUS W-FLOW	MD	
AEROGEAR ASTHMA ACTION KIT	MD	
AEROTRACH HOLDING CHAMBER	MD	
AEROVENT PLUS HOLDING CHAMBER	MD	
AGAMATRIX AMP TEST STRIPS	NC	
AIRZONE PEAK FLOW METER	MD	
ALLERGIST PACK 26GX1/2" 1 ML	2	
ALLERGIST PACK 26GX3/8" 1 ML	2	
ALLERGIST PACK 27GX1/2" 1 ML	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ALLERGY SYRINGE 1 ML 27GX1/2"	2	
ALLERGY SYRINGE 1 ML 27GX3/8"	2	
ALTERNATE SITE 26G LANCETS	2	HSA*
ASEPTO BULB SYRINGES GLASS	2	
ASSESS PEAK FLOW METER	MD	
ASSURE 4 TEST STRIPS	NC	
ASSURE COMFORT 30G LANCETS	2	HSA*
ASSURE HAEMOLANCE PLUS 18G	2	HSA*
ASSURE HAEMOLANCE PLUS 21G	2	HSA*
ASSURE HAEMOLANCE PLUS 25G	2	HSA*
ASSURE HAEMOLANCE PLUS 28G	2	HSA*
ASSURE HAEMOLANCE PLUS BLADE	2	HSA*
ASSURE LANCE 25G LANCETS	2	HSA*
ASSURE LANCE 28G LANCETS	2	HSA*
ASSURE LANCE PLUS 21G LANCETS	2	HSA*
ASSURE LANCE PLUS 25G LANCETS	2	HSA*
ASSURE LANCE PLUS 30G LANCETS	2	HSA*
ASSURE PLATINUM TEST STRIPS	NC	
ASSURE PRISM MULTI TEST STRIPS	NC	
ASSURE PRO TEST STRIPS	NC	
ASTHMA CHECK PEAK FLOW MTR	MD	
ASTHMAMENTOR PEAK FLOW MTR	MD	
ASTHMAPACK CHILDREN'S CARE KIT	MD	
AURORA SUPER THIN 30G LANCETS	2	HSA*
AURSTAT ANTI-ITCH HYDROGEL KIT	NC	
AVENOVA LID-LASH SPRAY	NC	
AVO CREAM TOPICAL EMULSION	1	
BD 1 ML SYRINGE WITH NEEDLE	2	
BD 1 ML SYRINGE-NEEDLE 25GX5/8	2	
BD 10 ML SYRINGE	2	
BD 10 ML SYRINGE 20GX1"	2	
BD 10 ML SYRINGE 20GX1-1/2"	2	
BD 10 ML SYRINGE 21GX1"	2	
BD 10 ML SYRINGE 21GX1-1/2"	2	
BD 10 ML SYRINGE 22GX1"	2	
BD 10 ML SYRINGE 22GX1-1/2"	2	
BD 10 ML SYRINGE WITH NEEDLE	2	
BD 20 ML SYRINGE	2	
BD 20 ML SYRINGE BULK	2	
BD 3 ML SYRINGE 18GX1-1/2"	2	
BD 3 ML SYRINGE 20GX1-1/2"	2	
BD 3 ML SYRINGE 25GX1"	2	
BD 3 ML SYRINGE 25GX1-1/2"	2	
BD 3 ML SYRINGE WITH NEEDLE	2	
BD 5 ML SYRINGE 20GX1"	2	
BD 5 ML SYRINGE 20GX1-1/2"	2	
BD 5 ML SYRINGE 21GX1"	2	
BD 5 ML SYRINGE 21GX1-1/2"	2	
BD 5 ML SYRINGE 22GX1"	2	
BD 5 ML SYRINGE 22GX1-1/2"	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BD 5 ML SYRINGE WITH NEEDLE	2	
BD 60 ML SYRINGE	2	
BD ALLERGIST SYRINGE	2	
BD ALLERGIST TRAY	2	
BD ALLERGIST TRAY	2	
BD ALLERGY SYRINGE 1 ML 28G	2	
BD ALLERGY SYRINGE-NEEDLE 1 ML	2	
BD BULK SYRINGE 1 ML	2	
BD BULK SYRINGE 10 ML	2	
BD BULK SYRINGE 20 ML	2	
BD BULK SYRINGE 3 ML	2	
BD BULK SYRINGE 5 ML	2	
BD BULK SYRINGE 60 ML	2	
BD CATHETER TIP SYRINGE 60 ML	2	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE SYR 1 ML 25GX5/8	3	
BD ECLIPSE SYRINGE 3 ML 21GX1"	2	
BD ECLIPSE SYRINGE 3 ML 22GX1"	2	
BD ECLIPSE SYRINGE 3 ML 25GX1"	2	
BD GLASPAK 1 ML SYRINGE	2	
BD GLASPAK 10 ML SYRINGE	2	
BD GLASPAK 2.5 ML SYRINGE	2	
BD GLASPAK 5 ML SYRINGE	2	
BD INSULIN SYR 0.5 ML 6MMX31G	2	
BD INSULIN SYR 1 ML 6MMX31G	2	HSA*
BD INTEGRA RETRA NEEDLE 23GX1"	2	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD INTEGRA SYR 3 ML 22GX1 1/2"	2	
BD INTEGRA SYR 3 ML 25GX5/8"	2	
BD INTEGRA SYRINGE 1 ML 25GX1"	3	
BD INTEGRA SYRINGE 3 ML 21GX1"	3	
BD INTEGRA SYRINGE 3 ML 23GX1"	2	
BD INTEGRA SYRINGE 3 ML 25GX1"	2	
BD INTERLINK SYR 15G W-CANNULA	2	
BD INTERLINK SYR 17G W-CANNULA	2	
BD INTERLINK SYR 17G W-CANNULA	2	
BD LUER-LOK 5 ML SYRINGE	2	
BD LUER-LOK SYR 3 ML 25GX5/8"	2	
BD LUER-LOK SYRINGE 1ML 20GX1"	2	
BD LUER-LOK SYRINGE 20 ML	2	
BD LUER-LOK SYRINGE 3 ML	2	
BD LUER-LOK SYRINGE 5 ML	2	
BD LUER-LOK TIP SYRINGE 30 ML	2	
BD LUERSLIP SYRINGE 1 ML	2	
BD MEDSAVER 1 ML SYR-NEEDLE	2	
BD MEDSAVER SYRINGE	2	
BD MICROTAINER 21G LANCETS	2	
BD MICROTAINER 30G LANCETS	2	HSA*
BD MICROTAINER LANCETS	2	HSA*
BD NEEDLE 18GX1 1/2"	2	
BD NEEDLE 19GX1 1/2"	2	
BD NEEDLE 20GX1 1/2"	2	
BD NEEDLE 21GX1 1/2"	2	
BD NEEDLE 21GX1"	2	
BD NEEDLE 22GX1 1/2"	2	
BD NEEDLE 22GX1"	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BD NEEDLE 22GX3/4"	2	
BD NEEDLE 23GX1 1/2"	2	
BD NEEDLE 23GX1"	2	
BD NEEDLE 24GX1"	2	
BD NEEDLE 25GX1"	2	
BD NEEDLE 25GX5/8"	2	
BD NEEDLE 26GX0.625"	2	
BD NEEDLES 16GX1"	2	
BD NEEDLES 16GX1.5"	2	
BD NEEDLES 18GX1"	2	
BD NEEDLES 18GX1.5"	2	
BD NEEDLES 18GX1.5"	2	
BD NEEDLES 19GX1"	2	
BD NEEDLES 19GX1.5"	2	
BD NEEDLES 20GX1"	2	
BD NEEDLES 20GX1"	2	
BD NEEDLES 20GX1.5"	2	
BD NEEDLES 20GX1.5"	2	
BD NEEDLES 21GX1"	2	
BD NEEDLES 21GX1.5"	2	
BD NEEDLES 21GX2"	2	
BD NEEDLES 22GX1"	2	
BD NEEDLES 22GX1.5"	2	
BD NEEDLES 22GX1.5"	2	
BD NEEDLES 23GX0.75"	2	
BD NEEDLES 23GX1.25"	2	
BD NEEDLES 25GX0.625"	2	
BD NEEDLES 25GX0.875"	2	
BD NEEDLES 25GX1.5"	2	
BD NEEDLES 26GX0.375"	2	
BD NEEDLES 26GX0.5"	2	
BD NEEDLES 27GX0.5"	2	
BD NEEDLES 27GX1X1.25"	2	
BD NEEDLES 30GX0.5"	2	
BD NEEDLES 30GX1"	2	
BD NOKOR ADMIX NEEDLE 18GX1.5"	2	
BD PRECISIONGLIDE 3 ML 22GX3/4	2	
BD PRECISIONGLIDE NEEDLE 25G	2	
BD SAFETYGLIDE 3 ML SYRINGE	2	
BD SAFETYGLIDE 3 ML SYRINGE	2	
BD SAFETYGLIDE ALLERGY 27G SYR	2	
BD SAFETYGLIDE ALLERGY SYRINGE	2	
BD SAFETYGLIDE SYR 22GX1.5"	2	
BD SAFETYGLIDE SYR 22GX1.5"	2	
BD SAFETYGLIDE TB 1 ML SYR	2	
BD SLIP TIP 5 ML SYRINGE	2	
BD SLIP TIP 60 ML SYRINGE	2	
BD SLIP-TIP SYRINGE 20 ML	3	
BD SYR 0.3 ML 6MMX31G (1/2)	2	HSA*
BD SYRINGE 10 ML	2	
BD SYRINGE 2 ML	2	
BD SYRINGE 20 ML	2	
BD SYRINGE 3 ML	2	
BD SYRINGE 3 ML	2	
BD SYRINGE 30 ML	3	
BD SYRINGE 30 ML	2	
BD SYRINGE 30 ML	2	
BD SYRINGE 5 ML	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BD SYRINGE 50 ML	2	
BD SYRINGE GLASS 3 ML	2	
BD SYRINGE WITH CANNULA	2	
BD SYRINGE-SAFETY GLIDE	2	
BD SYRINGE-SAFETY GLIDE	2	
BD TB SYRINGE 21GX1"	2	
BD TB SYRINGE 22GX1"	2	
BD TB SYRINGE 25GX5/8"	2	
BD TB SYRINGE 26GX3/8"	2	
BD TB SYRINGE 27GX1/2"	2	
BD TB SYRNGE 27GX1/2"	2	
BD TUBERCULIN 1 ML SYRINGE	2	
BD ULTRA-FINE 33G LANCETS	2	HSA*
BD ULTRA-FINE II 30G LANCETS	2	HSA*
BD ULTRA-FINE PEN NDL 4MMX32G	2	HSA*
BEAU RX SCAR CARE GEL	NC	
BG-STAR GLUCOSE TEST STRIPS	NC	
BIAFINE EMULSION	NC	
BLOOD GLUCOSE TEST STRIP	NC	
BLOOD GLUCOSE TEST STRIPS	NC	
BLOOD LANCETS 30G	2	HSA*
BREATHERITE MDI SPACER	MD	
BREATHRITE VALVED MDI CHAMBER	MD	
BREEZE 2 DISC TEST STRIP	NC	
BULLSEYE MINI SAFETY 21G	2	HSA*
BULLSEYE MINI SAFETY 25G LANCT	2	HSA*
CAREONE ULTRA THIN LANCET	2	HSA*
CAREPOINT LUER SLIP 1 ML SYRNG	3	
CARESENS N TEST STRIPS	NC	
CARESENS ULTRA THIN 30G LANCET	2	HSA*
CARETOUCH TWIST 28G LANCET	2	HSA*
CARETOUCH TWIST 30G LANCET	2	HSA*
CERAMAX SKIN BARRIER CREAM	NC	
CHOICEDM CLARUS TEST STRIPS	NC	
CHOICEDM G20 TEST STRIPS	NC	
CLEVER CHEK ULTRA THIN 30G	2	HSA*
CLEVER CHOICE MICRO TEST STRIP	NC	
CLEVER CHOICE PRO TEST STRIP	NC	
CLEVER CHOICE TALK TEST STRIPS	NC	
CLEVER CHOICE TEST STRIPS	NC	
CLEVER CHOICE VOICE+ TST STRIP	NC	
COAGUCHEK LANCETS	2	HSA*
COMFORT EZ SAFETY 21G LANCETS	2	HSA*
COMFORT EZ SAFETY 23G LANCETS	2	HSA*
COMFORT EZ SAFETY 28G LANCETS	2	HSA*
COMFORT LANCETS	2	HSA*
COMPACT SPACE CHAMBER	MD	
COMPACT SPACE CHAMBER PLUS	MD	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CONTOUR NEXT STRIPS	NC	
CONTOUR TEST STRIPS	NC	
CONTROL AST TEST STRIP	NC	
CONTROL TEST STRIPS	NC	
COOL GLUCOSE TEST STRIP	NC	
CORNWALL SYRINGES LUER-LOK	2	
CORNWALL SYRINGES LUER-LOK	2	
CORNWALL SYRINGES LUER-LOK	2	
CVS ADVANCED GLUCOSE TEST STR	NC	
CVS THIN 26G LANCETS	2	HSA*
CVS ULTRA THIN 30G LANCETS	2	HSA*
DARIO BLOOD GLUCOSE TEST STRIP	NC	
DIATRUE PLUS TEST STRIP	NC	
DOVER BULB SYRINGE 60 ML	2	
DROPLET 30G LANCETS	2	HSA*
E-Z JECT LANCETS	2	HSA*
E-Z SPACER	MD	
E-ZJECT COLOR 32G LANCETS	2	HSA*
E-ZJECT COLOR 33G LANCETS	2	HSA*
E-ZJECT SUPER THIN 30G LANCETS	2	HSA*
E-ZJECT THIN LANCETS	2	HSA*
EASIVENT HOLDING CHAMBER	MD	
EASIVENT MASK-LARGE	MD	
EASIVENT MASK-MEDIUM	MD	
EASIVENT MASK-SMALL	MD	
EASY COMFORT 30G LANCETS	2	HSA*
EASY GLIDE CATH TIP 60 ML SYRN	3	
EASY GLIDE DENTAL IRR 10ML SYR	3	
EASY GLIDE LUER LOCK 1 ML SYR	3	
EASY GLIDE LUER LOCK 10 ML SYR	3	
EASY GLIDE LUER LOCK 3 ML SYR	3	
EASY GLIDE LUER LOCK 60 ML SYR	3	
EASY GLIDE LUER SLIP TB 1 ML	3	
EASY GLUCO G2 TEST STRIP	NC	
EASY PLUS GLUCOSE TEST STRIP	NC	
EASY PLUS II TEST STRIPS	NC	
EASY STEP GLUCOSE TEST STRIPS	NC	
EASY TALK GLUCOSE TEST STRIP	NC	
EASY TOUCH 28G LANCETS	2	HSA*
EASY TOUCH FLIPLK 10ML 18GX1.5	3	
EASY TOUCH FLIPLK 10ML 20GX1.5	2	
EASY TOUCH FLIPLK 10ML 21GX1.5	2	
EASY TOUCH FLIPLK 10ML 22GX1.5	3	
EASY TOUCH FLIPLK 5 ML 20GX1.5	2	
EASY TOUCH FLIPLK 5 ML 21GX1.5	2	
EASY TOUCH FLIPLK 5 ML 22GX1.5	2	
EASY TOUCH FLIPLK 5 ML 25GX5/8	3	
EASY TOUCH FLIPLOCK 1 ML 25GX1	2	
EASY TOUCH FLIPLOCK 10ML 21GX1	3	
EASY TOUCH FLIPLOCK 3 ML 18GX1	3	
EASY TOUCH FLIPLOCK 3 ML 19GX1	3	
EASY TOUCH FLIPLOCK 3 ML 20GX1	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EASY TOUCH FLIPLOCK 3 ML 21GX1	2	
EASY TOUCH FLIPLOCK 3 ML 22GX1	2	
EASY TOUCH FLIPLOCK 3 ML 23GX1	2	
EASY TOUCH FLIPLOCK 3 ML 25GX1	2	
EASY TOUCH FLIPLOCK 5 ML 18GX1	3	
EASY TOUCH FLIPLOCK 5 ML 20GX1	2	
EASY TOUCH FLIPLOCK 5 ML 21GX1	3	
EASY TOUCH FLIPLOCK 5 ML 25GX1	3	
EASY TOUCH FLIPLK 10 ML 18GX1	3	
EASY TOUCH FLIPLK 10 ML 20GX1	2	
EASY TOUCH FLIPLK 10 ML 25GX1	3	
EASY TOUCH FLIPLK 1ML 26GX3/8	2	
EASY TOUCH FLIPLK 3ML 18GX1.5	3	
EASY TOUCH FLIPLK 3ML 19GX1.5	3	
EASY TOUCH FLIPLK 3ML 20GX1.5	2	
EASY TOUCH FLIPLK 3ML 21GX1.5	2	
EASY TOUCH FLIPLK 3ML 22GX1.5	2	
EASY TOUCH FLIPLK 3ML 23GX1.5	3	
EASY TOUCH FLIPLK 3ML 25GX5/8	2	
EASY TOUCH FLURING 1ML 25GX5/8	2	
EASY TOUCH FLURING 1ML 25GX5/8	2	
EASY TOUCH FLURINGE 1 ML 25GX1	2	
EASY TOUCH FLURINGE 1 ML 25GX1	2	
EASY TOUCH FLURINGE 1 ML 25GX1	2	
EASY TOUCH FLURINGE 25GX5/8"	2	
EASY TOUCH GLUCOSE TEST STRIP	NC	
EASY TOUCH HYPODERMIC 16GX1"	2	
EASY TOUCH HYPODERMIC 16GX1.5"	2	
EASY TOUCH HYPODERMIC 18GX1"	2	
EASY TOUCH HYPODERMIC 18GX1.5"	2	
EASY TOUCH HYPODERMIC 19GX1"	2	
EASY TOUCH HYPODERMIC 19GX1.5"	2	
EASY TOUCH HYPODERMIC 20GX1"	2	
EASY TOUCH HYPODERMIC 20GX1.5"	2	
EASY TOUCH HYPODERMIC 21GX1"	2	
EASY TOUCH HYPODERMIC 21GX1.5"	2	
EASY TOUCH HYPODERMIC 22GX1"	2	
EASY TOUCH HYPODERMIC 22GX1.5"	2	
EASY TOUCH HYPODERMIC 23GX1"	2	
EASY TOUCH HYPODERMIC 23GX1.25	2	
EASY TOUCH HYPODERMIC 23GX1.5"	2	
EASY TOUCH HYPODERMIC 23GX3/4"	2	
EASY TOUCH HYPODERMIC 24GX1"	2	
EASY TOUCH HYPODERMIC 25GX1"	2	
EASY TOUCH HYPODERMIC 25GX1.5"	2	
EASY TOUCH HYPODERMIC 25GX5/8"	2	
EASY TOUCH HYPODERMIC 26GX1/2"	2	
EASY TOUCH HYPODERMIC 26GX3/8"	2	
EASY TOUCH HYPODERMIC 26GX5/8"	2	
EASY TOUCH HYPODERMIC 27GX1.25	2	
EASY TOUCH HYPODERMIC 27GX1.5"	2	
EASY TOUCH HYPODERMIC 27GX1/2"	2	
EASY TOUCH HYPODERMIC 30GX1"	2	
EASY TOUCH HYPODERMIC 30GX1/2"	2	
EASY TOUCH LUER LOCK 1 ML SYR	2	
EASY TOUCH LUER LOCK 10 ML SYR	2	
EASY TOUCH LUER LOCK 3 ML SYR	2	
EASY TOUCH LUER LOCK 5 ML SYR	2	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
EASY TOUCH SAFETY 21G LANCETS	2	HSA*
EASY TOUCH SAFETY 23G LANCETS	2	HSA*
EASY TOUCH SAFETY 26G LANCETS	2	HSA*
EASY TOUCH SHEATH 10 ML 25GX1"	3	
EASY TOUCH SHEATH 10ML 21GX1.5	2	
EASY TOUCH SHEATH 10ML 22GX1.5	3	
EASY TOUCH SHEATH 3 ML 21GX1"	2	
EASY TOUCH SHEATH 3 ML 21GX1.5	2	
EASY TOUCH SHEATH 3 ML 22GX1"	2	
EASY TOUCH SHEATH 3 ML 22GX1.5	2	
EASY TOUCH SHEATH 3 ML 23GX1"	2	
EASY TOUCH SHEATH 3 ML 25GX1"	2	
EASY TOUCH SHEATH 3 ML 25GX5/8	2	
EASY TOUCH SHEATH 5 ML 21GX1.5	2	
EASY TOUCH SHEATH 5 ML 22GX1.5	2	
EASY TOUCH SHEATH 5 ML 25GX1"	3	
EASY TOUCH SHEATHLOCK 10ML SYR	3	
EASY TOUCH SHEATHLOCK 3 ML SYR	2	
EASY TOUCH SHEATHLOCK 5 ML SYR	3	
EASY TOUCH SYR 1 ML 25GX5/8"	2	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2	
EASY TOUCH SYRINGE 1 ML 25GX1"	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2	
EASY TOUCH SYRINGE 3 ML 23GX1"	2	
EASY TOUCH SYRINGE 3 ML 25GX1"	2	
EASY TOUCH TB FLP 1 ML 26GX5/8	3	
EASY TOUCH TB FLP 1 ML 27GX1/2	3	
EASY TOUCH TB FLP 1 ML 28GX1/2	3	
EASY TOUCH TB SHLK 1ML 25GX5/8	2	
EASY TOUCH TB SHLK 1ML 26GX5/8	3	
EASY TOUCH TB SHLK 1ML 27GX1/2	3	
EASY TOUCH TB SHLK 1ML 28GX1/2	2	
EASY TOUCH TWIST 28G LANCETS	2	HSA*
EASY TOUCH TWIST 30G LANCETS	2	HSA*
EASY TOUCH TWIST 32G LANCETS	2	HSA*
EASY TOUCH TWIST 33G LANCETS	2	HSA*
EASY TOUCH UNI-SLIP 10 ML SYR	3	
EASY TOUCH UNI-SLIP 3 ML SYR	3	
EASY TOUCH UNI-SLIP 5 ML SYR	3	
EASY TRAK GLUCOSE TEST STRIP	NC	
EASY TWIST & CAP 28G LANCETS	2	HSA*
EASYGLUCO PLUS TEST STRIPS	NC	
EASYGLUCO TEST STRIPS	NC	
EASYMAX 15 GLUCOSE TEST STRIP	NC	
EASYMAX GLUCOSE TEST STRIPS	NC	
ELEMENT COMPACT TEST STRIPS	NC	
ELEMENT PLUS TEST STRIPS	NC	
ELEMENT TEST STRIPS	NC	
ELETONE CREAM	NC	
ELETONE CREAM TWIN PACK	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EMBRACE 30G LANCETS	2	HSA*
EMBRACE EVO TEST STRIPS	NC	
EMBRACE PRO TEST STRIPS	NC	
EMBRACE TEST STRIPS	NC	
EMULSION SB TOPICAL EMULSION	1	
EPICERAM SKIN BARRIER EMULSION	NC	
EPISIL LIQUID	NC	
EQ BLOOD GLUCOSE TEST STRIP	NC	
EVENCARE G2 TEST STRIP	NC	
EVENCARE G3 TEST STRIP	NC	
EVENCARE GLUCOSE TST STRIPS	NC	
EVENCARE MINI GLUCOSE TEST STR	NC	
EVOLUTION TEST STRIPS	NC	
EXEL 3 ML SYRN 27G X 1 1/4"	3	
EXEL ALLERGY SYRINGE 27G-1 ML	2	
EXEL HYPO NEEDLE 16GX0.05"	2	
EXEL HYPO NEEDLE 16GX1"	2	
EXEL HYPO NEEDLE 18GX0.5"	2	
EXEL HYPO NEEDLE 18GX1"	2	
EXEL HYPO NEEDLE 19GX1"	2	
EXEL HYPO NEEDLE 19GX1.5"	2	
EXEL HYPO NEEDLE 20GX0.5"	2	
EXEL HYPO NEEDLE 20GX0.75"	2	
EXEL HYPO NEEDLE 20GX1"	2	
EXEL HYPO NEEDLE 21GX0.5"	2	
EXEL HYPO NEEDLE 21GX1"	2	
EXEL HYPO NEEDLE 21GX2"	2	
EXEL HYPO NEEDLE 22GX0.5"	2	
EXEL HYPO NEEDLE 22GX0.75"	2	
EXEL HYPO NEEDLE 22GX1"	2	
EXEL HYPO NEEDLE 23GX0.75"	2	
EXEL HYPO NEEDLE 23GX1"	2	
EXEL HYPO NEEDLE 23GX1.5"	2	
EXEL HYPO NEEDLE 25GX0.5"	2	
EXEL HYPO NEEDLE 25GX0.625"	2	
EXEL HYPO NEEDLE 25GX0.75"	2	
EXEL HYPO NEEDLE 25GX1"	2	
EXEL HYPO NEEDLE 26GX0.375"	2	
EXEL HYPO NEEDLE 26GX0.5"	2	
EXEL HYPO NEEDLE 26GX0.625"	2	
EXEL HYPO NEEDLE 26GX1.5"	2	
EXEL HYPO NEEDLE 27GX0.5"	2	
EXEL HYPO NEEDLE 30GX1.5"	2	
EXEL SYRINGE 10 ML	2	
EXEL SYRINGE 20 ML	2	
EXEL SYRINGE 20GX1" 3 ML	2	
EXEL SYRINGE 20GX1-1/2" 3 ML	2	
EXEL SYRINGE 21GX1" 3 ML	2	
EXEL SYRINGE 21GX1-1/2" 3 ML	2	
EXEL SYRINGE 22GX1" 3 ML	2	
EXEL SYRINGE 22GX1-1/2" 3 ML	2	
EXEL SYRINGE 22GX3/4" 3 ML	2	
EXEL SYRINGE 23GX1" 3 ML	2	
EXEL SYRINGE 23GX1-1/2" 3 ML	2	
EXEL SYRINGE 25GX1" 3 ML	2	
EXEL SYRINGE 25GX5/8" 3 ML	2	
EXEL SYRINGE 3 ML	2	
EXEL SYRINGE 30 ML	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EXEL SYRINGE 5 ML	2	
EXEL SYRINGE 50 ML	2	
EXEL TB WITH NEEDLE 25GX5/8"	2	
EXEL TB WITH NEEDLE 26GX3/8"	2	
EXEL TB WITH NEEDLE 26GX5/8"	2	
EXEL TB WITH NEEDLE 27GX1/2"	2	
EXEL TUBERCULIN SYRINGE 1 ML	2	
EZ SMART 28G LANCETS	2	HSA*
EZ SMART PLUS TEST STRIPS	NC	
EZ SMART TEST STRIPS	NC	
FIFTY50 GLUCOSE TEST STRIP	NC	
FIFTY50 SAFETY SEAL 30G LANCET	2	HSA*
FIFTY50 SAFETY SEAL 32G LANCET	2	HSA*
FINE 30 UNIVERSAL 30G LANCETS	2	HSA*
FINGERSTIX LANCETS	2	HSA*
FLEXICHAMBER	MD	
FLEXICHAMBER-LG CHILD MASK	MD	
FLEXICHAMBER-SM ADULT MASK	MD	
FLEXICHAMBER-SM CHILD MASK	MD	
FLOW-EZE VENTED NEEDLE	2	
FORA 30G LANCETS	2	HSA*
FORA BLOOD GLUCOSE TEST STRIP	NC	
FORA D15C GLUCOSE TEST STRIPS	NC	
FORA D15G GLUCOSE TEST STRIPS	NC	
FORA D15Z GLUCOSE TEST STRIPS	NC	
FORA D20 GLUCOSE TEST STRIPS	NC	
FORA D40-G31 TEST STRIPS	NC	
FORA G20 GLUCOSE TEST STRIPS	NC	
FORA G30A GLUCOSE TEST STRIP	NC	
FORA G71A GLUCOSE TEST STRIP	NC	
FORA G90 GLUCOSE TEST STRIP	NC	
FORA GD50 TEST STRIPS	NC	
FORA TEST N'GO TEST STRIPS	NC	
FORA TN'G VOICE TEST STRIPS	NC	
FORA V10 GLUCOSE TEST STRIP	NC	
FORA V10-V12-D10-D20 STRIPS	NC	
FORA V12 GLUCOSE TEST STRIP	NC	
FORA V20 GLUCOSE TEST STRIPS	NC	
FORA V22 GLUCOSE TEST STRIP	NC	
FORA V30A GLUCOSE TEST STRIP	NC	
FORACARE 30G LANCETS	2	HSA*
FORACARE GD20 TEST STRIPS	NC	
FORACARE GD40 GLUCOSE STRIPS	NC	
FORTISCARE GLUCOSE TEST STRIPS	NC	
FREESTYLE 28G LANCETS	2	HSA*
FREESTYLE FREEDOM LITE METER	MD	Max. 1 in 365 days HSA*
FREESTYLE INSULINX GLUCOSE SYS	MD	Max. 1 in 365 days HSA*
FREESTYLE INSULINX TEST STRIP	2	Max. 204 per 30 days HSA*
FREESTYLE INSULINX TEST STRIPS	2	Max. 204 per 30 days HSA*
FREESTYLE LITE METER	MD	Max. 1 in 365 days HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
FREESTYLE LITE TEST STRIP	2	Max. 204 per 30 days HSA*
FREESTYLE LITE TEST STRIPS	2	Max. 204 per 30 days HSA*
FREESTYLE PREC NEO TEST STRIPS	2	Max. 204 per 30 days HSA*
FREESTYLE PRECISION NEO METER	MD	Max. 1 in 365 days HSA*
FREESTYLE TEST STRIPS	2	Max. 204 per 30 days HSA*
FREESTYLE UNISTIK 2 LANCETS	2	HSA*
G-4 TEST STRIPS	NC	
GE100 BLOOD GLUCOSE TEST STRIP	NC	
GELCLAIR ORAL GEL PACKET	NC	
GENSTRIP GLUCOSE TEST STRIP	NC	
GENULTIMATE TEST STRIP	NC	
GLUCO NAVII GLUCOSE TEST STRIP	NC	
GLUCOCARD 01 SENSOR PLUS STRIP	NC	
GLUCOCARD EXPRESSION TEST STRP	NC	
GLUCOCARD SHINE TEST STRIPS	NC	
GLUCOCARD VITAL SENSOR STRIP	NC	
GLUCOCARD VITAL TEST STRIPS	NC	
GLUCOCOM 28G LANCETS	2	HSA*
GLUCOCOM 30G LANCETS	2	HSA*
GLUCOCOM 33G LANCETS	2	HSA*
GLUCOCOM GLUCOSE TEST STRIP	NC	
GLUCOLAB TEST STRIPS	NC	
GLUCOSOURCE LANCETS	2	HSA*
GMATE 30G LANCETS	2	HSA*
GMATE TEST STRIPS	NC	
GNP UNIVERSAL 1 STANDARD 21G	2	HSA*
GNP UNIVERSAL 1 SUPER THIN 30G	2	HSA*
HEALTHPRO GLUCOSE TEST STRIPS	NC	
HEALTHY ACCENTS UNILET 30G	2	HSA*
HPR EMOLLIENT FOAM	NC	
HPR PLUS CREAM	3	
HPR PLUS EMOLLIENT FOAM	NC	
HPR PLUS HYDROGEL KIT	1	
HPR PLUS-MB HYDROGEL KIT	NC	
HYLATOPIC EMOLLIENT FOAM	NC	
HYLATOPICPLUS CREAM	NC	
HYLATOPICPLUS EMOLLIENT FOAM	NC	
HYPONEDDLE,POLYPROPYL HUB	NC	
HYPONEDDLE,POLYPROPYL HUB	2	
HYPONEDDLE,ALUM HUB	2	
HYPONEDDLE,ALUM HUB	NC	
IN-CHECK DIAL TRAINING DEVICE	MD	
IN-CHECK NASAL WITH MASK	MD	
IN-CHECK ORAL FLOW METER	MD	
INCONTROL SUPER THIN 30G LANCT	2	HSA*
INCONTROL ULTRA THIN 28G LANCT	2	HSA*
INFINITY TEST STRIPS	NC	
INJECT EASE 28G LANCETS	2	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
INJECT EASE 30G LANCETS	2	HSA*
INSPIRACHAMBER	MD	
INSPIRACHAMBER WITH MASK-MED	MD	
INVACARE 30G LANCETS	2	HSA*
IRRIGATION SYRINGE	2	
KEYNOTE GLUCOSE TEST STRIPS	NC	
KINNEY BRAND 23G LANCETS	2	HSA*
KRO PREMIUM BLOOD GLUCOSE TEST	NC	
KRO UNIVERSAL 1 THIN 26G LANCT	2	HSA*
KROGER SUPER THIN LANCETS	2	HSA*
LANCETS 33G	2	HSA*
LANCETS THIN 23G	2	HSA*
LANCETS ULTRA THIN 26G	2	HSA*
LIBERTY TEST STRIPS	NC	
LIFESHIELD BLUNT CANNULA	2	
LIFESHIELD BLUNT CANNULA	2	
LIFESHIELD BLUNT CANNULA	2	
LIFESHIELD BLUNT CANNULA	2	
LITE TOUCH 30G LANCETS	2	HSA*
LITE TOUCH 33G LANCETS	2	HSA*
LITEAIRE MDI CHAMBER	MD	
LITETOUCH MEDIUM MASK	MD	
LONGS THIN LANCETS 26G	2	HSA*
LUER LOCK SYRINGE 30 ML	2	
LUER SLIP TIP SYR TRAY 1 ML	3	
LUER-LOCK SYRINGE 60 ML	3	
LUXAMEND WOUND CREAM	NC	
MAGELLAN TUBERCULIN SYR 1 ML	2	
MAXIMA TEST STRIP	NC	
MB HYDROGEL KIT	NC	
MEDI-LANCE LANCETS	2	HSA*
MEDLANCE PLUS 21G LANCETS	2	HSA*
MEDLANCE PLUS 30G LANCETS	2	HSA*
MEDLANCE PLUS LITE 25G LANCETS	2	HSA*
MEDLANCE PLUS SPECIAL BLADE	2	HSA*
MICRO THIN 33G LANCETS	2	HSA*
MICROCHAMBER	MD	
MICROCYN SKIN-WOUND HYDROGEL	NC	
MICRODOT TEST STRIPS	NC	
MICRODOT XTRA TEST STRIPS	NC	
MICROLET LANCETS	2	HSA*
MICROLIFE PEAK FLOW METER	MD	
MICROSPACER FOR AEROSOL DEVICE	MD	
MINI WRIGHT PEAK FLOW METER	MD	
MINIMED INFUSION SET	MD	
MINIMED RESERVOIR 3 ML	MD	
MISTASSIST IFCD	MD	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MONAGHAN Z STAT CHAMBER-MD MSK	MD	
MONOJECT 1 ML SYRN 28GX1/2"	2	HSA*
MONOJECT 12 ML SYRINGE 18GX1"	2	
MONOJECT 12 ML SYRN 20GX1.25	2	
MONOJECT 12 ML SYRN 21GX1"	2	
MONOJECT 12 ML SYRN 21GX1.5"	2	
MONOJECT 3 ML SYRINGE	2	
MONOJECT 3 ML SYRINGE 21GX1"	2	
MONOJECT 3 ML SYRINGE 23GX1"	2	
MONOJECT 3 ML SYRINGE 25GX1"	2	
MONOJECT 3 ML SYRN 21GX1-1/2"	2	
MONOJECT 3 ML SYRN 22GX1-1/2"	2	
MONOJECT 3 ML SYRN 25GX1"	2	
MONOJECT 3 ML SYRN 25GX1.25"	2	
MONOJECT 3 ML SYRN 25GX5/8"	2	
MONOJECT 3 ML SYRN 27GX1.25"	2	
MONOJECT 6 ML SYRN 20GX11/2"	2	
MONOJECT 6 ML SYRN 21GX1"	2	
MONOJECT 6 ML SYRN 21GX11/2"	2	
MONOJECT 6 ML SYRN 22GX11/2"	2	
MONOJECT 6CC SAFETY SYRINGE	2	
MONOJECT CONTROL SYRINGE 12ML	2	
MONOJECT DISP SYRINGE 20 ML	2	
MONOJECT HYPO NEEDLE 19X1	NC	
MONOJECT HYPO NEEDLE 19X1-1/2	NC	
MONOJECT HYPO NEEDLE 20X1	NC	
MONOJECT HYPO NEEDLE 20X1-1/2	NC	
MONOJECT HYPO NEEDLE 21X1	NC	
MONOJECT HYPO NEEDLE 21X1-1/2	NC	
MONOJECT HYPO NEEDLE 22X1	2	
MONOJECT HYPO NEEDLE 22X1.5	2	
MONOJECT HYPO NEEDLE 23X0.5	2	
MONOJECT HYPO NEEDLE 23X1	2	
MONOJECT HYPO NEEDLE 25X1	2	
MONOJECT HYPO NEEDLE 25X1.5	2	
MONOJECT HYPO NEEDLE 25X5/8	2	
MONOJECT HYPO NEEDLE 26X1.5	2	
MONOJECT HYPO NEEDLE 27X0.5	2	
MONOJECT HYPO NEEDLE 30X3/4	2	
MONOJECT LUER LOCK TB SYR 1 ML	2	
MONOJECT MAGELLAN SYRINGE	2	
MONOJECT MAGELLAN SYRINGE 1 ML	2	
MONOJECT MAGELLAN SYRINGE 3 ML	3	
MONOJECT MEGELLAN TB SYR 1 ML	3	
MONOJECT PHARMACY TRAY	2	
MONOJECT SAFETY SYRINGE	2	
MONOJECT SAFETY SYRINGE	2	
MONOJECT SAFETY SYRINGE	2	
MONOJECT SAFETY SYRINGE	2	
MONOJECT SAFETY SYRINGE	2	
MONOJECT SMARTIP CANNULA 12 ML	2	
MONOJECT SMARTIP CANNULA 3 ML	2	
MONOJECT SMARTIP CANNULA 6 ML	2	
MONOJECT SYR PHARM TRAY PK	2	
MONOJECT SYR PHARM TRAY PK	2	
MONOJECT SYRINGE 1 ML	2	HSA*
MONOJECT SYRINGE 12 ML	2	
MONOJECT SYRINGE 140 ML	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MONOJECT SYRINGE 3 ML	2	
MONOJECT SYRINGE 3 ML 20GX1	2	
MONOJECT SYRINGE 3 ML 22GX1"	NC	
MONOJECT SYRINGE 35 ML	2	
MONOJECT SYRINGE 6 ML	2	
MONOJECT SYRINGE 60 ML	2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2	
MONOJECT SYRN 3 ML 20GX3/4"	2	
MONOJECT TB 1 ML SYRN 26X3/8"	2	
MONOJECT TB 1 ML SYRN 28GX1/2	2	
MONOJECT TB SAFETY SYRINGE	2	
MONOJECT TB SYRN 25GX5/8"	2	
MONOJECT TB SYRN 27GX1/2"	2	
MONOJECT TUBERCULIN SYR 1 ML	2	
MONOLET 21G LANCETS	2	HSA*
MONOLET THIN 28G LANCETS	2	HSA*
MUGARD ORAL WOUND RINSE	2	
MYGLUCOHEALTH 30G LANCETS	2	HSA*
MYGLUCOHEALTH TEST STRIPS	NC	
NEOSALUS CP CREAM	NC	
NEOSALUS CREAM	NC	
NEOSALUS FOAM	NC	
NEOSALUS LOTION	NC	
NESSI SPACER	MD	
NEUTEK 2TEK TEST STRIPS	NC	
NEUTRASAL POWDER PACKET	NC	
NORM-JECT 1 ML SYRINGE	2	
NOVA MAX GLUCOSE TEST STRIP	NC	
NOVA SAFETY 23G LANCETS	2	HSA*
NOVA SAFETY 28G LANCETS	2	HSA*
NOVA SUREFLEX THIN LANCETS	2	HSA*
NOVAMAX PLUS KETONE TEST STRIP	NC	
NUVAIL NAIL 16% SOLUTION	NC	
ON CALL 30G LANCET	2	HSA*
ON CALL EXPRESS TEST STRIP	NC	
ON CALL PLUS 30G LANCET	2	HSA*
ON CALL PLUS TEST STRIP	NC	
ON CALL VIVID TEST STRIP	NC	
ON-THE-GO 30G LANCETS	2	HSA*
ONE TOUCH DELICA 33G LANCETS	2	HSA*
ONE WAY VALVED MOUTHPIECE	MD	
ONETOUCH DELICA 30G LANCETS	2	HSA*
ONETOUCH DELICA 33G LANCETS	2	HSA*
ONETOUCH FINEPOINT 25G LANCETS	2	HSA*
ONETOUCH SURESOFT LANCING DEV	NC	
ONETOUCH ULTRA TEST STRIPS	NC	
ONETOUCH ULTRASOFT LANCETS	2	HSA*
ONETOUCH VERIO TEST STRIP	NC	
OPTICHAMBER ADULT MASK-LARGE	MD	
OPTICHAMBER DIAMOND VHC	MD	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
OPTIUM EZ TEST STRIP	NC	
OPTIUM TEST STRIP	NC	
OPTUMRX TEST STRIP	NC	
ORTHO ALL-FLEX FITTING SET	0	ACA*
PANDA MASK SMALL	MD	
PARADIGM INFUSION 24" SET	MD	
PARADIGM INSULIN PUMP	MD	
PARADIGM RESERVOIR 1.8 ML	MD	
PARADIGM RESERVOIR 3 ML	MD	
PEAK-AIR PEAK FLOW METER	MD	
PEDIATRIC MOUTHPIECE	MD	
PEDIATRIC PANDA MASK	MD	
PEDIATRIC SMALL MASK	MD	
PERSONAL BEST PEAK FLOW MTR	MD	
PFLEX INSPIRATORY TRAINER	MD	
PHARMACIST CHOICE 30G LANCETS	2	HSA*
PHARMACIST CHOICE TEST STRIPS	NC	
PHARMACIST CHOICE TEST STRIPS	NC	
PIKO 1 FLOW METER	MD	
POCKET CHAMBER	MD	
POCKET PEAK FLOW METER	MD	
POLYFIN QR INFUSION SET	MD	
PRECISION XTR B-KETONE STRIP	2	Max. 204 per 30 days HSA*
PRECISION XTRA MONITOR	MD	Max. 1 in 365 days HSA*
PRECISION XTRA TEST STRIPS	2	Max. 204 per 30 days HSA*
PREMIUM V10 GLUCOSE TEST STRIP	NC	
PRESERA FOAM	NC	
PRESSURE ACTIVATED 21G LANCETS	2	HSA*
PRESSURE ACTIVATED 28G LANCETS	2	HSA*
PRIMEAIRE CHAMBER	MD	
PRO COMFORT 30G LANCETS	2	HSA*
PRO COMFORT 31G LANCET	2	HSA*
PROCHAMBER HOLDING CHAMBER	MD	
PRODIGY NO CODING TEST STRIPS	NC	
PRODIGY PRESSURE ACTIVATED 28G	2	HSA*
PRODIGY SAFETY 26G LANCETS	2	HSA*
PRODIGY TWIST TOP 28G LANCET	2	HSA*
PROMISEB COMPLETE KIT	NC	
PROMISEB TOPICAL CREAM	NC	
PRUMYX CREAM	1	
PUSH BUTTON SAFETY 21G LANCET	2	HSA*
PUSH BUTTON SAFETY 28G LANCET	2	HSA*
PV TRUETRACK SMART SYS STRIPS	NC	
QUICK RELEASE TEFLN CANNULA	MD	
QUINTET AC GLUCOSE TEST STRIPS	NC	
QUINTET GLUCOSE TEST STRIPS	NC	
RA E-ZJECT 26G LANCETS	2	HSA*
RA E-ZJECT 28G LANCETS	2	HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
READYLANCE 21G SAFETY LANCETS	2	HSA*
READYLANCE 23G SAFETY LANCETS	2	HSA*
READYLANCE 26G SAFETY LANCETS	2	HSA*
READYLANCE 28G SAFETY LANCETS	2	HSA*
READYLANCE 30G SAFETY LANCETS	2	HSA*
REFUAH PLUS TEST STRIPS	NC	
RELIAMED 30G LANCETS	2	HSA*
RELIAMED SAFETY 23G LANCETS	2	HSA*
RELIAMED SAFETY 28G LANCETS	2	HSA*
RELIAMED SAFETY SEAL 28G LANCT	2	HSA*
RELIAMED SAFETY SEAL 30G LANCT	2	HSA*
RELION CONFIRM-MICRO TEST STRP	NC	
RELION MICRO TEST STRIPS	NC	
RELION PRIME TEST STRIPS	NC	
RELION THIN 26G LANCETS	2	HSA*
RELION ULTIMA TEST STRIPS	NC	
RELION ULTRA THIN PLUS 33G	2	HSA*
RELION ULTRA THIN PLUS LANCETS	2	HSA*
RENEW ADVANCED MICRO-LANCETS	2	HSA*
REVEAL TEST STRIP	NC	
RIGHTEST GL300 30G LANCETS	2	HSA*
RIGHTEST GS100 TEST STRIPS	NC	
RIGHTEST GS250S TEST STRIPS	NC	
RIGHTEST GS260 TEST STRIPS	NC	
RIGHTEST GS300 TEST STRIPS	NC	
RIGHTEST GS550 TEST STRIPS	NC	
RITEFLO SPACER	MD	
SAFESNAP ALLERGY SYRINGE 1 ML	2	
SAFESNAP SYRINGE 10 ML	2	
SAFESNAP SYRINGE 10 ML	2	
SAFESNAP SYRINGE 3 ML	2	
SAFESNAP SYRINGE 3 ML	2	
SAFESNAP SYRINGE 5 ML	2	
SAFESNAP SYRINGE 5 ML	2	
SAFESNAP TUBERCULIN SYR 1 ML	2	
SAFETY 21G LANCETS	2	HSA*
SAFETY 28G LANCETS	2	HSA*
SAFETY LANCETS 26G	2	HSA*
SAFETY SEAL 28G LANCETS	2	HSA*
SAFETY SEAL 30G LANCETS	2	HSA*
SAFETY SYRINGE W-SHIELD 3 ML	2	
SAFETY-LET 30G LANCETS	2	HSA*
SAFETY-LOK 1 ML TB SYRINGE	2	
SAFETY-LOK 10 ML SYRINGE	2	
SAFETY-LOK 10 ML SYRINGE	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SAFETY-LOK 3 ML SYRINGE	2	
SAFETY-LOK 3 ML SYRINGE	2	
SAFETY-LOK 3 ML SYRINGE	2	
SAFETY-LOK 5 ML SYRINGE	2	
SAFETY-LOK 5 ML SYRINGE	2	
SB LANCETS THIN 28G	2	HSA*
SB LANCETS ULTRA THIN 30G	2	HSA*
SIDESTREAM PEDIATRIC FACE MASK	MD	
SILHOUETTE INFUSION SET 43"	MD	
SILICONE MASK-INFANT	MD	
SILICONE MASK-PEDIATRIC	MD	
SINGLE-LET LANCETS	2	HSA*
SM COLOR LANCETS 21G	2	HSA*
SM LANCETS 21G	2	HSA*
SM THIN LANCETS 26G	2	HSA*
SMART CARESENS N TEST STRIPS	NC	
SMART SENSE COLOR 33G LANCETS	2	HSA*
SMART SENSE STANDARD 21G	2	HSA*
SMART SENSE TEST STRIPS	NC	
SMART SENSE THIN 26G LANCETS	2	HSA*
SMARTDIABETES VANTAGE 30G	2	HSA*
SMARTDIABETES XPRES TEST STRIP	NC	
SMARTTEST LANCET	2	HSA*
SMARTTEST TEST STRIPS	NC	
SOF-SET MICRO INFUSION SET	MD	
SOF-SET ULTIMATE QR SET	MD	
SOFT TOUCH LANCETS	2	HSA*
SOLUS V2 28G LANCETS	2	HSA*
SOLUS V2 30G TWIST LANCETS	2	HSA*
SOLUS V2 AUDIBLE TEST STRIPS	NC	
SONAFINE TOPICAL EMULSION	1	
SPACE CHAMBER PLUS	MD	
STERILANCE TL TWIST 30G LANCET	2	HSA*
STERILANCE TL TWIST 32G LANCET	2	HSA*
SUPER THIN 28G LANCETS	2	HSA*
SUPER THIN 33G LANCETS	2	HSA*
SURE COMFORT 18G LANCETS	2	HSA*
SURE COMFORT 21G LANCETS	2	HSA*
SURE COMFORT 23G LANCETS	2	HSA*
SURE COMFORT 28G LANCETS	2	HSA*
SURE COMFORT 30G LANCETS	2	HSA*
SURE EDGE TEST STRIPS	NC	
SURE-LANCE 26G LANCETS	2	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SURE-LANCE FLAT LANCETS	2	HSA*
SURE-LANCE THIN 28G LANCETS	2	HSA*
SURE-LANCE ULTRA THIN 30G	2	HSA*
SURE-T PARADIGM 23" SET	MD	
SURE-TEST EASYPLUS MINI STRIP	NC	
SURE-TOUCH LANCET	2	HSA*
SURECHEK TEST STRIPS	NC	
SURESTEP PRO TEST STRIPS	NC	
SYRINGE 35 ML	2	
SYRINGE W-NEEDLE 1 ML 25X1"	2	
SYRINGE W-O NDL 12 ML-NON-STRL	2	
SYRINGE W-O NDL 20 ML-NON-STRL	2	
SYRINGE W-O NDL 35 ML-NON-STRL	2	
SYRINGE W-O NDL 6 ML NON-STRL	2	
SYRINGE W-O NEEDLE 140 ML	2	
SYRINGE W-O NEEDLE 60 ML	2	
SYRINGE W-O NEEDLE 60 ML	2	
TD GOLD TEST STRIP	NC	
TECHLITE 28G LANCETS	2	HSA*
TECHLITE 30G LANCETS	2	HSA*
TELCARE TEST STRIPS	NC	
TELCARE ULTRA THIN 30G LANCETS	2	HSA*
TERUMO ALLERGY 1 ML 27GX1/2"	2	
TERUMO HYPODERMIC NDL-SYRIN	2	
TERUMO SURGUARD2 SYR 20G-10 ML	2	
TERUMO SURGUARD2 SYR 20G-3 ML	2	
TERUMO SURGUARD2 SYR 20G-5 ML	2	
TERUMO SURGUARD2 SYR 21G 3 ML	2	
TERUMO SURGUARD2 SYR 21G-10 ML	2	
TERUMO SURGUARD2 SYR 21G-3 ML	2	
TERUMO SURGUARD2 SYR 21G-5 ML	2	
TERUMO SURGUARD2 SYR 22G 3 ML	2	
TERUMO SURGUARD2 SYR 23G 3 ML	2	
TERUMO SURGUARD2 SYR 25G 3 ML	2	
TERUMO SURGUARD2 SYR 25G-1 ML	2	
TERUMO SURGUARD2 SYR 26G-1 ML	2	
TERUMO SURGUARD2 SYR 27G-1 ML	2	
TERUMO SYRINGE 3 ML	2	
TERUMO SYRINGE 30 ML	2	
TEST N'GO GLUCOSE TEST STRIP	NC	
TETRIX CREAM KIT	NC	
THIN LANCETS 28G	2	HSA*
THRESHOLD IMT TRAINER	MD	
THRESHOLD PEP DEVICE	MD	
TOOMEY SYRINGE 70 ML	2	
TOPCARE UNIVERSAL1 33G LANCETS	2	HSA*
TOPCARE UNIVERSAL1 THIN LANCET	2	HSA*
TROPAZONE LOTION	NC	
TRUE METRIX GLUCOSE TEST STRIP	NC	
TRUEPLUS 26G LANCETS	2	HSA*
TRUEPLUS 33G LANCETS	2	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
TRUEPLUS SAFETY 28G LANCETS	2	HSA*
TRUEPLUS SUPER THIN 28G LANCET	2	HSA*
TRUEPLUS ULTRA THIN 30G LANCET	2	HSA*
TRUETEST GLUCOSE TEST STRIPS	NC	
TRUETRACK GLUCOSE TEST STRIPS	NC	
TRUZONE PEAK FLOW METER	MD	
TUBERCULIN 1 ML SYRINGE	2	
TUBERCULIN SYRINGE	2	
TUBERCULIN SYRINGES	2	
ULTICARE SAFETY 3 ML 25GX5/8"	3	
ULTICARE SAFETY SYRINGE 3 ML	3	
ULTICARE SYR 1.5 ML 22GX1 1/2"	NC	
ULTICARE TB SAFETY 1 ML 25GX1"	2	
ULTICARE TB SAFETY 1ML 25GX5/8	2	
ULTILET 28G LANCETS	2	HSA*
ULTILET 30G LANCETS	2	HSA*
ULTILET 33G LANCETS	2	HSA*
ULTILET BASIC 30G LANCETS	2	HSA*
ULTILET CLASSIC 26G LANCETS	2	HSA*
ULTILET CLASSIC 28G LANCETS	2	HSA*
ULTILET CLASSIC 30G LANCETS	2	HSA*
ULTILET CLASSIC 33G LANCETS	2	HSA*
ULTILET SAFETY 23G LANCETS	2	HSA*
ULTIMA TEST STRIPS	NC	
ULTRA THIN 28G LANCETS	2	HSA*
ULTRA THIN 30G LANCETS	2	HSA*
ULTRA THIN 31G LANCETS	2	HSA*
ULTRA THIN 33G LANCETS	2	HSA*
ULTRA-THIN II 26G LANCET	2	HSA*
ULTRA-THIN II 28G LANCETS	2	HSA*
ULTRA-THIN II 30G LANCETS	2	HSA*
ULTRALANCE 26G LANCETS	2	HSA*
ULTRALANCE 28G LANCETS	2	HSA*
ULTRATLC LANCETS	2	HSA*
ULTRATRAK TEST STRIP	NC	
ULTRATRAK ULTIMATE TEST STRIPS	NC	
UNILET COMFORTOUCH 26G LANCETS	2	HSA*
UNILET COMFORTOUCH LANCET	2	HSA*
UNILET EXCELITE II LANCET	2	HSA*
UNILET EXCELITE LANCET	2	HSA*
UNILET GP LANCET	2	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
UNILET LANCET SUPERLITE	2	HSA*
UNILET MICRO THIN 33G LANCETS	2	HSA*
UNILET SUPER THIN 30G LANCETS	2	HSA*
UNILET ULTRA THIN 28G LANCETS	2	HSA*
UNISTIK 3 COMFORT LANCET	2	HSA*
UNISTIK 3 EXTRA 21G LANCETS	2	HSA*
UNISTIK 3 GENTLE ON-THE-GO 30G	2	HSA*
UNISTIK 3 NORMAL 23G LANCETS	2	HSA*
UNISTIK 3 SAFETY 21G LANCETS	2	HSA*
UNISTIK CZT COMFORT 28G LANCET	2	HSA*
UNISTIK CZT NORMAL 23G LANCETS	2	HSA*
UNISTIK SAFETY 28G LANCET	2	HSA*
UNISTIK SAFETY 30G LANCETS	2	HSA*
UNISTIK TOUCH 21G LANCETS	2	HSA*
UNISTIK TOUCH 23G LANCETS	2	HSA*
UNISTIK TOUCH 28G LANCETS	2	HSA*
UNISTIK TOUCH 30G LANCETS	2	HSA*
UNISTRIP1 GLUCOSE TEST STRIP	NC	
UNIVERSAL 1 33G LANCETS	2	HSA*
VANISHPOINT 1 ML TB SYR 25X5/8	2	
VANISHPOINT 1 ML TB SYR 27X1/2	2	
VANISHPOINT 10 ML 21GX1-1/2"	3	
VANISHPOINT 20GX1" 3 ML SYRING	2	
VANISHPOINT 21GX1" 5 ML SYRING	2	
VANISHPOINT 21GX1.5" 3 ML SYR	2	
VANISHPOINT 22GX1" 3 ML SYR	3	
VANISHPOINT 22GX1-1/2" 5 ML SY	2	
VANISHPOINT 23GX1" 3 ML SYRING	NC	
VANISHPOINT 23GX1-1/2 3 ML SYR	3	
VANISHPOINT 25GX1" 3 ML SYRING	2	
VANISHPOINT 25GX5/8" 3 ML SYR	3	
VANISHPOINT 3 ML 21GX1" SYRING	3	
VANISHPOINT 3 ML 22GX1.5" SYRG	3	
VANISHPOINT 5 ML 21GX1-1/2"	3	
VANISHPOINT SYRINGE 1 ML 25X1"	2	
VGO 40 DISPOSABLE DEVICE	2	Max. 1 per day HSA*
VICTORY GLUCOSE TEST STRIPS	NC	
VOCAL POINT TEST STRIP	NC	
VORTEX ADULT MASK	MD	
VORTEX FROG CHILD MASK	MD	
VORTEX HOLDING CHAMBER	MD	
VORTEX LADYBUG TODDLER MASK	MD	
VORTEX VHC FROG CHILD MASK	MD	
WALGREENS ULTRA THIN LANCETS	2	HSA*
WATCHHALER SPACER	MD	
WAVESENSE JAZZ TEST STRIPS	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
WAVESENSE PRESTO TEST STRIPS	NC	
WINDMILL TRAINER	MD	
YALE GLASS TB SYR 0.25 ML	2	
YALE GLASS TB SYRINGE 1 ML	2	
YALE GLASS TB SYRINGE 2 ML	2	
YALE NEEDLES 21GX1"	2	
YALE NEEDLES 21GX1.25"	2	
YALE NEEDLES 21GX1.5"	2	
YALE NEEDLES 22GX1"	2	
YALE NEEDLES 22GX1.25"	2	
YALE NEEDLES 23GX1"	2	
YALE SYRINGE 10 ML	2	
YALE SYRINGE 100 ML	2	
YALE SYRINGE 20 ML	2	
YALE SYRINGE 3 ML	2	
YALE SYRINGE 30 ML	2	
YALE SYRINGE 5 ML	2	
YALE SYRINGE 50 ML	2	

## DIABETES MELLITUS

### DIABETES MELLITUS

ACCU-CHEK COMPACT STRIPS	NC	
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## ENZYME REPLACEMENT/MODIFIERS

### ENZYME REPLACEMENT/MODIFIERS

CHENODAL 250 MG TABLET	NC	
CREON DR 12,000 UNITS CAPSULE	2	
CREON DR 24,000 UNITS CAPSULE	2	
CREON DR 3,000 UNITS CAPSULE	2	
CREON DR 36,000 UNITS CAPSULE	2	
CREON DR 6,000 UNITS CAPSULE	2	
CYSTAGON 150 MG CAPSULE	4	
CYSTAGON 50 MG CAPSULE	4	
HYDROCHLORIC ACID LIQUID	NC	
KRYSTEXXA 8 MG/ML VIAL	MD	Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty
KUVAN 100 MG POWDER PACKET	3	SPP*: Must use CVS Specialty
KUVAN 100 MG TABLET	3	SPP*: Must use CVS Specialty
KUVAN 500 MG POWDER PACKET	3	SPP*: Must use CVS Specialty
NITYR 10 MG TABLET	NC	
NITYR 2 MG TABLET	NC	
NITYR 5 MG TABLET	NC	
ORFADIN 10 MG CAPSULE	4	LDD*: Dohmen Life Sciences. 1-800-305-7881.
ORFADIN 2 MG CAPSULE	4	LDD*: Dohmen Life Sciences. 1-800-305-7881.
ORFADIN 20 MG CAPSULE	4	LDD*: Dohmen Life Sciences. 1-800-305-7881.
ORFADIN 4 MG/ML SUSPENSION	4	LDD*: Dohmen Life Sciences. 1-800-305-7881.
ORFADIN 5 MG CAPSULE	4	LDD*: Dohmen Life Sciences. 1-800-305-7881.

DRUG NAME	TIER	LIMITATIONS/ * NOTES
PANCREAZE DR 10,500 UNIT CAP	2	
PANCREAZE DR 16,800 UNIT CAP	2	
PANCREAZE DR 2,600 UNIT CAP	2	
PANCREAZE DR 21,000 UNIT CAP	2	
PANCREAZE DR 4,200 UNIT CAP	2	
PANCRELIPASE DR 5,000 UNIT CAP	1	
PERTZYE DR 16,000 UNIT CAPSULE	3	
PERTZYE DR 24,000 UNIT CAPSULE	3	
PERTZYE DR 4,000 UNIT CAPSULE	3	
PERTZYE DR 8,000 UNIT CAPSULE	3	
PULMOZYME 1 MG/ML AMPUL	3	SPP*: Must use CVS Specialty
STRENSIQ 18 MG/0.45 ML VIAL	NC	
STRENSIQ 28 MG/0.7 ML VIAL	NC	
STRENSIQ 40 MG/ML VIAL	NC	
STRENSIQ 80 MG/0.8 ML VIAL	NC	
SUCRAID 8,500 UNITS/ML SOLN	4	LDD*: Accredo (866) 815-4717
ULTRESA DR 13,800 UNIT CAPSULE	3	
ULTRESA DR 20,700 UNIT CAPSULE	3	
ULTRESA DR 23,000 UNIT CAPSULE	3	
VIOKACE 10,440-39,150 UNITS TB	3	
VIOKACE 20,880-78,300 UNITS TB	3	
XIAFLEX 0.9 MG VIAL	MD	LDD*: Accredo (866) 815-4717
ZAVESCA 100 MG CAPSULE	4	LDD*: Accredo (866) 815-4717
ZENPEP DR 10,000 UNITS CAPSULE	2	
ZENPEP DR 15,000 UNITS CAPSULE	2	
ZENPEP DR 20,000 UNITS CAPSULE	2	
ZENPEP DR 25,000 UNITS CAPSULE	2	
ZENPEP DR 3,000 UNITS CAPSULE	2	
ZENPEP DR 40,000 UNITS CAPSULE	2	
ZENPEP DR 5,000 UNITS CAPSULE	2	

## EYE, EAR, NOSE, THROAT AGENTS

### EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

ADRENALIN 1 MG/ML NASAL SOLN	NC	
ALCAINE 0.5% EYE DROPS	1	
ALOMIDE 0.1% EYE DROPS	3	
ALTACAINE 0.5% EYE DROPS	1	
APRACLONIDINE HCL 0.5% DROPS	1	
ASTELIN 137 MCG NASAL SPRAY	NC	
ASTEPRO 0.15% NASAL SPRAY	NC	
ATROPINE 0.01%-NS EYE DROPS	1	
ATROPINE 1% EYE DROPS	1	
ATROPINE 1% EYE OINTMENT	1	
ATROPINE CARE 1% EYE DROPS	1	
ATROVENT 0.03% SPRAY	NC	
ATROVENT 0.06% SPRAY	NC	
AZELASTINE 0.1% (137 MCG) SPRY	1	
AZELASTINE 0.15% NASAL SPRAY	NC	
AZELASTINE HCL 0.05% DROPS	1	
BEPREVE 1.5% EYE DROPS	4	Prior Authorization required
CARTEOLOL HCL 1% EYE DROPS	1	
CROMOLYN 4% EYE DROPS	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CYCLOGYL 0.5% EYE DROPS	NC	
CYCLOGYL 1% EYE DROPS	NC	
CYCLOGYL 2% EYE DROPS	NC	
CYCLOMYDRIL EYE DROPS	NC	
CYCLOPENTOLATE 0.5% EYE DROPS	1	
CYCLOPENTOLATE 1% EYE DROPS	1	
CYCLOPENTOLATE HCL 2% DROPS	1	
CYCLOPENTOLATE-LIDOC-PE-TROPIC	1	
CYSTARAN 0.44% EYE DROPS	4	LDD*: Walgreens Specialty.CYSTARAN Hotline: 1-877-534-9627.
DYMISTA NASAL SPRAY	2	
ELESTAT 0.05% EYE DROPS	NC	
EMADINE 0.05% EYE DROPS	3	
EPINASTINE HCL 0.05% EYE DROPS	1	
EYLEA 2 MG/0.05 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
FLUCAINE EYE DROPS	NC	
GELFILM OPHTHALMIC 25X50MM	NC	
HOMATROPAIRE 5% EYE DROPS	1	
HOMATROPINE 5% EYE DROPS	1	
IOPIDINE 0.5% EYE DROPS	NC	
IOPIDINE 1% EYE DROPS	3	
IPRATROPIUM 0.03% SPRAY	1	
IPRATROPIUM 0.06% SPRAY	1	
ISOPTO ATROPINE 1% EYE DROPS	NC	
ISOPTO HOMATROPINE 2% DROPS	NC	
ISOPTO HOMATROPINE 5% DROPS	NC	
ISOPTO HYOSCINE 0.25% DROPS	NC	
LACRISERT 5 MG EYE INSERT	3	
LASTACAFT 0.25% EYE DROPS	3	
MYDFRIN 2.5% EYE DROPS	NC	
MYDRIACYL 1% EYE DROPS	NC	
NAPHAZOLINE 0.1% EYE DROPS	1	
OLOPATADINE 665 MCG NASAL SPRY	1	
OLOPATADINE HCL 0.1% EYE DROPS	1	
OLOPATADINE HCL 0.2% EYE DROP	1	
OPTIVAR 0.05% DROPS	NC	
OTICIN DROPS	1	
OTIPRIO 6% VIAL	NC	
OTOVEL 0.3%-0.025% EAR DROPS	NC	
OZURDEX 0.7 MG IMPLANT	MD	SPP*: Must use CVS Specialty
PARCAINE 0.5% EYE DROPS	1	
PAREMYD EYE DROPS	NC	
PATADAY 0.2% EYE DROPS	3	
PATANASE 665 MCG NASAL SPRAY	NC	
PATANOL 0.1% EYE DROPS	NC	
PAZEO 0.7% EYE DROPS	NC	
PHENYLEPHRINE 10% EYE DROPS	1	
PHENYLEPHRINE 2.5% EYE DROP	1	
PRED 1%-GATI 0.5%-NEPAF 0.1%	2	
PREDNISOLONE 1%-GATIFLOX 0.5%	2	
PROPARACAINE 0.5% EYE DROPS	1	
TETCAINE 0.5% EYE DROPS	1	
TETRACAINE 0.5% EYE DROPS	1	
TETRAVISC 0.5% EYE DROPS	NC	
TROPICAMIDE 0.5% EYE DROPS	1	
TROPICAMIDE 1% EYE DROPS	1	
TYZINE 0.1% NOSE DROPS	3	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
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TYZINE 0.1% NOSE SPRAY	3	
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### EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS

ACETASOL HC EAR DROPS	1	
ACETIC ACID 2% EAR SOLUTION	1	
ANTIPYRINE-BENZOCAINE EAR DROP	1	
ANTIPYRINE-BENZOCAINE OTIC SOL	1	
AURODEX OTIC SOLUTION	1	
AUROGUARD OTIC SOLUTION	1	
AZASITE 1% EYE DROPS	3	
BACITRACIN 500 UNIT/GM OPHTH	1	
BACITRACIN-POLYMYXIN EYE OINT	1	
BESIVANCE 0.6% SUSP	3	
BETADINE 5% EYE SOLUTION	NC	
BLEPH-10 10% EYE DROPS	1	
BLEPHAMIDE EYE DROPS	NC	
BLEPHAMIDE EYE OINTMENT	NC	
CETRAXAL 0.2% EAR SOLUTION	NC	
CILOXAN 0.3% EYE DROPS	NC	
CILOXAN 0.3% OINTMENT	3	
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	2	
CIPROFLOXACIN 0.2% OTIC SOLN	1	
CIPROFLOXACIN 0.3% EYE DROP	1	
COLY-MYCIN S OTIC SUSP DROP	3	
CORTISPORIN-TC EAR SUSPENSION	3	
CRESYLATE EAR DROPS	1	
ERYTHROMYCIN 0.5% EYE OINTMENT	1	
FLOXIN 0.3% EAR DROPS	NC	
GARAMYCIN 0.3% EYE DROPS	NC	
GARAMYCIN 3 MG/GM EYE OINTMENT	NC	
GATIFLOXACIN 0.5% EYE DROPS	1	
GENTAK 0.3 % EYE OINTMENT	1	
GENTAMICIN 3 MG/GM EYE OINT	1	
GENTAMICIN 3 MG/ML EYE DROPS	1	
HYDROCORTISON-ACETIC ACID SOLN	1	
ILOTYCIN 0.5% EYE OINTMENT	NC	
LEVOFLOXACIN 0.5% EYE DROPS	1	
MAXITROL EYE DROPS	NC	
MAXITROL EYE OINTMENT	NC	
MOXEZA 0.5% EYE DROPS	3	
MOXIFLOXACIN 0.5% EYE DROPS	2	
NATACYN EYE DROPS	3	
NEO-BACIT-POLY-HC EYE OINTMENT	1	
NEO-POLYCIN EYE OINTMENT	1	
NEO-POLYCIN HC EYE OINTMENT	1	
NEOMYC-BACIT-POLYMIX EYE OINT	1	
NEOMYC-POLYM-DEXAMET EYE OINTM	1	
NEOMYC-POLYM-DEXAMETH EYE DROP	1	
NEOMYC-POLYM-GRAMICID EYE DROP	1	
NEOMYCIN-POLY-HC EYE DROPS	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	
NEOSPORIN EYE DROPS	NC	
OCUFLOX 0.3% EYE DROPS	NC	
OFLOXACIN 0.3% EAR DROPS	1	
OFLOXACIN 0.3% EYE DROPS	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
OTIC CARE OTIC SOLUTION	1	
POLYCYN EYE OINTMENT	1	
POLYMYXIN B-TMP EYE DROPS	1	
POLYTRIM EYE DROPS	NC	
PRED-G 1% EYE DROPS	NC	
PRED-G S.O.P. EYE OINTMENT	NC	
SULF-PRED 10-0.23% EYE DROPS	1	
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
TOBRADEX EYE DROPS	NC	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST EYE DROPS	NC	
TOBRAMYCIN 0.3% EYE DROPS	1	
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	
TOBREX 0.3% EYE DROPS	NC	
TOBREX 0.3% EYE OINTMENT	2	
TRIFLURIDINE 1% EYE DROPS	1	
VIGAMOX 0.5% EYE DROPS	3	
VIROPTIC 1% EYE DROPS	NC	
VOSOL HC EAR DROPS	NC	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZYLET EYE DROPS	NC	
ZYMAXID 0.5% EYE DROPS	NC	

## EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

ACULAR 0.5% EYE DROPS	NC	
ACULAR LS 0.4% OPHTH SOL	NC	
ACUVAIL 0.45% OPHTH SOLUTION	NC	
ALOCRIAL 2% EYE DROPS	3	
ALREX 0.2% EYE DROPS	NC	
BECONASE AQ 0.042% SPRAY	NC	
BROMFENAC SODIUM 0.09% EYE DRP	1	
BROMSITE 0.075% EYE DROPS	NC	
BUDESONIDE 32 MCG NASAL SPRAY	NC	
CORTANE-B LOTION	NC	
CORTANE-B OTIC DROPS	1	
DERMOTIC OIL 0.01% EAR DROPS	NC	
DEXAMETHASONE 0.1% EYE DROP	1	
DICLOFENAC 0.1% EYE DROPS	1	
DUREZOL 0.05% EYE DROPS	3	
EXOTIC-HC EAR DROP	1	
FLAREX 0.1% EYE DROPS	3	
FLONASE 0.05% NASAL SPRAY	NC	
FLUNISOLIDE 0.025% SPRAY	1	
FLUOCINOLONE OIL 0.01% EAR DRP	1	
FLUOROMETHOLONE 0.1% DROPS	1	
FLURBIPROFEN 0.03% EYE DROP	1	
FLUTICASONE PROP 50 MCG SPRAY	1	
FML FORTE 0.25% EYE DROPS	3	
FML LIQUIFILM 0.1% EYE DROP	NC	
FML S.O.P. 0.1% OINTMENT	3	
ILEVRO 0.3% OPHTH DROPS	NC	
KETOROLAC 0.4% OPHTH SOLUTION	1	
KETOROLAC 0.5% OPHTH SOLUTION	1	
LOTEMAX 0.5% EYE DROPS	2	
LOTEMAX 0.5% EYE OINTMENT	2	
LOTEMAX 0.5% OPHTHALMIC GEL	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MAXIDEX 0.1% EYE DROPS	3	
MOMETASONE FUROATE 50 MCG SPRY	1	
NASACORT AQ NASAL SPRAY	NC	
NASONEX 50 MCG NASAL SPRAY	NC	
NEVANAC 0.1% DROPTAINER	3	
OCUFEN 0.03% EYE DROPS	NC	
OMNARIS 50 MCG NASAL SPRAY	NC	
OMNIPRED 1% EYE DROPS	NC	
OTICIN HC DROPS	NC	
OTO-END 10 EAR DROPS	1	
OTOMAX-HC EAR DROPS	1	
PRED FORTE 1% EYE DROPS	NC	
PRED MILD 0.12% EYE DROPS	3	
PREDNISOLONE 1%-NEPAFENAC 0.1%	2	
PREDNISOLONE AC 1% EYE DROP	1	
PREDNISOLONE SOD 1% EYE DROP	1	
PROLENSA 0.07% EYE DROPS	NC	
QNASL 80 MCG NASAL SPRAY	NC	
QNASL CHILDREN'S 40 MCG SPRAY	3	
RESTASIS 0.05% EYE EMULSION	2	Max. 2 per day
RESTASIS MULTIDOSE 0.05% EYE	2	Max. 2 ML(s) per day
RHINOCORT AQUA NASAL SPRAY	NC	
TRIAMCINOLONE 55 MCG NASAL SPR	1	
VERAMYST 27.5 MCG NASAL SPRAY	2	
VEXOL 1% EYE DROPS	3	
XIIDRA 5% EYE DROPS	2	Max. 2 per day
ZETONNA 37 MCG NASAL SPRAY	NC	

## GASTROINTESTINAL AGENTS

### ANTIULCER AGENTS AND ACID SUPPRESSANTS

ACID REDUCER 20 MG TABLET	1	
ACIPHEX DR 20 MG TABLET	NC	
ACIPHEX SPRINKLE DR 10 MG CAP	NC	
ACIPHEX SPRINKLE DR 5 MG CAP	NC	
AXID 15 MG/ML ORAL SOLUTION	NC	
CARAFATE 1 GM TABLET	NC	
CARAFATE 1 GM/10 ML SUSP	3	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 300 MG/5 ML SOLN	1	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CYTOTEC 100 MCG TABLET	NC	
CYTOTEC 200 MCG TABLET	NC	
DEPRIZINE ORAL SUSPENSION	NC	
DEXILANT DR 30 MG CAPSULE	4	Prior Authorization required
DEXILANT DR 60 MG CAPSULE	4	Prior Authorization required
ESOMEPRAZOLE DR 24.65 MG CAP	3	
ESOMEPRAZOLE DR 49.3 MG CAP	3	
ESOMEPRAZOLE MAG DR 20 MG CAP	3	Prior Authorization required
ESOMEPRAZOLE MAG DR 40 MG CAP	3	Prior Authorization required
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	1	
FIRST-LANSOPRAZOLE 3 MG/ML	3	
FIRST-OMEPRAZOLE 2 MG/ML SUSP	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
LANSOPRAZOL-AMOXICIL-CLARITHRO	1	
LANSOPRAZOLE DR 15 MG CAPSULE	2	
LANSOPRAZOLE DR 30 MG CAPSULE	2	
MISOPROSTOL 100 MCG TABLET	1	
MISOPROSTOL 200 MCG TABLET	1	
NEXIUM 24HR 20 MG CAPSULE	1	
NEXIUM 24HR 20 MG TABLET	1	
NEXIUM 24HR 22.3 MG CAPSULE	1	
NEXIUM DR 10 MG PACKET	3	
NEXIUM DR 2.5 MG PACKET	3	
NEXIUM DR 20 MG CAPSULE	NC	
NEXIUM DR 20 MG PACKET	3	
NEXIUM DR 40 MG CAPSULE	NC	
NEXIUM DR 40 MG PACKET	3	
NEXIUM DR 5 MG PACKET	3	
NIZATIDINE 15 MG/ML SOLUTION	1	
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
OMECLAMOX-PAK COMBO PACK	NC	
OMEPEPI 20 MG-1,100 MG CAPSULE	NC	
OMEPEPI 40 MG-1,100 MG CAPSULE	NC	
OMEPRAZOLE DR 10 MG CAPSULE	1	
OMEPRAZOLE DR 20 MG CAPSULE	1	
OMEPRAZOLE DR 40 MG CAPSULE	1	
OMEPRAZOLE+SYRSPEND SF ALKA KT	3	
OMEPRAZOLE-BICARB 20-1,100 CAP	NC	
OMEPRAZOLE-BICARB 20-1,680 PKT	NC	
OMEPRAZOLE-BICARB 40-1,100 CAP	NC	
OMEPRAZOLE-BICARB 40-1,680 PKT	NC	
PANTOPRAZOLE SOD DR 20 MG TAB	1	
PANTOPRAZOLE SOD DR 40 MG TAB	1	
PEPCID 20 MG TABLET	NC	
PEPCID 40 MG TABLET	NC	
PEPCID 40 MG/5 ML ORAL SUSP	NC	
PREVACID 15 MG SOLUTAB	2	
PREVACID 30 MG SOLUTAB	2	
PREVACID DR 15 MG CAPSULE	NC	
PREVACID DR 30 MG CAPSULE	NC	
PREVPAC PATIENT PACK	NC	
PRILOSEC DR 10 MG CAPSULE	NC	
PRILOSEC DR 10 MG SUSPENSION	3	
PRILOSEC DR 2.5 MG SUSPENSION	3	
PRILOSEC DR 20 MG CAPSULE	NC	
PRILOSEC DR 40 MG CAPSULE	NC	
PROTONIX 40 MG SUSPENSION	3	
PROTONIX DR 20 MG TABLET	NC	
PROTONIX DR 40 MG TABLET	NC	
RABEPRAZOLE SOD DR 20 MG TAB	2	
RANITIDINE 15 MG/ML SYRUP	1	
RANITIDINE 150 MG CAPSULE	1	
RANITIDINE 150 MG TABLET	1	
RANITIDINE 300 MG CAPSULE	1	
RANITIDINE 300 MG TABLET	1	
SUCRALFATE 1 GM TABLET	1	
ZANTAC 15 MG/ML SYRUP	NC	
ZANTAC 150 MG TABLET	NC	
ZANTAC 300 MG TABLET	NC	
ZEGERID 20 MG CAPSULE	NC	
ZEGERID 20 MG PACKET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ZEGERID 40 MG CAPSULE	NC	
ZEGERID 40 MG PACKET	NC	

## GASTROINTESTINAL AGENTS, OTHER

ACTIGALL 300 MG CAPSULE	NC	
AMITIZA 24 MCG CAPSULES	3	
AMITIZA 8 MCG CAPSULE	3	
BENTYL 10 MG CAPSULE	NC	
BENTYL 20 MG TABLET	NC	
BUPHENYL 500 MG TABLET	3	
BUPHENYL POWDER	NC	
CANTIL 25 MG TABLET	3	
CARBAGLU 200 MG DISPER TABLET	4	LDD*: Accredo (866) 815-4717
CHOLBAM 250 MG CAPSULE	NC	
CHOLBAM 50 MG CAPSULE	NC	
CONSTULOSE 10 GM/15 ML SOLN	1	
CROMOLYN 100 MG/5 ML ORAL CONC	1	HSA*
CUVPOSA 1 MG/5 ML SOLUTION	3	SPP*: Must use CVS Specialty
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML SOLN	1	
DICYCLOMINE 20 MG TABLET	1	
DIPHENOXYLAT-ATROP 2.5-0.025/5	1	
DIPHENOXYLATE-ATROP 2.5-0.025	1	
ENTEREG 12 MG CAPSULE	NC	
ENULOSE 10 GM/15 ML SOLUTION	1	
FULYZAQ 125 MG DR TABLET	3	Step Therapy required
GASTROCROM 100 MG/5 ML CONC	NC	
GATTEX 5 MG 30-VIAL KIT	NC	
GENERLAC 10 GM/15 ML SOLUTION	1	
GLYCATE 1.5 MG TABLET	NC	
GLYCOPYRROLATE 1 MG TABLET	1	
GLYCOPYRROLATE 1.5 MG TABLET	2	
GLYCOPYRROLATE 2 MG TABLET	1	
HELIDAC THERAPY	NC	
KAYEXALATE POWDER	NC	
KIONEX 15 GM/60 ML SUSPENSION	1	
KRISTALOSE 10 GM PACKET	2	
KRISTALOSE 20 GM PACKET	2	
LACTULOSE 10 GM/15 ML SOLUTION	1	
LINZESS 145 MCG CAPSULE	2	
LINZESS 290 MCG CAPSULE	2	
LINZESS 72 MCG CAPSULE	2	
LOMOTIL 2.5-0.025 MG TABLET	NC	
LOPERAMIDE 2 MG CAPSULE	NC	
METHSCOPOLAMINE BROM 2.5 MG TB	1	
METHSCOPOLAMINE BROM 5 MG TAB	1	
METOCLOPRAMIDE 10 MG TABLET	1	
METOCLOPRAMIDE 5 MG TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML SOLN	1	
METOCLOPRAMIDE HCL 10 MG ODT	1	
METOCLOPRAMIDE HCL 5 MG ODT	1	
METOZOLV ODT 5 MG TABLET	NC	
MOTOFEN 1-0.025 MG TABLET	3	
MOVANTI 12.5 MG TABLET	2	
MOVANTI 25 MG TABLET	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MYTESI 125 MG DR TABLET	3	Step Therapy required
NUTRESTORE POWDER PACKET	NC	
OCALIVA 10 MG TABLET	NC	
OCALIVA 5 MG TABLET	NC	
OPIUM TINCTURE 10 MG/ML	1	
PAMINE 2.5 MG TABLET	NC	
PAMINE FORTE 5 MG TABLET	NC	
PAREGORIC LIQUID	1	
PYLERA CAPSULE	NC	
RAVICTI 1.1 GRAM/ML LIQUID	NC	
REGLAN 10 MG TABLET	NC	
REGLAN 5 MG TABLET	NC	
RELISTOR 12 MG/0.6 ML SYRINGE	2	
RELISTOR 12 MG/0.6 ML VIAL	2	
RELISTOR 150 MG TABLET	NC	
RELISTOR 8 MG/0.4 ML SYRINGE	2	
ROBINUL 1 MG TABLET	NC	
ROBINUL FORTE 2 MG TABLET	NC	
SOD POLYSTYREN SULF 15 G/60 ML	1	
SODIUM PHENYLBUTYRATE POWDER	1	
SPS 15 GM/60 ML SUSPENSION	1	
SPS 30 GM/120 ML ENEMA	1	
TRULANCE 3 MG TABLET	NC	
URSO 250 MG TABLET	NC	
URSO FORTE 500 MG TABLET	NC	
URSODIOL 250 MG TABLET	1	
URSODIOL 300 MG CAPSULE	1	
URSODIOL 500 MG TABLET	1	
VELTASSA 16.8 GM POWDER PACKET	3	LDD*: Walgreens Specialty (800) 424-9002
VELTASSA 25.2 GM POWDER PACKET	3	LDD*: Walgreens Specialty (800) 424-9002
VELTASSA 8.4 GM POWDER PACKET	3	LDD*: Walgreens Specialty (800) 424-9002
VIBERZI 100 MG TABLET	2	
VIBERZI 75 MG TABLET	2	
XERMELO 250 MG TABLET	NC	

## LAXATIVES

COLYTE WITH FLAVOR PACKETS	NC	
GAVILYTE-C SOLUTION	0	ACA*
GAVILYTE-G SOLUTION	0	ACA*
GAVILYTE-H AND BISACODYL KIT	0	ACA*
GAVILYTE-N SOLUTION	0	ACA*
GOLYTELY PACKET	NC	
GOLYTELY SOLUTION	NC	
MOVIPREP POWDER PACKET	2	
NULYTELY WITH FLAVOR PACKS SOL	NC	
OSMOPREP TABLET	3	
PEG 3350 ELECTROLYTE SOLN	0	ACA*
PEG 3350-ELECTROLYTE SOLUTION	0	ACA*
PEG-3350 AND ELECTROLYTES SOLN	0	ACA*
PEG-PREP KIT	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
POLYETHYLENE GLYCOL 3350 POWD	1	
PREPOPIK POWDER PACKET	2	
SORBITOL 70% SOLUTION	NC	
SUCLEAR BOWEL PREP KIT	NC	
SUPREP BOWEL PREP KIT	3	
TRILYTE WITH FLAVOR PACKETS	0	ACA*

## PHOSPHATE BINDERS

AURYXIA 210 MG TABLET	NC	
CALCIUM ACETATE 667 MG GELCAP	1	
CALCIUM ACETATE 667 MG TABLET	1	
ELIPHOS 667 MG TABLET	1	
FOSRENOL 1,000 MG POWDER PACK	4	
FOSRENOL 1,000 MG TABLET CHEW	4	
FOSRENOL 500 MG TABLET CHEW	4	
FOSRENOL 750 MG POWDER PACKET	4	
FOSRENOL 750 MG TABLET CHEW	4	
LANTHANUM CARB 1,000 MG TB CHW	2	
LANTHANUM CARB 500 MG TAB CHEW	2	
LANTHANUM CARB 750 MG TAB CHEW	2	
MAGNEBIND 400 RX TABLET	1	
PHOSLO 667 MG GELCAP	NC	
PHOSLYRA 667 MG/5 ML SOLUTION	2	
RENAGEL 400 MG TABLET	NC	
RENAGEL 800 MG TABLET	NC	
RENVELA 0.8 GM POWDER PACKET	2	
RENVELA 2.4 GM POWDER PACKET	2	
RENVELA 800 MG TABLET	2	
SEVELAMER 0.8 GM POWDER PACKET	2	
SEVELAMER 2.4 GM POWDER PACKET	2	
SEVELAMER CARBONATE 800 MG TAB	1	
VELPHORO 500 MG CHEWABLE TAB	4	Prior Authorization required

## GENERAL ANESTHETICS

### GENERAL ANESTHETICS, MISCELLANEOUS

KETALAR 200 MG/20 ML VIAL	NC	
KETALAR 500 MG/10 ML VIAL	NC	
KETALAR 500 MG/5 ML VIAL	NC	
KETAMINE 100 MG/ML VIAL	NC	
KETAMINE 200 MG/20 ML VIAL	NC	
KETAMINE 500 MG/10 ML VIAL	NC	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

BETHANECHOL 10 MG TABLET	1	
BETHANECHOL 25 MG TABLET	1	
BETHANECHOL 5 MG TABLET	1	
BETHANECHOL 50 MG TABLET	1	
DARIFENACIN ER 15 MG TABLET	1	
DARIFENACIN ER 7.5 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DETROL 1 MG TABLET	NC	
DETROL 2 MG TABLET	NC	
DETROL LA 2 MG CAPSULE	NC	
DETROL LA 4 MG CAPSULE	NC	
DITROPAN XL 10 MG TABLET	NC	
DITROPAN XL 15 MG TABLET	NC	
DITROPAN XL 5 MG TABLET	NC	
ENABLEX 15 MG TABLET	3	
ENABLEX 7.5 MG TABLET	3	
FLAVOXATE HCL 100 MG TABLET	1	
GELNIQUE 10% GEL SACHETS	NC	
GELNIQUE 3% GEL	NC	
MYRBETRIQ ER 25 MG TABLET	2	
MYRBETRIQ ER 50 MG TABLET	2	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OXYBUTYNIN CL ER 10 MG TABLET	1	
OXYBUTYNIN CL ER 15 MG TABLET	1	
OXYBUTYNIN CL ER 5 MG TABLET	1	
OXYTROL 3.9 MG/24HR PATCH	NC	
SANCTURA 20 MG TABLET	NC	
SANCTURA XR 60 MG CAPSULE	NC	
TOLTERODINE TART ER 2 MG CAP	1	
TOLTERODINE TART ER 4 MG CAP	1	
TOLTERODINE TARTRATE 1 MG TAB	1	
TOLTERODINE TARTRATE 2 MG TAB	1	
TOVIAZ ER 4 MG TABLET	3	
TOVIAZ ER 8 MG TABLET	3	
TROSPIUM CHLORIDE 20 MG TABLET	1	
TROSPIUM CHLORIDE ER 60 MG CAP	1	
URECHOLINE 10 MG TABLET	NC	
URECHOLINE 25 MG TABLET	NC	
URECHOLINE 5 MG TABLET	NC	
URECHOLINE 50 MG TABLET	NC	
VESICARE 10 MG TABLET	2	
VESICARE 5 MG TABLET	2	

## GENITOURINARY AGENTS, MISCELLANEOUS

ALFUZOSIN HCL ER 10 MG TABLET	1	Max. 1 per day
AVODART 0.5 MG SOFTGEL	NC	
DUTASTERIDE 0.5 MG CAPSULE	1	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	1	
FINASTERIDE 5 MG TABLET	1	
FLOMAX 0.4 MG CAPSULE	NC	
JALYN 0.5-0.4 MG CAPSULE	NC	
PHENAZOPYRIDINE 100 MG TAB	1	
PHENAZOPYRIDINE 200 MG TAB	1	
PROSCAR 5 MG TABLET	NC	
PYRIDIUM 100 MG TABLET	NC	
PYRIDIUM 200 MG TABLET	NC	
RAPAFLO 4 MG CAPSULE	3	
RAPAFLO 8 MG CAPSULE	3	
TAMSULOSIN HCL 0.4 MG CAPSULE	1	
TERAZOSIN 1 MG CAPSULE	1	HSA*
TERAZOSIN 10 MG CAPSULE	1	HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
TERAZOSIN 2 MG CAPSULE	1	HSA*
TERAZOSIN 5 MG CAPSULE	1	HSA*
UROXATRAL 10 MG TABLET	NC	

## HEAVY METAL ANTAGONISTS

### HEAVY METAL ANTAGONISTS

CHEMET 100 MG CAPSULE	3	
CUPRIMINE 250 MG CAPSULE	2	Prior Authorization required
DEPEN 250 MG TITRATAB	2	Prior Authorization required
EXJADE 125 MG TABLET	4	SPP*: Must use CVS Specialty
EXJADE 250 MG TABLET	4	SPP*: Must use CVS Specialty
EXJADE 500 MG TABLET	4	SPP*: Must use CVS Specialty
FERRIPROX 100 MG/ML SOLUTION	3	LDD*: Dohmen Life Sciences. 1-800-305-7881.
FERRIPROX 500 MG TABLET	3	LDD*: Dohmen Life Sciences. 1-800-305-7881.
GALZIN 25 MG CAPSULE	NC	
GALZIN 50 MG CAPSULE	NC	
JADENU 180 MG TABLET	NC	
JADENU 360 MG TABLET	NC	
JADENU 90 MG TABLET	NC	
JADENU SPRINKLE 180 MG GRANULE	NC	
JADENU SPRINKLE 360 MG GRANULE	NC	
JADENU SPRINKLE 90 MG GRANULE	NC	
SYPRINE 250 MG CAPSULE	4	Prior Authorization required

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

### ANDROGENS

ANADROL-50 TABLET	3	Max. 30 Days Supply
ANDRODERM 2 MG/24HR PATCH	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 2 per day
ANDRODERM 4 MG/24HR PATCH	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 1 per day
ANDROGEL 1% GEL PUMP	NC	
ANDROGEL 1%(2.5G) GEL PACKET	NC	
ANDROGEL 1%(5G) GEL PACKET	NC	
ANDROGEL 1.62% GEL PUMP	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 150 GM(s) in 30 days
ANDROGEL 1.62%(1.25G) GEL PCKT	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 1.25 GM(s) per day
ANDROGEL 1.62%(2.5G) GEL PCKT	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 5 GM(s) per day
ANDROID 10 MG CAPSULE	NC	
ANDROXY 10 MG TABLET	1	Max. 30 Days Supply
AXIRON 30 MG/ACTUATION SOLN	3	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 180 ML(s) in 30 days
COVARYX H.S. TABLET	1	Max. 30 Days Supply
COVARYX TABLET	1	Max. 30 Days Supply
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANAZOL 50 MG CAPSULE	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
DEPO-TESTOSTERONE 100 MG/ML VL	3	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 ML(s) in 30 days
DEPO-TESTOSTERONE 200 MG/ML	3	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 4 ML(s) in 30 days
ESTROGEN-METHYLTESTOS F.S. TAB	1	Max. 30 Days Supply
ESTROGEN-METHYLTESTOS H.S. TAB	1	Max. 30 Days Supply
FIRST 2% TESTOSTERONE OINT	NC	
FIRST-TESTOSTERONE MC 2% CR	NC	
FORTESTA 10 MG GEL PUMP	NC	
METHITEST 10 MG TABLET	3	Max. 30 Days Supply;Prior Authorization required
METHYLTESTOSTERONE 10 MG CAP	NC	
NATESTO NASAL 5.5 MG/0.122 GM	NC	
OXANDRIN 10 MG TABLET	NC	
OXANDRIN 2.5 MG TABLET	NC	
OXANDROLONE 10 MG TABLET	1	Max. 30 Days Supply
OXANDROLONE 2.5 MG TABLET	1	Max. 30 Days Supply
STRIANT 30 MG MUCOADHESIVE	3	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 2 per day
TESTIM 1% (50MG) GEL	NC	
TESTONE CIK KIT	NC	
TESTOSTERON CYP 1,000 MG/10 ML	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 ML(s) in 30 days
TESTOSTERON ENAN 1,000 MG/5 ML	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 5 ML(s) in 30 days
TESTOSTERONE 10 MG GEL PUMP	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 120 GM(s) in 30 days
TESTOSTERONE 12.5 MG/1.25 GRAM	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 300 GM(s) in 30 days
TESTOSTERONE 25 MG/2.5 GM PKT	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 2.5 GM(s) per day
TESTOSTERONE 30 MG/1.5 ML PUMP	2	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 180 ML(s) in 30 days
TESTOSTERONE 50 MG/5 GRAM GEL	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 GM(s) per day
TESTOSTERONE 50 MG/5 GRAM PKT	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 GM(s) per day
TESTOSTERONE CYP 200 MG/ML	1	Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 4 ML(s) in 30 days
TESTRED 10 MG CAPSULE	NC	
VOGELXO 12.5 MG/1.25 GRAM PUMP	NC	
VOGELXO 50 MG/5 GRAM GEL	NC	

## ESTROGENS AND ANTIESTROGENS

ACTIVELLA 0.5-0.1 MG TABLET	NC	
ACTIVELLA 1 MG-0.5 MG TABLET	NC	
ALORA 0.025 MG PATCH	3	
ALORA 0.05 MG PATCH	3	
ALORA 0.075 MG PATCH	3	
ALORA 0.1 MG PATCH	3	
AMABELZ 0.5 MG-0.1 MG TABLET	1	
AMABELZ 1 MG-0.5 MG TABLET	1	
ANGELIQ 0.25 MG-0.5 MG TABLET	NC	
ANGELIQ 0.5 MG-1 MG TABLET	NC	
CENESTIN 0.3 MG TABLET	3	
CENESTIN 0.45 MG TABLET	3	
CENESTIN 0.625 MG TABLET	3	
CENESTIN 0.9 MG TABLET	3	
CENESTIN 1.25 MG TABLET	3	
CLIMARA 0.025 MG/DAY PATCH	NC	
CLIMARA 0.0375 MG/DAY PATCH	NC	
CLIMARA 0.05 MG/DAY PATCH	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CLIMARA 0.06 MG/DAY PATCH	NC	
CLIMARA 0.075 MG/DAY PATCH	NC	
CLIMARA 0.1 MG/DAY PATCH	NC	
CLIMARA PRO PATCH	2	
CLOMIPHENE CITRATE 50 MG TAB	1	
COMBIPATCH 0.05-0.14 MG PTCH	2	
COMBIPATCH 0.05-0.25 MG PTCH	2	
DIVIGEL 1 MG GEL PACKET	2	
DUAVEE 0.45-20 MG TABLET	4	Prior Authorization required HSA*
ELESTRIN 0.06% GEL	NC	
ENJUVIA 0.3 MG TABLET	2	
ENJUVIA 0.45 MG TABLET	2	
ENJUVIA 0.625 MG TABLET	2	
ENJUVIA 0.9 MG TABLET	2	
ENJUVIA 1.25 MG TABLET	2	
ESTRACE 0.01% CREAM	2	
ESTRACE 0.5 MG TABLET	NC	
ESTRACE 1 MG TABLET	NC	
ESTRACE 2 MG TABLET	NC	
ESTRADIOL 0.025 MG PATCH	1	
ESTRADIOL 0.0375 MG PATCH	1	
ESTRADIOL 0.0375 MG/DAY PATCH	1	
ESTRADIOL 0.05 MG PATCH	1	
ESTRADIOL 0.06 MG/DAY PATCH	1	
ESTRADIOL 0.075 MG PATCH	1	
ESTRADIOL 0.075 MG/DAY PATCH	1	
ESTRADIOL 0.1 MG PATCH	1	
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSRT	2	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL TDS 0.025 MG/DAY	1	
ESTRADIOL TDS 0.05 MG/DAY	1	
ESTRADIOL TDS 0.1 MG/DAY	1	
ESTRADIOL-NORETH 0.5-0.1 MG TB	1	
ESTRADIOL-NORETH 1-0.5 MG TAB	1	
ESTRASORB PACKET	2	
ESTRING 2 MG VAGINAL RING	2	Max. 90 Days Supply;Max. 1 in 90 days
ESTROGEL 0.06% GEL	3	
ESTROPIPATE 0.625(0.75 MG) TAB	1	
ESTROPIPATE 1.25(1.5 MG) TAB	1	
ESTROPIPATE 2.5(3 MG) TAB	1	
EVAMIST 1.53 MG/SPRAY	NC	
EVISTA 60 MG TABLET	NC	
FEMHRT 0.5 MG-2.5 MCG TABLET	NC	
FEMRING 0.05 MG VAGINAL RING	3	Max. 90 Days Supply;Max. 1 in 90 days
FEMRING 0.10 MG VAGINAL RING	3	Max. 90 Days Supply;Max. 1 in 90 days
FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FYAVOLV 1 MG-5 MCG TABLET	1	
JEVANTIQUE LO 0.5 MG-2.5 MCG	NC	
JINTELI 1 MG-5 MCG TABLET	1	
LOPREEZA 0.5 MG-0.1 MG TABLET	1	
LOPREEZA 1 MG-0.5 MG TABLET	1	
MENEST 0.3 MG TABLET	3	
MENEST 0.625 MG TABLET	3	
MENEST 1.25 MG TABLET	3	
MENEST 2.5 MG TABLET	3	
MENOSTAR 14 MCG/DAY PATCH	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
MIMVEY 1-0.5 MG TABLET	1	
MIMVEY LO 0.5-0.1 MG TABLET	1	
MINIVELLE 0.025 MG PATCH	3	
MINIVELLE 0.0375 MG PATCH	3	
MINIVELLE 0.05 MG PATCH	3	
MINIVELLE 0.075 MG PATCH	3	
MINIVELLE 0.1 MG PATCH	3	
NORETHIN-ETH ESTRAD 1 MG-5 MCG	1	
NORETHIND-ETH ESTRAD 0.5-2.5	1	
OSPHENA 60 MG TABLET	3	
PREFEST TABLET	NC	
PREMARIN 0.3 MG TABLET	2	
PREMARIN 0.45 MG TABLET	2	
PREMARIN 0.625 MG TABLET	2	
PREMARIN 0.9 MG TABLET	2	
PREMARIN 1.25 MG TABLET	2	
PREMARIN VAGINAL CREAM-APPL	2	
PREMPHASE 0.625-5 MG TABLET	2	
PREMPRO 0.3 MG-1.5 MG TABLET	2	
PREMPRO 0.45-1.5 MG TABLET	2	
PREMPRO 0.625-2.5 MG TABLET	2	
PREMPRO 0.625-5 MG TABLET	2	
RALOXIFENE HCL 60 MG TABLET	1	HSA*; ACA*
SEROPHENE 50 MG TABLET	NC	
VAGIFEM 10 MCG VAGINAL TAB	3	
VIVELLE-DOT 0.025 MG PATCH	NC	
VIVELLE-DOT 0.0375 MG PATCH	NC	
VIVELLE-DOT 0.05 MG PATCH	NC	
VIVELLE-DOT 0.075 MG PATCH	NC	
VIVELLE-DOT 0.1 MG PATCH	NC	
YUVAFEM 10 MCG VAGINAL INSERT	2	

## GLUCOCORTICOIDS/MINERALOCORTICOIDS

CELESTONE 0.6 MG/5 ML SOLUTION	NC	
CORTEF 10 MG TABLET	NC	
CORTEF 20 MG TABLET	NC	
CORTEF 5 MG TABLET	NC	
CORTISONE 25 MG TABLET	1	
DELTASONE 20 MG TABLET	1	
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELX	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 10 MG/ML VIAL	MD	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 4 MG/ML VIAL	MD	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1MG/1ML	2	
DEXPAK 10 DAY 1.5 MG TABLET	NC	
DEXPAK 13 DAY 1.5 MG TABLET	NC	
DEXPAK 6 DAY 1.5 MG TABLET	NC	
EMFLAZA 18 MG TABLET	NC	
EMFLAZA 22.75 MG/ML ORAL SUSP	NC	
EMFLAZA 30 MG TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EMFLAZA 36 MG TABLET	NC	
EMFLAZA 6 MG TABLET	NC	
FLO-PRED 16.7(15) MG/5 ML SUSP	NC	
FLUDROCORTISONE 0.1 MG TABLET	1	
HYDROCORTISONE 10 MG TABLET	1	
HYDROCORTISONE 20 MG TABLET	1	
HYDROCORTISONE 5 MG TABLET	1	
INTRAROSA 6.5 MG VAG INSERT	NC	
LOCORT 11 DAY 1.5 MG TABLET	NC	
LOCORT 7 DAY 1.5 MG TABLET	NC	
MEDROL 16 MG TABLET	NC	
MEDROL 2 MG TABLET	NC	
MEDROL 32 MG TABLET	NC	
MEDROL 4 MG DOSEPAK	NC	
MEDROL 4 MG TABLET	NC	
MEDROL 8 MG TABLET	NC	
METHYLPREDNISOLONE 16 MG TAB	1	
METHYLPREDNISOLONE 32 MG TAB	1	
METHYLPREDNISOLONE 4 MG DOSEPK	1	
METHYLPREDNISOLONE 4 MG TABLET	1	
METHYLPREDNISOLONE 8 MG TAB	1	
MILLIPRED 10 MG/5 ML SOLUTION	NC	
MILLIPRED 5 MG TABLET	NC	
MILLIPRED DP 5 MG 12-DAY PACK	NC	
MILLIPRED DP 5 MG 6-DAY PACK	NC	
ORAPRED 15 MG/5 ML SOLUTION	NC	
ORAPRED ODT 10 MG TABLET	NC	
ORAPRED ODT 15 MG TABLET	NC	
ORAPRED ODT 30 MG TABLET	NC	
PEDIAPRED 5 MG/5 ML SOLN	NC	
PREDNISOLONE 10 MG/5 ML SOLN	1	
PREDNISOLONE 15 MG/5 ML SOLN	1	
PREDNISOLONE 20 MG/5 ML SOLN	1	
PREDNISOLONE 5 MG/5 ML SOLN	1	
PREDNISOLONE ODT 10 MG TABLET	1	
PREDNISOLONE ODT 15 MG TABLET	1	
PREDNISOLONE ODT 30 MG TABLET	1	
PREDNISOLONE SOD PH 25 MG/5 ML	1	
PREDNISONONE 1 MG TABLET	1	
PREDNISONONE 10 MG TAB DOSE PACK	1	
PREDNISONONE 10 MG TABLET	1	
PREDNISONONE 2.5 MG TABLET	1	
PREDNISONONE 20 MG TABLET	1	
PREDNISONONE 5 MG TABLET	1	
PREDNISONONE 5 MG/5 ML SOLUTION	1	
PREDNISONONE 5 MG/ML SOLUTION	3	
PREDNISONONE 50 MG TABLET	1	
PRELONE 15 MG/5 ML SYRUP	1	
RAYOS DR 1 MG TABLET	NC	
RAYOS DR 2 MG TABLET	NC	
RAYOS DR 5 MG TABLET	NC	
VERIPRED 20 20 MG/5 ML SOLN	NC	
ZONACORT 11 DAY 1.5 MG TABLET	NC	
ZONACORT 7 DAY 1.5 MG TABLET	NC	

## PITUITARY

DRUG NAME	TIER	LIMITATIONS/ * NOTES
BRAVELLE 75 UNIT VIAL	3	Max. 30 Days Supply IVF*
CETROTIDE 0.25 MG KIT	3	Max. 30 Days Supply IVF*
CETROTIDE 3 MG KIT	3	Max. 30 Days Supply IVF*
CHORIONIC GONAD 10,000 UNIT VL	2	Max. 30 Days Supply IVF*
DDAVP 0.01% NASAL SPRAY	NC	
DDAVP 0.1 MG TABLET	NC	
DDAVP 0.2 MG TABLET	NC	
DDAVP 10 MCG/0.1 ML SOLUTION	NC	
DDAVP 4 MCG/ML AMPUL	NC	
DDAVP 4 MCG/ML VIAL	NC	
DESMOPRESSIN 0.1 MG/ML SOL	1	
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	
DESMOPRESSIN AC 4 MCG/ML VIAL	NC	
DESMOPRESSIN ACETATE 0.1 MG TB	1	
DESMOPRESSIN ACETATE 0.2 MG TB	1	
EGRIFTA 1 MG VIAL	NC	
EGRIFTA 2 MG VIAL	NC	
FOLLISTIM AQ 150 UNIT VIAL	NC	
FOLLISTIM AQ 300 UNIT CARTRIDG	NC	
FOLLISTIM AQ 600 UNIT CARTRIDG	NC	
FOLLISTIM AQ 75 UNIT VIAL	NC	
FOLLISTIM AQ 900 UNIT CARTRIDG	NC	
GENOTROPIN 12 MG CARTRIDGE	NC	
GENOTROPIN 5 MG CARTRIDGE	NC	
GENOTROPIN MINIQUEICK 0.2 MG	NC	
GENOTROPIN MINIQUEICK 0.4 MG	NC	
GENOTROPIN MINIQUEICK 0.6 MG	NC	
GENOTROPIN MINIQUEICK 0.8 MG	NC	
GENOTROPIN MINIQUEICK 1 MG	NC	
GENOTROPIN MINIQUEICK 1.2 MG	NC	
GENOTROPIN MINIQUEICK 1.4 MG	NC	
GENOTROPIN MINIQUEICK 1.6 MG	NC	
GENOTROPIN MINIQUEICK 1.8 MG	NC	
GENOTROPIN MINIQUEICK 2 MG	NC	
GONAL-F 450 UNITS VIAL	3	Max. 30 Days Supply IVF*
GONAL-F RFF 300 UNITS PEN	3	Max. 30 Days Supply
GONAL-F RFF 450 UNITS PEN	3	Max. 30 Days Supply
GONAL-F RFF 75 UNITS VIAL	3	Max. 30 Days Supply
GONAL-F RFF REDI-JECT 300 UNIT	3	Max. 30 Days Supply
GONAL-F RFF REDI-JECT 450 UNIT	3	Max. 30 Days Supply
GONAL-F RFF REDI-JECT 900 UNIT	3	Max. 30 Days Supply
HUMATROPE 12 MG CARTRIDGE	NC	
HUMATROPE 24 MG CARTRIDGE	NC	
HUMATROPE 5 MG VIAL	NC	
HUMATROPE 6 MG CARTRIDGE	NC	
INCRELEX 40 MG/4 ML VIAL	4	Prior Authorization required SPP*: Must use CVS Specialty
LUPRON DEPOT-PED 11.25 MG KIT	MD	Prior Authorization required;Max. 1 per 30 days SPP*: CVS Specialty
LUPRON DEPOT-PED 15 MG KIT	MD	Prior Authorization required;Max. 1 per 30 days SPP*: CVS Specialty
LUPRON DEPOT-PED 30 MG 3MO KIT	MD	Prior Authorization required;Max. 1 in 84 days SPP*: CVS Specialty
LUPRON DEPOT-PED 7.5 MG KIT	MD	Prior Authorization required;Max. 1 per 30 days SPP*: CVS Specialty
MENOPUR 75 UNIT VIAL	3	Max. 30 Days Supply IVF*
METOPIRONE 250 MG CAPSULE	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NORDITROPIN FLEXPRO 10 MG/1.5	NC	
NORDITROPIN FLEXPRO 15 MG/1.5	NC	
NORDITROPIN FLEXPRO 30 MG/3 ML	NC	
NORDITROPIN FLEXPRO 5 MG/1.5	NC	
NOVAREL 10,000 UNITS VIAL	2	Max. 30 Days Supply IVF*
NUTROPIN 10 MG VIAL	NC	
NUTROPIN AQ 20 MG/2ML PEN CART	NC	
NUTROPIN AQ NUSPIN 10 INJECTOR	NC	
NUTROPIN AQ NUSPIN 20 INJECTOR	NC	
NUTROPIN AQ NUSPIN 5 INJECTOR	NC	
NUTROPIN AQ PEN CARTRIDGE	NC	
OCTREOTIDE 1,000 MCG/ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
OCTREOTIDE ACET 100 MCG/ML VL	MD	Prior Authorization required SPP*: Must use CVS Specialty
OCTREOTIDE ACET 200 MCG/ML VL	MD	Prior Authorization required SPP*: Must use CVS Specialty
OCTREOTIDE ACET 50 MCG/ML SYR	MD	Prior Authorization required SPP*: Must use CVS Specialty
OCTREOTIDE ACET 500 MCG/ML VL	MD	Prior Authorization required SPP*: Must use CVS Specialty
OMNITROPE 10 MG/1.5 ML CRTG	3	Prior Authorization required SPP*: Must use CVS Specialty
OMNITROPE 5 MG/1.5 ML CRTG	3	Prior Authorization required SPP*: Must use CVS Specialty
OMNITROPE 5.8 MG VIAL	3	Prior Authorization required SPP*: Must use CVS Specialty
OVIDREL 250 MCG/0.5 ML SYRG	3	Max. 30 Days Supply IVF*
PREGNYL 10,000 UNITS VIAL	2	Max. 30 Days Supply IVF*
REPRONEX 75 UNIT VIAL	3	Max. 30 Days Supply IVF*
SAIZEN 5 MG VIAL	NC	
SAIZEN 8.8 MG CLICK.EASY CARTG	NC	
SAIZEN 8.8 MG VIAL	NC	
SANDOSTATIN 0.05 MG/ML AMPUL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SANDOSTATIN 0.1 MG/ML AMPUL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SANDOSTATIN 0.2 MG/ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SANDOSTATIN 0.5 MG/ML AMPUL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SANDOSTATIN 1 MG/ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
SANDOSTATIN LAR DEPOT 10 MG VL	MD	Prior Authorization required;Max. 1 per 28 days SPP*: Must use CVS Specialty
SANDOSTATIN LAR DEPOT 20 MG KT	MD	Prior Authorization required;Max. 1 per 28 days SPP*: Must use CVS Specialty
SANDOSTATIN LAR DEPOT 30 MG KT	MD	Prior Authorization required;Max. 1 per 28 days SPP*: Must use CVS Specialty
SEROSTIM 4 MG VIAL	3	Prior Authorization required SPP*: Must use CVS Specialty
SEROSTIM 5 MG VIAL	3	Prior Authorization required SPP*: Must use CVS Specialty
SEROSTIM 6 MG VIAL	3	Prior Authorization required SPP*: Must use CVS Specialty
SOMATULINE DEPOT 120 MG/0.5 ML	3	Prior Authorization required;Max. 0.5 ML(s) per 28 days SPP*: Must use CVS Specialty
SOMATULINE DEPOT 60 MG/0.2 ML	3	Prior Authorization required;Max. 0.2 ML(s) per 28 days SPP*: Must use CVS Specialty
SOMATULINE DEPOT 90 MG/0.3 ML	3	Prior Authorization required;Max. 0.3 ML(s) per 28 days SPP*: Must use CVS Specialty
SOMAVERT 10 MG VIAL	4	SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
SOMAVERT 15 MG VIAL	4	SPP*: Must use CVS Specialty
SOMAVERT 20 MG VIAL	4	SPP*: Must use CVS Specialty
SOMAVERT 25 MG VIAL	4	SPP*: Must use CVS Specialty
SOMAVERT 30 MG VIAL	4	SPP*: Must use CVS Specialty
STIMATE 1.5 MG/ML NASAL SPRAY	3	
ZOMACTON 10 MG VIAL	NC	
ZOMACTON 5 MG VIAL	NC	
ZORBTIVE 8.8 MG VIAL	NC	

## PROGESTINS

AYGESTIN 5 MG TABLET	NC	
CRINONE 4% GEL	2	Max. 30 Days Supply IVF*
CRINONE 8% GEL	2	Max. 30 Days Supply IVF*
DEPO-PROVERA 150 MG/ML SYRINGE	0	Max. 90 Days Supply;Max. 1 ML(s) in 90 days
DEPO-PROVERA 150 MG/ML VIAL	0	Max. 90 Days Supply;Max. 1 ML(s) in 90 days ACA*
DEPO-PROVERA 400 MG/ML VIAL	MD	
DEPO-SUBQ PROVERA 104 SYRINGE	0	Max. 1 ML(s) in 60 days ACA*
ENDOMETRIN 100 MG SUPPOSITORY	2	Max. 30 Days Supply IVF*
FIRST-PROGESTERONE VGS 100 SUP	3	Max. 30 Days Supply
FIRST-PROGESTERONE VGS 200 SUP	3	Max. 30 Days Supply
FIRST-PROGESTERONE VGS 25 SUPP	3	Max. 30 Days Supply
FIRST-PROGESTERONE VGS 400 SUP	3	Max. 30 Days Supply
FIRST-PROGESTERONE VGS 50 SUPP	3	Max. 30 Days Supply
MAKENA 250 MG/ML VIAL	MD	Prior Authorization required;Max. 4 ML(s) per 28 days IVF*
MEDROXYPROGESTERONE 10 MG TAB	1	
MEDROXYPROGESTERONE 150 MG/ML	0	Max. 90 Days Supply;Max. 1 ML(s) in 60 days
MEDROXYPROGESTERONE 150 MG/ML	0	Max. 90 Days Supply;Max. 1 ML(s) in 90 days ACA*
MEDROXYPROGESTERONE 2.5 MG TAB	1	
MEDROXYPROGESTERONE 5 MG TAB	1	
MEGACE 40 MG/ML ORAL SUSP	NC	
MEGACE ES 625 MG/5 ML SUSP	NC	
MEGESTROL 625 MG/5 ML SUSP	1	CH*
MEGESTROL ACET 40 MG/ML SUSP	1	CH*
NORETHINDRONE 5 MG TABLET	1	
PROGESTERONE 100 MG CAPSULE	1	HSA*
PROGESTERONE 200 MG CAPSULE	1	HSA*
PROGESTERONE OIL 50 MG/ML VL	1	Max. 30 Days Supply IVF*
PROMETRIUM 100 MG CAPSULE	NC	
PROMETRIUM 200 MG CAPSULE	NC	
PROVERA 10 MG TABLET	NC	
PROVERA 2.5 MG TABLET	NC	
PROVERA 5 MG TABLET	NC	

## THYROID AND ANTITHYROID AGENTS

ARMOUR THYROID 120 MG TABLET	2
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DRUG NAME	TIER	LIMITATIONS/ * NOTES
ARMOUR THYROID 15 MG TABLET	2	
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
CYTOMEL 25 MCG TABLET	NC	
CYTOMEL 5 MCG TABLET	NC	
CYTOMEL 50 MCG TABLET	NC	
LEVO-T 100 MCG TABLET	NC	
LEVO-T 112 MCG TABLET	NC	
LEVO-T 125 MCG TABLET	NC	
LEVO-T 137 MCG TABLET	NC	
LEVO-T 150 MCG TABLET	NC	
LEVO-T 175 MCG TABLET	NC	
LEVO-T 200 MCG TABLET	NC	
LEVO-T 25 MCG TABLET	NC	
LEVO-T 300 MCG TABLET	NC	
LEVO-T 50 MCG TABLET	NC	
LEVO-T 75 MCG TABLET	NC	
LEVO-T 88 MCG TABLET	NC	
LEVOTHYROXINE 100 MCG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1	
LEVOTHYROXINE 200 MCG TABLET	1	
LEVOTHYROXINE 25 MCG TABLET	1	
LEVOTHYROXINE 300 MCG TABLET	1	
LEVOTHYROXINE 50 MCG TABLET	1	
LEVOTHYROXINE 75 MCG TABLET	1	
LEVOTHYROXINE 88 MCG TABLET	1	
LEVOXYL 100 MCG TABLET	1	
LEVOXYL 112 MCG TABLET	1	
LEVOXYL 125 MCG TABLET	1	
LEVOXYL 137 MCG TABLET	1	
LEVOXYL 150 MCG TABLET	1	
LEVOXYL 175 MCG TABLET	1	
LEVOXYL 200 MCG TABLET	1	
LEVOXYL 25 MCG TABLET	1	
LEVOXYL 50 MCG TABLET	1	
LEVOXYL 75 MCG TABLET	1	
LEVOXYL 88 MCG TABLET	1	
LIOETHYRONINE SOD 25 MCG TAB	1	
LIOETHYRONINE SOD 5 MCG TAB	1	
LIOETHYRONINE SOD 50 MCG TAB	1	
METHIMAZOLE 10 MG TABLET	1	
METHIMAZOLE 5 MG TABLET	1	
NATURE-THROID 113.75 MG TABLET	1	
NATURE-THROID 130 MG TABLET	1	
NATURE-THROID 146.25 MG TABLET	1	
NATURE-THROID 16.25 MG TABLET	1	
NATURE-THROID 162.5 MG TABLET	1	
NATURE-THROID 195 MG TABLET	1	
NATURE-THROID 260 MG TABLET	1	
NATURE-THROID 32.5 MG TABLET	1	
NATURE-THROID 325 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
NATURE-THROID 48.75 MG TABLET	1	
NATURE-THROID 65 MG TABLET	1	
NATURE-THROID 81.25 MG TABLET	1	
NATURE-THROID 97.5 MG TABLET	1	
NP THYROID 120 MG TABLET	1	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
PROPYLTHIOURACIL 50 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	1	
STRONG IODINE SOLUTION	1	
SYNTHROID 100 MCG TABLET	3	
SYNTHROID 112 MCG TABLET	3	
SYNTHROID 125 MCG TABLET	3	
SYNTHROID 137 MCG TABLET	3	
SYNTHROID 150 MCG TABLET	3	
SYNTHROID 175 MCG TABLET	3	
SYNTHROID 200 MCG TABLET	3	
SYNTHROID 25 MCG TABLET	3	
SYNTHROID 300 MCG TABLET	3	
SYNTHROID 50 MCG TABLET	3	
SYNTHROID 75 MCG TABLET	3	
SYNTHROID 88 MCG TABLET	3	
TAPAZOLE 10 MG TABLET	NC	
TAPAZOLE 5 MG TABLET	NC	
THYROGEN 1.1 MG VIAL	MD	SPP*: Must use CVS Specialty
THYROLAR-1 STRENGTH TABLET	3	
THYROLAR-1/2 STRENGTH TAB	3	
THYROLAR-1/4 STRENGTH TAB	3	
THYROLAR-2 STRENGTH TABLET	3	
THYROLAR-3 STRENGTH TABLET	3	
TIROSINT 100 MCG CAPSULE	NC	
TIROSINT 112 MCG CAPSULE	NC	
TIROSINT 125 MCG CAPSULE	NC	
TIROSINT 13 MCG CAPSULE	NC	
TIROSINT 137 MCG CAPSULE	NC	
TIROSINT 150 MCG CAPSULE	NC	
TIROSINT 25 MCG CAPSULE	NC	
TIROSINT 50 MCG CAPSULE	NC	
TIROSINT 75 MCG CAPSULE	NC	
TIROSINT 88 MCG CAPSULE	NC	
UNITHROID 100 MCG TABLET	1	
UNITHROID 112 MCG TABLET	1	
UNITHROID 125 MCG TABLET	1	
UNITHROID 137 MCG TABLET	1	
UNITHROID 150 MCG TABLET	1	
UNITHROID 175 MCG TABLET	1	
UNITHROID 200 MCG TABLET	1	
UNITHROID 25 MCG TABLET	1	
UNITHROID 300 MCG TABLET	1	
UNITHROID 50 MCG TABLET	1	
UNITHROID 75 MCG TABLET	1	
UNITHROID 88 MCG TABLET	1	
WESTHROID 130 MG TABLET	1	
WESTHROID 16.25 MG TABLET	1	
WESTHROID 195 MG TABLET	1	
WESTHROID 32.5 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
WESTHROID 48.75 MG TABLET	1	
WESTHROID 65 MG TABLET	1	
WESTHROID 97.5 MG TABLET	1	
WP THYROID 113.75 MG TABLET	1	
WP THYROID 130 MG TABLET	1	
WP THYROID 16.25 MG TABLET	1	
WP THYROID 32.5 MG TABLET	1	
WP THYROID 48.75 MG TABLET	1	
WP THYROID 65 MG TABLET	1	
WP THYROID 81.25 MG TABLET	1	
WP THYROID 97.5 MG TABLET	1	

## IMMUNOLOGICAL AGENTS

### IMMUNOLOGICAL AGENTS

ACTEMRA 162 MG/0.9 ML SYRINGE	4	Prior Authorization required;Max. 3.6 ML(s) in 30 days SPP*: Must use CVS Specialty
ARAVA 10 MG TABLET	NC	
ARAVA 20 MG TABLET	NC	
ASTAGRAF XL 0.5 MG CAPSULE	NC	
ASTAGRAF XL 1 MG CAPSULE	NC	
ASTAGRAF XL 5 MG CAPSULE	NC	
AZASAN 100 MG TABLET	3	
AZASAN 75 MG TABLET	3	
AZATHIOPRINE 50 MG TABLET	1	
BABYBIG 100 MG VIAL	NC	
CELLCEPT 200 MG/ML ORAL SUSP	3	
CELLCEPT 250 MG CAPSULE	NC	
CELLCEPT 500 MG TABLET	NC	
CIMZIA 200 MG VIAL KIT	4	Prior Authorization required SPP*: Must use CVS Specialty
CIMZIA 200 MG/ML SYRINGE KIT	4	Prior Authorization required SPP*: Must use CVS Specialty
CYCLOSPORINE 100 MG CAPSULE	1	
CYCLOSPORINE 100 MG/ML SOLN	1	
CYCLOSPORINE 25 MG CAPSULE	1	
CYCLOSPORINE MODIFIED 100 MG	1	
CYCLOSPORINE MODIFIED 25 MG	1	
CYCLOSPORINE MODIFIED 50 MG	1	
ENBREL 25 MG KIT	3	Prior Authorization required SPP*: Must use CVS Specialty
ENBREL 25 MG/0.5 ML SYRINGE	3	Prior Authorization required SPP*: Must use CVS Specialty
ENBREL 50 MG/ML SURECLICK SYR	3	Prior Authorization required SPP*: Must use CVS Specialty
ENBREL 50 MG/ML SYRINGE	3	Prior Authorization required SPP*: Must use CVS Specialty
ENVARUSUS XR 0.75 MG TABLET	NC	
ENVARUSUS XR 1 MG TABLET	NC	
ENVARUSUS XR 4 MG TABLET	NC	
GENGRAF 100 MG CAPSULE	1	
GENGRAF 100 MG/ML SOLUTION	1	
GENGRAF 25 MG CAPSULE	1	
GENGRAF 50 MG CAPSULE	1	
HECORIA 0.5 MG CAPSULE	NC	
HECORIA 1 MG CAPSULE	NC	
HECORIA 5 MG CAPSULE	NC	
HUMIRA 10 MG/0.2 ML SYRINGE	3	Prior Authorization required SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
HUMIRA 20 MG/0.4 ML SYRINGE	3	Prior Authorization required SPP*: Must use CVS Specialty
HUMIRA 40 MG/0.8 ML PEN	3	Prior Authorization required SPP*: Must use CVS Specialty
HUMIRA 40 MG/0.8 ML SYRINGE	3	Prior Authorization required SPP*: Must use CVS Specialty
HUMIRA PEDIATRIC CROHN'S START	3	Prior Authorization required SPP*: Must use CVS Specialty
HUMIRA PEN CROHN-UC-HS STARTER	3	Prior Authorization required SPP*: Must use CVS Specialty
HUMIRA PEN PSORIASIS-UVEITIS	3	Prior Authorization required SPP*: Must use CVS Specialty
HYPERRAB S-D 150 UNITS/ML VIAL	MD	
ILARIS 150 MG/ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
ILARIS 180 MG VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
IMOGAM RABIES-HT 150 UNIT/ML	MD	
IMURAN 50 MG TABLET	NC	
KEVZARA 150 MG/1.14 ML SYRINGE	NC	
KEVZARA 200 MG/1.14 ML SYRINGE	NC	
KINERET 100 MG/0.67 ML SYRINGE	4	Prior Authorization required LDD*: Omnicare/RX Crossroads. 866-547-0644.
LEFLUNOMIDE 10 MG TABLET	1	
LEFLUNOMIDE 20 MG TABLET	1	
MICRHOGAM ULTRA-FILTD PLUS SYR	MD	SPP*: Must use CVS Specialty
MYCOPHENOLATE 200 MG/ML SUSP	1	
MYCOPHENOLATE 250 MG CAPSULE	1	
MYCOPHENOLATE 500 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	1	
MYCOPHENOLIC ACID DR 360 MG TB	1	
MYFORTIC 180 MG TABLET	NC	
MYFORTIC 360 MG TABLET	NC	
NEORAL 100 MG GELATIN CAPSULE	NC	
NEORAL 100 MG/ML SOLUTION	NC	
NEORAL 25 MG GELATIN CAPSULE	NC	
NULOJIX 250 MG VIAL	MD	SPP*: Must use CVS Specialty
ORENCIA 125 MG/ML SYRINGE	4	Prior Authorization required;Max. 1 ML(s) per 7 days SPP*: Must use CVS Specialty
ORENCIA 50 MG/0.4 ML SYRINGE	4	Prior Authorization required;Max. 0.4 ML(s) per 7 days SPP*: Must use CVS Specialty
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	Prior Authorization required;Max. 0.7 ML(s) per 7 days SPP*: Must use CVS Specialty
OTEZLA 28 DAY STARTER PACK	4	Prior Authorization required SPP*: Must use CVS Specialty
OTEZLA 30 MG TABLET	4	Prior Authorization required SPP*: Must use CVS Specialty
OTEZLA STARTER PACK	4	Prior Authorization required SPP*: Must use CVS Specialty
OTREXUP 10 MG/0.4 ML AUTO-INJ	2	
OTREXUP 12.5 MG/0.4 ML AUTOINJ	2	
OTREXUP 15 MG/0.4 ML AUTO-INJ	2	
OTREXUP 17.5 MG/0.4 ML AUTOINJ	2	
OTREXUP 20 MG/0.4 ML AUTO-INJ	2	
OTREXUP 22.5 MG/0.4 ML AUTOINJ	2	
OTREXUP 25 MG/0.4 ML AUTO-INJ	2	
OTREXUP 7.5 MG/0.4 ML AUTO-INJ	2	
PROGRAF 0.5 MG CAPSULE	NC	
PROGRAF 1 MG CAPSULE	NC	
PROGRAF 5 MG CAPSULE	NC	
RAPAMUNE 0.5 MG TABLET	3	
RAPAMUNE 1 MG TABLET	3	
RAPAMUNE 1 MG/ML ORAL SOLN	3	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
RAPAMUNE 2 MG TABLET	3	
RASUVO 10 MG/0.2 ML AUTOINJ	2	Max. 0.8 ML(s) in 30 days
RASUVO 12.5 MG/0.25 ML AUTOINJ	2	Max. 1 ML(s) in 30 days
RASUVO 15 MG/0.3 ML AUTOINJ	2	Max. 1.2 ML(s) in 30 days
RASUVO 17.5 MG/0.35 ML AUTOINJ	2	Max. 1.4 ML(s) in 30 days
RASUVO 20 MG/0.4 ML AUTOINJ	2	Max. 1.6 ML(s) in 30 days
RASUVO 22.5 MG/0.45 ML AUTOINJ	2	Max. 1.8 ML(s) in 30 days
RASUVO 25 MG/0.5 ML AUTOINJ	2	Max. 2 ML(s) in 30 days
RASUVO 27.5 MG/0.55 ML AUTOINJ	2	Max. 2.2 ML(s) in 30 days
RASUVO 30 MG/0.6 ML AUTOINJ	2	Max. 2.4 ML(s) in 30 days
RASUVO 7.5 MG/0.15 ML AUTOINJ	2	Max. 0.6 ML(s) in 30 days
RHOGAM ULTRA-FILTERED PLUS SYR	MD	SPP*: Must use CVS Specialty
RIDAURA 3 MG CAPSULE	3	
SANDIMMUNE 100 MG CAPSULE	3	
SANDIMMUNE 100 MG/ML SOLN	2	
SANDIMMUNE 25 MG CAPSULE	3	
SIMPONI 100 MG/ML PEN INJECTOR	4	Prior Authorization required;Max. 1 ML(s) per 30 days SPP*: Must use CVS Specialty
SIMPONI 100 MG/ML SYRINGE	4	Prior Authorization required;Max. 1 ML(s) per 30 days SPP*: Must use CVS Specialty
SIMPONI 50 MG/0.5 ML PEN INJEC	4	Prior Authorization required;Max. 0.5 ML(s) per 30 days SPP*: Must use CVS Specialty
SIMPONI 50 MG/0.5 ML SYRINGE	4	Prior Authorization required;Max. 0.5 ML(s) per 30 days SPP*: Must use CVS Specialty
SIROLIMUS 0.5 MG TABLET	1	
SIROLIMUS 1 MG TABLET	1	
SIROLIMUS 2 MG TABLET	1	
STELARA 45 MG/0.5 ML SYRINGE	MD	Prior Authorization required SPP*: Must use CVS Specialty
STELARA 90 MG/ML SYRINGE	MD	Prior Authorization required SPP*: Must use CVS Specialty
TACROLIMUS 0.5 MG CAPSULE	1	
TACROLIMUS 1 MG CAPSULE	1	
TACROLIMUS 5 MG CAPSULE	1	
XELJANZ 5 MG TABLET	4	Prior Authorization required;Max. 2 per day SPP*: Must use CVS Specialty
XELJANZ XR 11 MG TABLET	4	Prior Authorization required;Max. 1 per day SPP*: Must use CVS Specialty
ZORTRESS 0.25 MG TABLET	3	
ZORTRESS 0.5 MG TABLET	3	
ZORTRESS 0.75 MG TABLET	3	

## VACCINES

ADENOVIRUS TYPE 4 & 7 EC TABS	NC	
ADENOVIRUS TYPE 4 EC TABLET	NC	
ADENOVIRUS TYPE 7 EC TABLET	NC	
AFLURIA 2016-2017 SYRINGE	MD	Not covered for members 18 and younger
AFLURIA 2016-2017 VIAL	MD	Not covered for members 18 and younger
AFLURIA 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
AFLURIA 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
AFLURIA QUAD 2016-2017 SYRINGE	MD	Not covered for members 18 and younger
AFLURIA QUAD 2016-2017 VIAL	MD	Not covered for members 18 and younger
AFLURIA QUAD 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
AFLURIA QUAD 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
CERVARIX VACCINE SYRINGE	0	Covered for females only;Not covered for members 27 and older ACA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ENGERIX-B 10 MCG/0.5 ML PED VL	MD	Not covered for members 17 and younger
ENGERIX-B 20 MCG/ML SYRN	MD	Not covered for members 17 and younger
ENGERIX-B 20 MCG/ML VIAL	MD	Not covered for members 17 and younger
ENGERIX-B PEDI 10 MCG/0.5 SYRN	MD	Not covered for members 17 and younger
EZ FLU 2016-17 (FLUVIRIN) KIT	MD	Not covered for members 18 and younger
FLUAD 2016-2017 SYRINGE	MD	Not covered for members 64 and younger
FLUAD 2017-2018 SYRINGE	0	Not covered for members 64 and younger ACA*
FLUARIX QUAD 2016-2017 SYRINGE	MD	Not covered for members 18 and younger
FLUARIX QUAD 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
FLUBLOK 2016-2017 VIAL	MD	Not covered for members 18 and younger
FLUBLOK 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLUBLOK QUAD 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
FLUCELVAX QUAD 2016-2017 SYR	MD	Not covered for members 18 and younger
FLUCELVAX QUAD 2017-2018 SYR	0	Not covered for members 18 and younger ACA*
FLUCELVAX QUAD 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLULAVAL QUAD 2016-2017 SYR	MD	Not covered for members 18 and younger
FLULAVAL QUAD 2016-2017 VIAL	MD	Not covered for members 18 and younger
FLULAVAL QUAD 2017-2018 SYR	0	Not covered for members 18 and younger ACA*
FLULAVAL QUAD 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLUVIRIN 2016-2017 SYRINGE	MD	Not covered for members 18 and younger
FLUVIRIN 2016-2017 VIAL	MD	Not covered for members 18 and younger
FLUVIRIN 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
FLUVIRIN 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLUZONE HIGH-DOSE 2016-17 SYR	MD	Not covered for members 64 and younger
FLUZONE HIGH-DOSE 2017-18 SYR	0	Not covered for members 64 and younger ACA*
FLUZONE INTRADERM QUAD 2016-17	MD	Not covered for members 18 and younger
FLUZONE INTRADERM QUAD 2017-18	0	Not covered for members 17 and younger ACA*
FLUZONE QUAD 2016-2017 SYRINGE	MD	Not covered for members 18 and younger
FLUZONE QUAD 2016-2017 VIAL	MD	Not covered for members 18 and younger
FLUZONE QUAD 2017-2018 SYRINGE	0	Not covered for members 18 and younger ACA*
FLUZONE QUAD 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLUZONE QUAD 2017-2018 VIAL	0	Not covered for members 18 and younger ACA*
FLUZONE QUAD PEDI 2017-18 SYR	0	Not covered for members 18 and younger ACA*
GARDASIL 9 SYRINGE	0	Not covered for members 27 and older ACA*
GARDASIL 9 VIAL	0	Not covered for members 27 and older ACA*
GARDASIL SYRINGE	0	Not covered for members 27 and older ACA*
GARDASIL VIAL	0	Not covered for members 27 and older ACA*
HAVRIX 1,440 UNITS/ML SYRINGE	MD	Not covered for members 17 and younger
HAVRIX 1,440 UNITS/ML VIAL	MD	Not covered for members 17 and younger
HAVRIX 720 UNIT/0.5 ML SYRINGE	MD	Not covered for members 17 and younger
HAVRIX 720 UNITS/0.5 ML VIAL	MD	Not covered for members 17 and younger
IMOVAX RABIES VACCINE+DILUENT	MD	
MENACTRA VIAL	MD	
MENOMUNE-A-C-Y-W-135 VIAL	MD	
MENOMUNE-A-C-Y-W-135 W-DILUENT	MD	
RABAVERT RABIES VACC W-DILUENT	MD	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
RECOMBIVAX HB 10 MCG/ML SYR	MD	Not covered for members 17 and younger
RECOMBIVAX HB 10 MCG/ML VIAL	MD	
RECOMBIVAX HB 40 MCG/ML VIAL	MD	Not covered for members 17 and younger
RECOMBIVAX HB 5 MCG/0.5 ML VL	MD	Not covered for members 17 and younger
TWINRIX VACCINE SYRINGE	MD	Not covered for members 17 and younger
TWINRIX VACCINE VIAL	MD	Not covered for members 17 and younger
VAQTA 25 UNITS/0.5 ML SYRINGE	MD	Not covered for members 17 and younger
VAQTA 50 UNITS/ML SYRINGE	MD	Not covered for members 17 and younger
VAQTA 50 UNITS/ML VIAL	MD	Not covered for members 17 and younger
VIVOTIF EC CAPSULE	3	
ZOSTAVAX VIAL	MD	ACA*; SPP*: CVS Specialty

## INFLAMMATORY BOWEL DISEASE AGENTS

### INFLAMMATORY BOWEL DISEASE AGENTS

ALOSETRON HCL 0.5 MG TABLET	1	Covered for females only
ALOSETRON HCL 1 MG TABLET	1	Covered for females only
APRISO ER 0.375 GRAM CAPSULE	2	
ASACOL HD DR 800 MG TABLET	3	
BALSALAZIDE DISODIUM 750 MG CP	1	
BUDESONIDE EC 3 MG CAPSULE	1	
CANASA 1,000 MG SUPPOSITORY	3	
COLAZAL 750 MG CAPSULE	NC	
COLOCORT 100 MG ENEMA	1	
CORTENEMA 100 MG/60 ML ENEMA	NC	
DELZICOL DR 400 MG CAPSULE	2	
DIPENTUM 250 MG CAPSULE	3	
ENTOCORT EC 3 MG CAPSULE	NC	
GIAZO 1.1 GM TABLET	3	
HYDROCORTISONE 100 MG/60 ML	1	
LIALDA DR 1.2 GM TABLET	3	
LOTRONEX 0.5 MG TABLET	NC	
LOTRONEX 1 MG TABLET	NC	
MESALAMINE 4 GM/60 ML ENEMA	1	
MESALAMINE 800 MG DR TABLET	2	
MESALAMINE DR 1.2 GM TABLET	2	
PENTASA 250 MG CAPSULE	2	
PENTASA 500 MG CAPSULE	2	
ROWASA 4 GM/60 ML ENEMA KIT	NC	
UCERIS 2 MG RECTAL FOAM	NC	
UCERIS 9 MG ER TABLET	NC	

## IRRIGATING SOLUTIONS

### IRRIGATING SOLUTIONS

GLYCINE 1.5% IRRIGATION	NC	
RENACIDIN IRRIGATION SOLUTION	NC	
SODIUM CHLORIDE 0.9% IRRIG.	1	

## METABOLIC BONE DISEASE AGENTS

### METABOLIC BONE DISEASE AGENTS

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ACTONEL 150 MG TABLET	NC	
ACTONEL 30 MG TABLET	NC	
ACTONEL 35 MG TABLET	NC	
ACTONEL 5 MG TABLET	NC	
ALENDRONATE SOD 70 MG/75 ML	1	Max. 75 ML(s) per 7 days HSA*
ALENDRONATE SODIUM 10 MG TAB	1	HSA*
ALENDRONATE SODIUM 35 MG TAB	1	Max. 28 Days Supply;Max. 4 per 28 days HSA*
ALENDRONATE SODIUM 40 MG TAB	1	HSA*
ALENDRONATE SODIUM 5 MG TABLET	1	HSA*
ALENDRONATE SODIUM 70 MG TAB	1	Max. 4 per 28 days HSA*
ATELVIA DR 35 MG TABLET	NC	
BINOSTO 70 MG TABLET EFF	3	Max. 4 per 28 days HSA*
BONIVA 150 MG TABLET	NC	
BONIVA 3 MG/3 ML SYRINGE	MD	HSA*; SPP*: Must use CVS Specialty
CALCITONIN-SALMON 200 UNITS SP	1	
CALCITRIOL 0.25 MCG CAPSULE	1	
CALCITRIOL 0.5 MCG CAPSULE	1	
CALCITRIOL 1 MCG/ML SOLUTION	1	
DOXERCALCIFEROL 0.5 MCG CAP	1	
DOXERCALCIFEROL 1 MCG CAPSULE	1	
DOXERCALCIFEROL 2.5 MCG CAP	1	
ETIDRONATE DISODIUM 200 MG TAB	1	HSA*
ETIDRONATE DISODIUM 400 MG TAB	1	HSA*
FORTEO 600 MCG/2.4 ML PEN INJ	3	Prior Authorization required;Max. 2.4 ML(s) per 28 days HSA*; Max 1 syringe/28 days supply; SPP: Must use CVS Specialty
FORTICAL 200 UNITS NASAL SPRAY	NC	
FOSAMAX 70 MG TABLET	NC	
FOSAMAX PLUS D 70 MG-2,800 IU	NC	
FOSAMAX PLUS D 70 MG-5,600 IU	NC	
HECTOROL 0.5 MCG CAPSULE	NC	
HECTOROL 1 MCG CAPSULE	NC	
HECTOROL 2.5 MCG CAPSULE	NC	
IBANDRONATE 3 MG/3 ML SYRINGE	MD	SPP*: Must use CVS Specialty
IBANDRONATE SODIUM 150 MG TAB	1	Max. 1 per 30 days HSA*
MIACALCIN 200 UNIT NASAL SPRAY	NC	
NATPARA 100 MCG DOSE CARTRIDGE	NC	
NATPARA 25 MCG DOSE CARTRIDGE	NC	
NATPARA 50 MCG DOSE CARTRIDGE	NC	
NATPARA 75 MCG DOSE CARTRIDGE	NC	
PARICALCITOL 1 MCG CAPSULE	1	
PARICALCITOL 2 MCG CAPSULE	1	
PARICALCITOL 4 MCG CAPSULE	1	
PROLIA 60 MG/ML SYRINGE	MD	Prior Authorization required;Max. 1 ML(s) in 180 days SPP*: Must use CVS Specialty
RAYALDEE ER 30 MCG CAPSULE	NC	
RISEDRONATE SOD DR 35 MG TAB	1	Max. 4 per 28 days HSA*
RISEDRONATE SODIUM 150 MG TAB	1	Max. 1 in 30 days HSA*
RISEDRONATE SODIUM 30 MG TAB	1	Max. 1 per day HSA*



DRUG NAME	TIER	LIMITATIONS/ * NOTES
RISEDRONATE SODIUM 35 MG TAB	1	Max. 4 per 28 days HSA*
RISEDRONATE SODIUM 5 MG TABLET	1	Max. 1 per day HSA*
ROCALTROL 0.25 MCG CAPSULE	NC	
ROCALTROL 0.5 MCG CAPSULE	NC	
ROCALTROL 1 MCG/ML ORAL SOLN	NC	
TYMLOS 80 MCG DOSE PEN INJECTR	2	Max. 1.56 ML(s) in 30 days HSA*; SPP*: Must use CVS Specialty
XGEVA 120 MG/1.7 ML VIAL	MD	Prior Authorization required;Max. 1.7 ML(s) per 28 days SPP*: Must use CVS Specialty
ZEMPLAR 1 MCG CAPSULE	NC	
ZEMPLAR 2 MCG CAPSULE	NC	
ZEMPLAR 4 MCG CAPSULE	NC	
ZOLEDRONIC ACID 5 MG/100 ML	MD	Prior Authorization required;Max. 100 ML(s) in 365 days SPP*: Must use CVS Specialty

## MISCELLANEOUS THERAPEUTIC AGENTS

### MISCELLANEOUS THERAPEUTIC AGENTS

ACD-A SOLUTION	NC	
ACTICOAT 16"X16" DRESSING	NC	
ACTICOAT 2"X2" DRESSING	NC	
ACTICOAT 4"X4" DRESSING	NC	
ACTICOAT 4"X48" DRESSING	NC	
ACTICOAT 4"X8" DRESSING	NC	
ACTICOAT 5"X5" DRESSING	NC	
ACTICOAT 8"X16" DRESSING	NC	
ACTIMMUNE 100 MCG/0.5 ML VIAL	3	Max. 30 Days Supply SPP*: Must use CVS Specialty
ALEVICYN ANTIPRURITIC GEL	NC	
ALEVICYN DERMAL SPRAY	NC	
ATRAPRO DERMAL SPRAY	NC	
ATRAPRO HYDROGEL	NC	
BENLYSTA 200 MG/ML AUTOINJECT	NC	
BENLYSTA 200 MG/ML SYRINGE	NC	
BHT POWDER	NC	
BIONECT 0.2% CREAM	NC	
BIONECT 0.2% FOAM	NC	
BIONECT 0.2% GEL	NC	
BIONECT 0.2% SPRAY	NC	
BOTOX 100 UNITS VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
BOTOX 200 UNITS VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
BUSPIRONE HCL 10 MG TABLET	1	
BUSPIRONE HCL 15 MG TABLET	1	
BUSPIRONE HCL 30 MG TABLET	1	
BUSPIRONE HCL 5 MG TABLET	1	
BUSPIRONE HCL 7.5 MG TABLET	1	
CARDIOID PLUS SOFTGEL	NC	
CARNITOR 330 MG TABLET	NC	
CARNITOR SF 100 MG/ML ORAL SOL	NC	
CERDELGA 84 MG CAPSULE	3	SPP*: Must use CVS Specialty
CETYLEV 2.5 GM EFF TABLET	3	Max. quantity of 20 per fill
CETYLEV 500 MG EFF TABLET	3	Max. quantity of 20 per fill
CHOLESTEROL POWDER	NC	
CITRIC ACID POWDER	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CYSTADANE 1 GRAM/1.7 ML POWDER	4	LDD*: Accredo (866) 815-4717
DIMETHYL SULFOXIDE LIQUID	NC	
DYSPORT 300 UNIT VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
DYSPORT 500 UNITS VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
ELMIRON 100 MG CAPSULE	3	
ERGOLOID MESYLATES 1 MG TAB	1	
ETHYL ACETATE LIQUID	NC	
FORMA-RAY 20% SOLUTION	NC	
FORMALDEHYDE 10% SOLUTION	NC	
GANIRELIX ACET 250 MCG/0.5 ML	4	Max. 30 Days Supply IVF*
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON 1 MG EMERGENCY KIT	2	HSA*
GLUTATHIONE-L POWDER	NC	
GRASTEK 2,800 BAU SL TABLET	NC	
GUANIDINE HCL 125 MG TABLET	1	
HP ACTHAR GEL 80 UNIT/ML VIAL	MD	Prior Authorization required SPP*: CVS Specialty
HYDROGEN PEROXIDE ACS 30% SOLN	NC	
HYDROXYETHYL METHACRYLATE LIQ	NC	
HYDROXYZINE PAM 100 MG CAP	1	
HYDROXYZINE PAM 25 MG CAP	1	
HYDROXYZINE PAM 50 MG CAP	1	
HYGEL 2.5% GEL	NC	
KEVEYIS 50 MG TABLET	4	Prior Authorization required LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
L-GLUTATHIONE REDUCED POWDER	NC	
LACTIC ACID LIQUID	NC	
LEUCOVORIN CALCIUM 10 MG TAB	1	
LEUCOVORIN CALCIUM 15 MG TAB	1	
LEUCOVORIN CALCIUM 25 MG TAB	1	
LEUCOVORIN CALCIUM 5 MG TAB	1	
LEVOCARNITINE 1 G/10 ML SOLN	1	
LEVOCARNITINE 330 MG TABLET	1	
LITHOSTAT 250 MG TABLET	NC	
LUPANETA PK 11.25-5 MG 3MO KIT	NC	
LUPANETA PK 3.75-5 MG 1MO KIT	NC	
LYCELLE HEAD LICE REMOVAL KIT	NC	
MEPROBAMATE 200 MG TABLET	1	
MEPROBAMATE 400 MG TABLET	1	
MESNEX 400 MG TABLET	3	
MESTINON 180 MG TIMESPAN	NC	
MESTINON 60 MG TABLET	NC	
MESTINON 60 MG/5 ML SYRUP	3	
METHERGINE 0.2 MG TABLET	NC	
METHYLERGONOVINE 0.2 MG TABLET	1	
MICROCRYSTAL CELLULOSE POWDER	NC	
MICROCYN SKIN-WOUND CARE SPRAY	NC	
MYALEPT 11.3 MG (5 MG/ML) VIAL	4	LDD*: Accredo (866) 815-4717
MYOBLOC 10,000 UNITS/2 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
MYOBLOC 2,500 UNIT/0.5 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
MYOBLOC 5,000 UNITS/1 ML VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
ORAFATE 1 GM/10 ML PASTE	NC	
ORALAIR 100 IR STARTER PACK	NC	
ORALAIR 100-300 IR CHILD SAMPL	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ORALAIR 300 IR SUBLINGUAL TAB	NC	
ORENCIA CLICKJECT 125 MG/ML	NC	
POTABA 500 MG CAPSULE	NC	
PROCYSBI DR 25 MG CAPSULE	NC	
PROCYSBI DR 75 MG CAPSULE	NC	
PROPYLENE GLYCOL LIQUID	NC	
PROSTIGMIN 15 MG TABLET	NC	
PROTHELIAL 1 GM/10 ML PASTE	NC	
PRUTECT TOPICAL EMULSION	1	
PYRIDOSTIGMINE BR 60 MG TABLET	1	
PYRIDOSTIGMINE ER 180 MG TAB	1	
RADIAGEL	NC	
RAGWITEK SUBLINGUAL TABLET	NC	
RECTIV 0.4% OINTMENT	3	
SENSIPAR 30 MG TABLET	3	
SENSIPAR 60 MG TABLET	3	SPP*: Must use CVS Specialty
SENSIPAR 90 MG TABLET	3	SPP*: Must use CVS Specialty
SIGNIFOR 0.3 MG/ML AMPULE	3	LDD*: Accredo (866) 815-4717
SIGNIFOR 0.6 MG/ML AMPULE	3	LDD*: Accredo (866) 815-4717
SIGNIFOR 0.9 MG/ML AMPULE	3	LDD*: Accredo (866) 815-4717
SODIUM SUCCINATE POWDER	NC	
SUPARTZ FX 25 MG/2.5 ML SYR	MD	
SYNAREL 2 MG/ML NASAL SPRAY	3	Max. 30 Days Supply IVF*
THALOMID 100 MG CAPSULE	3	CH*; SPP*: CVS Specialty
THALOMID 150 MG CAPSULE	3	CH*; SPP*: CVS Specialty
THALOMID 200 MG CAPSULE	3	CH*; SPP*: CVS Specialty
THALOMID 50 MG CAPSULE	3	CH*; SPP*: CVS Specialty
THIOLA 100 MG TABLET	NC	
TRICHLOROACETIC ACID 25%	NC	
TYBOST 150 MG TABLET	NC	
ULESFIA 5% LOTION	3	
VEHICLE-N MILD SOLUTION	NC	
VEHICLE-N SOLUTION	NC	
VISTARIL 25 MG CAPSULE	NC	
VISTARIL 50 MG CAPSULE	NC	
VISTOGARD 10 GRAM PACKET	NC	
WATER FOR INJECTION VIAL	NC	
XEOMIN 100 UNIT VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
XEOMIN 200 UNIT VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
XEOMIN 50 UNIT VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
XURIDEN GRANULE PACKET	NC	
ZANABIN ANTIPRURITIC HYDROGEL	NC	

## MOUTHWASHES AND GARGLES

### MOUTHWASHES AND GARGLES

ORAMAGICRX ORAL RINSE	NC
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DRUG NAME	TIER	LIMITATIONS/ * NOTES
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OPHTHALMIC AGENTS

ANTI GLAUCOMA AGENTS

ACETAZOLAMIDE 125 MG TABLET	1	
ACETAZOLAMIDE 250 MG TABLET	1	
ACETAZOLAMIDE ER 500 MG CAP	1	
ALPHAGAN P 0.1% DROPS	2	
ALPHAGAN P 0.15% EYE DROPS	NC	
AZOPT 1% EYE DROPS	2	
BETAGAN 0.5% EYE DROPS	NC	
BETAXOLOL HCL 0.5% EYE DROP	1	
BETIMOL 0.25% EYE DROPS	2	
BETIMOL 0.5% EYE DROPS	2	
BETOPTIC S 0.25% EYE DROPS	2	
BIMATOPROST 0.03% EYE DROPS	1	
BRIMONIDINE 0.2% EYE DROP	1	
BRIMONIDINE TARTRATE 0.15% DRP	1	
COMBIGAN 0.2%-0.5% EYE DROPS	2	
COSOPT EYE DROPS	NC	
COSOPT PF EYE DROPS	NC	
DIAMOX SEQUELS ER 500 MG CAP	NC	
DORZOLAMIDE HCL 2% EYE DROPS	1	
DORZOLAMIDE-TIMOLOL EYE DROPS	1	
ISOPTO CARBACHOL 3% DROPS	NC	
ISOPTO CARPINE 1% EYE DROPS	NC	
ISOPTO CARPINE 2% EYE DROPS	NC	
ISOPTO CARPINE 4% EYE DROPS	NC	
ISTALOL 0.5% EYE DROPS	NC	
LATANOPROST 0.005% EYE DROPS	1	
LEVOBUNOLOL 0.25% EYE DROPS	1	
LEVOBUNOLOL 0.5% EYE DROPS	1	
LUMIGAN 0.01% EYE DROPS	2	
METHAZOLAMIDE 25 MG TABLET	1	
METHAZOLAMIDE 50 MG TABLET	1	
METIPRANOLOL 0.3% EYE DROPS	1	
NEPTAZANE 25 MG TABLET	NC	
NEPTAZANE 50 MG TABLET	NC	
PHOSPHOLINE IODIDE 0.125%	3	
PILOCARPINE 1% EYE DROPS	1	
PILOCARPINE 2% EYE DROPS	1	
PILOCARPINE 4% EYE DROPS	1	
RESCULA 0.15% EYE DROPS	4	
SIMBRINZA 1%-0.2% EYE DROPS	2	
TIMOLOL 0.25% EYE DROPS	1	
TIMOLOL 0.25% GFS GEL-SOLUTION	1	
TIMOLOL 0.5% EYE DROPS	1	
TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TIMOPTIC 0.25% OCUDOSE DROP	NC	
TIMOPTIC 0.5% OCUDOSE DROP	NC	
TIMOPTIC-XE 0.25% EYE SOLN	NC	
TIMOPTIC-XE 0.5% EYE SOLN	NC	
TRAVATAN Z 0.004% EYE DROP	2	
TRAVOPROST 0.004% EYE DROP	1	
TRUSOPT 2% EYE DROPS	NC	
XALATAN 0.005% EYE DROPS	NC	
ZIOPATAN 0.0015% EYE DROPS	3	

**DRUG NAME**
**TIER**
**LIMITATIONS/  
\* NOTES**
**REPLACEMENT PREPARATIONS**
**REPLACEMENT PREPARATIONS**

CITRIC ACID POWDER	NC
CYTRA-2 ORAL SOLUTION	1
CYTRA-3 SYRUP	1
CYTRA-K CRYSTALS PACKET	1
CYTRA-K ORAL SOLUTION	1
EFFER-K 10 MEQ TABLET EFF	NC
EFFER-K 20 MEQ TABLET EFF	NC
EFFER-K 25 MEQ TABLET EFF	1
K EFFERVESCENT 25 MEQ TABLET	1
K-PHOS #2 TABLET	NC
K-PHOS NEUTRAL TABLET	NC
K-PHOS ORIGINAL TABLET	NC
K-SOL 20% (40 MEQ/15 ML) LIQ	1
K-TAB ER 10 MEQ TABLET	NC
K-TAB ER 20 MEQ TABLET	NC
K-TAB ER 8 MEQ TABLET	NC
KAOCHLOR-EFF 20 MEQ TABLET	NC
KLOR-CON 10 MEQ TABLET	1
KLOR-CON 20 MEQ PACKET	NC
KLOR-CON 25 MEQ PACKET	NC
KLOR-CON 8 MEQ TABLET	NC
KLOR-CON M10 TABLET	1
KLOR-CON M15 TABLET	1
KLOR-CON M20 TABLET	1
KLOR-CON SPRINKLE ER 10 MEQ CP	1
KLOR-CON SPRINKLE ER 8 MEQ CAP	1
KLOR-CON-EF 25 MEQ TAB EFF	NC
ORACIT ORAL SOLUTION	2
PHOSPHA 250 NEUTRAL TABLET	1
POT CITRATE-CITRIC ACID PACKET	1
POTASS CIT-SOD CIT-CITRIC SOLN	1
POTASSIUM 25 MEQ TABLET EFF	1
POTASSIUM CIT-CITRIC ACID SOLN	1
POTASSIUM CITRATE ER 10 MEQ TB	1
POTASSIUM CITRATE ER 15 MEQ TB	1
POTASSIUM CITRATE ER 5 MEQ TAB	1
POTASSIUM CL 10% (20 MEQ/15 ML	1
POTASSIUM CL 20 MEQ PACKET	1
POTASSIUM CL 20% (40 MEQ/15 ML	1
POTASSIUM CL 25 MEQ TAB EFF	1
POTASSIUM CL ER 10 MEQ CAPSULE	1
POTASSIUM CL ER 10 MEQ TABLET	1
POTASSIUM CL ER 20 MEQ TABLET	1
POTASSIUM CL ER 8 MEQ CAPSULE	1
POTASSIUM CL ER 8 MEQ TABLET	1
SHOHL'S MODIFIED SOLUTION	NC
SOD CITRATE-CITRIC ACID SOLN	1
TRICITRATES ORAL SOLUTION	1
UROCIT-K ER 15 MEQ TABLET	NC
UROCIT-K SR 10 MEQ TABLET	NC
UROCIT-K SR 5 MEQ TABLET	NC
VIRT-PHOS 250 NEUTRAL TABLET	1
ZINC SULFATE 220 MG CAPSULE	NC

DRUG NAME	TIER	LIMITATIONS/ * NOTES
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RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ADVAIR 100-50 DISKUS	2	Max. 60 in 30 days HSA*
ADVAIR 250-50 DISKUS	2	Max. 60 in 30 days HSA*
ADVAIR 500-50 DISKUS	2	Max. 60 in 30 days HSA*
ADVAIR HFA 115-21 MCG INHALER	2	Max. 12 GM(s) in 30 days HSA*
ADVAIR HFA 230-21 MCG INHALER	2	Max. 12 GM(s) in 30 days HSA*
ADVAIR HFA 45-21 MCG INHALER	2	Max. 12 GM(s) in 30 days HSA*
AEROSPAN 80 MCG INHALER	NC	
AIRDUO RESPICLICK 113-14 MCG	NC	
AIRDUO RESPICLICK 232-14 MCG	NC	
AIRDUO RESPICLICK 55-14 MCG	NC	
ALVESCO 160 MCG INHALER	3	HSA*
ALVESCO 80 MCG INHALER	3	HSA*
ARMONAIR RESPICLICK 113 MCG	NC	
ARMONAIR RESPICLICK 232 MCG	NC	
ARMONAIR RESPICLICK 55 MCG	NC	
ARNUIITY ELLIPTA 100 MCG INH	NC	
ARNUIITY ELLIPTA 200 MCG INH	NC	
ASMANEX HFA 100 MCG INHALER	2	HSA*
ASMANEX HFA 200 MCG INHALER	2	HSA*
ASMANEX TWISTHALER 110 MCG #30	2	HSA*
ASMANEX TWISTHALER 110 MCG #7	NC	
ASMANEX TWISTHALER 220 MCG #14	2	HSA*
ASMANEX TWISTHALER 220 MCG #30	2	HSA*
ASMANEX TWISTHALER 220 MCG #60	2	HSA*
ASMANEX TWISTHALR 220 MCG #120	2	HSA*
BREO ELLIPTA 100-25 MCG INH	2	Max. 2 per day HSA*
BREO ELLIPTA 200-25 MCG INH	2	Max. 2 per day HSA*
BUDESONIDE 0.25 MG/2 ML SUSP	1	HSA*
BUDESONIDE 0.5 MG/2 ML SUSP	1	HSA*
BUDESONIDE 1 MG/2 ML INH SUSP	1	HSA*
DULERA 100 MCG/5 MCG INHALER	2	Max. 13 GM(s) in 30 days HSA*
DULERA 200 MCG/5 MCG INHALER	2	Max. 13 GM(s) in 30 days HSA*
FLOVENT 100 MCG DISKUS	2	HSA*
FLOVENT 250 MCG DISKUS	2	HSA*
FLOVENT 50 MCG DISKUS	2	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
FLOVENT HFA 110 MCG INHALER	2	HSA*
FLOVENT HFA 220 MCG INHALER	2	HSA*
FLOVENT HFA 44 MCG INHALER	2	HSA*
FLUTICASONE-SALMETEROL 113-14	1	Max. 60 in 30 days HSA*
FLUTICASONE-SALMETEROL 232-14	1	Max. 60 in 30 days HSA*
FLUTICASONE-SALMETEROL 55-14	1	Max. 60 in 30 days HSA*
PULMICORT 0.25 MG/2 ML RESPUL	NC	
PULMICORT 0.5 MG/2 ML RESPULE	NC	
PULMICORT 1 MG/2 ML RESPULE	NC	
PULMICORT 180 MCG FLEXHALER	2	HSA*
PULMICORT 90 MCG FLEXHALER	2	HSA*
QVAR 40 MCG ORAL INHALER	2	HSA*
QVAR 80 MCG ORAL INHALER	2	HSA*
SYMBICORT 160-4.5 MCG INHALER	2	Max. 10.2 GM(s) in 30 days HSA*
SYMBICORT 80-4.5 MCG INHALER	2	Max. 10.2 GM(s) in 30 days HSA*

## ANTILEUKOTRIENES

ACCOLATE 10 MG TABLET	NC	
ACCOLATE 20 MG TABLET	NC	
MONTELUKAST SOD 10 MG TABLET	1	HSA*
MONTELUKAST SOD 4 MG GRANULES	1	HSA*
MONTELUKAST SOD 4 MG TAB CHEW	1	HSA*
MONTELUKAST SOD 5 MG TAB CHEW	1	HSA*
SINGULAIR 10 MG TABLET	NC	
SINGULAIR 4 MG GRANULES	NC	
SINGULAIR 4 MG TABLET CHEW	NC	
SINGULAIR 5 MG TABLET CHEW	NC	
ZAFIRLUKAST 10 MG TABLET	1	HSA*
ZAFIRLUKAST 20 MG TABLET	1	HSA*
ZILEUTON ER 600 MG TABLET	2	HSA*
ZYFLO 600 MG FILMTAB	NC	
ZYFLO CR 600 MG TABLET	3	HSA*

## BRONCHODILATORS

ALBUTEROL 5 MG/ML SOLUTION	1	HSA*
ALBUTEROL SUL 0.63 MG/3 ML SOL	1	HSA*
ALBUTEROL SUL 1.25 MG/3 ML SOL	1	HSA*
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	HSA*
ALBUTEROL SULF 2 MG/5 ML SYRUP	1	HSA*

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ALBUTEROL SULFATE 2 MG TAB	1	HSA*
ALBUTEROL SULFATE 4 MG TAB	1	HSA*
ALBUTEROL SULFATE ER 4 MG TAB	1	HSA*
ALBUTEROL SULFATE ER 8 MG TAB	1	HSA*
ANORO ELLIPTA 62.5-25 MCG INH	2	Max. quantity of 60 per fill;Max. 60 in 30 days HSA*
ARCAPTA NEOHALER 75 MCG CAP	3	Max. 1 per day HSA*
ATROVENT HFA INHALER	3	HSA*
BROVANA 15 MCG/2 ML SOLUTION	3	HSA*
COMBIVENT INHALER	NC	
COMBIVENT RESPIMAT INHAL SPRAY	2	HSA*
DUONEB 0.5 MG-3 MG/3 ML SOLN	NC	
ELIXOPHYLLIN 80 MG/15 ML ELIX	1	
FORADIL AEROLIZER 12 MCG CAP	2	Max. 2 per day HSA*
INCRUSE ELLIPTA 62.5 MCG INH	2	Max. quantity of 1 per fill;Max. 30 in 30 days HSA*
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1	HSA*
IPRATROPIUM BR 0.02% SOLN	1	HSA*
LEVALBUTEROL 0.31 MG/3 ML SOL	1	HSA*
LEVALBUTEROL 0.63 MG/3 ML SOL	1	HSA*
LEVALBUTEROL 1.25 MG/3 ML SOL	1	HSA*
LEVALBUTEROL CONC 1.25 MG/0.5	1	HSA*
LEVALBUTEROL TAR HFA 45MCG INH	2	HSA*
LUFYLLIN 200 MG TABLET	3	HSA*
LUFYLLIN-400 TABLET	3	HSA*
MAXAIR AUTOHALER 0.2 MG AERO	3	HSA*
METAPROTERENOL 10 MG TABLET	1	HSA*
METAPROTERENOL 10 MG/5 ML SYR	1	HSA*
METAPROTERENOL 20 MG TABLET	1	HSA*
PERFOROMIST 20 MCG/2 ML SOLN	2	HSA*
PROAIR HFA 90 MCG INHALER	2	HSA*
PROAIR RESPICLICK INHAL POWDER	2	HSA*
PROVENTIL HFA 90 MCG INHALER	NC	
SEEBRI NEOHALER 15.6 MCG INHAL	NC	
SEREVENT DISKUS 50 MCG	2	Max. 60 in 30 days HSA*
SPIRIVA 18 MCG CP-HANDIHALER	2	Max. 1 per day HSA*; Max 1 inhaler/30 days supply
SPIRIVA RESPIMAT 1.25 MCG INH	2	Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply
SPIRIVA RESPIMAT 2.5 MCG INH	2	Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply
STIOLTO RESPIMAT INHAL SPRAY	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
STRIVERDI RESPIMAT INHAL SPRAY	4	Prior Authorization required;Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply
TERBUTALINE SULFATE 2.5 MG TAB	1	HSA*
TERBUTALINE SULFATE 5 MG TAB	1	HSA*
THEO-24 ER 100 MG CAPSULE	2	HSA*
THEO-24 ER 200 MG CAPSULE	2	HSA*
THEO-24 ER 300 MG CAPSULE	2	HSA*
THEO-24 ER 400 MG CAPSULE	2	HSA*
THEOCHRON ER 100 MG TABLET	1	HSA*
THEOCHRON ER 200 MG TABLET	1	HSA*
THEOCHRON ER 300 MG TABLET	1	HSA*
THEOPHYLLINE 80 MG/15 ML SOLN	NC	
THEOPHYLLINE ER 100 MG TABLET	1	HSA*
THEOPHYLLINE ER 200 MG TABLET	1	HSA*
THEOPHYLLINE ER 300 MG TAB	1	HSA*
THEOPHYLLINE ER 400 MG TABLET	1	HSA*
THEOPHYLLINE ER 450 MG TAB	1	HSA*
THEOPHYLLINE ER 600 MG TABLET	1	HSA*
TUDORZA PRESSAIR 400 MCG INH	2	Max. 1 in 30 days HSA*
UTIBRON NEOHALER 27.5-15.6 MCG	NC	
VENTOLIN HFA 90 MCG INHALER	2	HSA*
VOSPIRE ER 4 MG TABLET	NC	
VOSPIRE ER 8 MG TABLET	NC	
XOPENEX 0.31 MG/3 ML SOLUTION	NC	
XOPENEX 0.63 MG/3 ML SOLUTION	NC	
XOPENEX 1.25 MG/3 ML SOLUTION	NC	
XOPENEX CONC 1.25 MG/0.5 ML	NC	
XOPENEX HFA 45 MCG INHALER	3	HSA*

## RESPIRATORY TRACT AGENTS, OTHER

ACETYLCYSTEINE 10% VIAL	1	
ACETYLCYSTEINE 20% VIAL	1	
ARALAST NP 1,000 MG VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
CROMOLYN 20 MG/2 ML NEB SOLN	1	HSA*
CUROSURF 120 MG/1.5 ML VIAL	NC	
DALIRESP 500 MCG TABLET	2	HSA*
ESBRIET 267 MG CAPSULE	2	Max. 9 per day SPP*: Must use CVS Specialty
ESBRIET 267 MG TABLET	2	Max. 9 per day SPP*: Must use CVS Specialty
ESBRIET 801 MG TABLET	2	Max. 3 per day SPP*: Must use CVS Specialty
HYPER-SAL 3.5% VIAL	3	
HYPER-SAL 7% VIAL	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
INFASURF 35 MG/ML VIAL	NC	
KALYDECO 150 MG TABLET	4	Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118
KALYDECO 50 MG GRANULES PACKET	4	Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118
KALYDECO 75 MG GRANULES PACKET	4	Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118
NEBUSAL 3% VIAL	1	
NEBUSAL 6% VIAL	3	
OFEV 100 MG CAPSULE	2	Max. 2 per day SPP*: Must use CVS Specialty
OFEV 150 MG CAPSULE	2	Max. 2 per day SPP*: Must use CVS Specialty
ORKAMBI 100 MG-125 MG TABLET	4	Prior Authorization required;Max. 112 per 28 days LDD*: Diplomat Pharmacy (877) 977-9118
ORKAMBI 200 MG-125 MG TABLET	4	Prior Authorization required;Max. 112 per 28 days LDD*: Diplomat Pharmacy (877) 977-9118
PROLASTIN C 1,000 MG VIAL	MD	Prior Authorization required LDD*: Dohmen Life Sciences. 1-800-305-7881.
PULMOSAL 7% VIAL	NC	
SODIUM CHLORIDE 0.9% INHAL VL	1	
SODIUM CHLORIDE 10% VIAL	1	
SODIUM CHLORIDE 3% VIAL	1	
SODIUM CHLORIDE 7% VIAL	1	
SURVANTA 25 MG/ML VIAL	NC	
XOLAIR 150 MG VIAL	MD	Prior Authorization required SPP*: Must use CVS Specialty
ZEMAIRA 1,000 MG VIAL	MD	Prior Authorization required LDD*: Accredo (866) 815-4717

## ROENTGENOGRAPHY

### ROENTGENOGRAPHY

VARIBAR PUDDING 40% PASTE	NC	
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## SALT AND SUGAR SUBSTITUTES

### SALT AND SUGAR SUBSTITUTES

SACCHARIN POWDER	NC	
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## SKELETAL MUSCLE RELAXANTS

### SKELETAL MUSCLE RELAXANTS

AMRIX ER 15 MG CAPSULE	NC	
AMRIX ER 30 MG CAPSULE	NC	
BACLOFEN 10 MG TABLET	1	
BACLOFEN 20 MG TABLET	1	
CARISOPRODL-ASPIRIN 200-325 MG	1	
CARISOPRODOL 250 MG TABLET	1	
CARISOPRODOL 350 MG TABLET	1	
CARISOPRODOL-ASPIRIN-CODEIN TB	1	
CHLORZOXAZONE 250 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	1	
COMFORT PAC-CYCLOBENZAPRINE KT	NC	
CYCLOBENZAPRINE 10 MG TABLET	1	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
CYCLOBENZAPRINE 5 MG TABLET	1	
CYCLOBENZAPRINE 7.5 MG TABLET	1	
DANTRIUM 100 MG CAPSULE	NC	
DANTRIUM 25 MG CAPSULE	NC	
DANTRIUM 50 MG CAPSULE	NC	
DANTROLENE SODIUM 100 MG CAP	1	
DANTROLENE SODIUM 25 MG CAP	1	
DANTROLENE SODIUM 50 MG CAP	1	
FEXMID 7.5 MG TABLET	NC	
LORZONE 375 MG TABLET	NC	
LORZONE 750 MG TABLET	NC	
METAXALL 800 MG TABLET	1	
METAXALONE 400 MG TABLET	1	
METAXALONE 800 MG TABLET	1	
METHOCARBAMOL 500 MG TABLET	1	
METHOCARBAMOL 750 MG TABLET	1	
ORPHENADRINE COMP FORTE TAB	1	
ORPHENADRINE COMP TABLET	1	
ORPHENADRINE ER 100 MG TABLET	1	
PARAFON FORTE DSC 500 MG CAPLT	NC	
ROBAXIN 500 MG TABLET	NC	
ROBAXIN-750 TABLET	NC	
SKELAXIN 800 MG TABLET	NC	
SOMA 250 MG TABLET	NC	
SOMA 350 MG TABLET	NC	
TIZANIDINE HCL 2 MG CAPSULE	1	
TIZANIDINE HCL 2 MG TABLET	1	
TIZANIDINE HCL 4 MG CAPSULE	1	
TIZANIDINE HCL 4 MG TABLET	1	
TIZANIDINE HCL 6 MG CAPSULE	1	
ZANAFLEX 2 MG CAPSULE	NC	
ZANAFLEX 4 MG CAPSULE	NC	
ZANAFLEX 4 MG TABLET	NC	
ZANAFLEX 6 MG CAPSULE	NC	

## SLEEP DISORDER AGENTS

### SLEEP DISORDER AGENTS

AMBIEN 10 MG TABLET	NC	
AMBIEN 5 MG TABLET	NC	
AMBIEN CR 12.5 MG TABLET	NC	
AMBIEN CR 6.25 MG TABLET	NC	
ARMODAFINIL 150 MG TABLET	2	Prior Authorization required;Max. 1 per day
ARMODAFINIL 200 MG TABLET	2	Prior Authorization required;Max. 1 per day
ARMODAFINIL 250 MG TABLET	2	Prior Authorization required;Max. 1 per day
ARMODAFINIL 50 MG TABLET	2	Prior Authorization required;Max. 1 per day
BELSOMRA 10 MG TABLET	3	Max. 1 per day;Step Therapy required STA*: 18 and older
BELSOMRA 15 MG TABLET	3	Max. 1 per day;Step Therapy required STA*: 18 and older
BELSOMRA 20 MG TABLET	3	Max. 1 per day;Step Therapy required STA*: 18 and older
BELSOMRA 5 MG TABLET	3	Max. 1 per day;Step Therapy required STA*: 18 and older
BUTISOL SODIUM 30 MG TABLET	NC	
BUTISOL SODIUM 30 MG/5 ML ELX	NC	
BUTISOL SODIUM 50 MG TABLET	NC	
EDLUAR 10 MG SL TABLET	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
EDLUAR 5 MG SL TABLET	NC	
ESZOPICLONE 1 MG TABLET	1	
ESZOPICLONE 2 MG TABLET	1	
ESZOPICLONE 3 MG TABLET	1	
HETLIOZ 20 MG CAPSULE	4	Prior Authorization required;Max. 1 per day LDD*: Diplomat Pharmacy (877) 977-9118
INTERMEZZO 1.75 MG TAB SUBLING	NC	
INTERMEZZO 3.5 MG TAB SUBLING	NC	
LUNESTA 1 MG TABLET	NC	
LUNESTA 2 MG TABLET	NC	
LUNESTA 3 MG TABLET	NC	
MODAFINIL 100 MG TABLET	2	Prior Authorization required;Max. 1 per day
MODAFINIL 200 MG TABLET	2	Prior Authorization required;Max. 1 per day
NUVIGIL 150 MG TABLET	NC	
NUVIGIL 200 MG TABLET	NC	
NUVIGIL 250 MG TABLET	NC	
NUVIGIL 50 MG TABLET	NC	
PROVIGIL 100 MG TABLET	NC	
PROVIGIL 200 MG TABLET	NC	
ROZEREM 8 MG TABLET	3	Step Therapy required STA*: 18 and older
SECONAL SODIUM 100 MG CAPSULE	NC	
SILENOR 3 MG TABLET	3	Step Therapy required STA*: 18 and older
SILENOR 6 MG TABLET	3	Step Therapy required STA*: 18 and older
SONATA 10 MG CAPSULE	NC	
SONATA 5 MG CAPSULE	NC	
XYREM 500 MG/ML ORAL SOLUTION	4	Prior Authorization required LDD*: Express Scripts. 866-997-3688 x66247.
ZALEPLON 10 MG CAPSULE	1	
ZALEPLON 5 MG CAPSULE	1	
ZOLPIDEM TART 1.75 MG TAB SL	1	
ZOLPIDEM TART 3.5 MG TABLET SL	1	
ZOLPIDEM TART ER 12.5 MG TAB	1	
ZOLPIDEM TART ER 6.25 MG TAB	1	
ZOLPIDEM TARTRATE 10 MG TABLET	1	
ZOLPIDEM TARTRATE 5 MG TABLET	1	
ZOLPIMIST 5 MG ORAL SPRAY	NC	

## SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS

### ALPHA-ADRENERGIC BLOCKING AGENTS

PHENTO 0.5MG-ALPRSTD 20MCG/ML	1
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## URINE AND FECES CONTENTS

### KETONES

CHEMSTRIP K	2
CVS KETONE CARE TEST STRIPS	2
DIASCREEN 1K REAGENT STRIPS	2
KETONE TEST STRIPS	2
KETOSTIX REAGENT STRIPS	2
TRUEPLUS KETONE TEST STRIPS	2

DRUG NAME	TIER	LIMITATIONS/ * NOTES
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**PROTEIN**

ALBUSTIX REAGENT STRIPS	NC	
CHEMSTRIP MICRAL TEST STRIP	NC	

**SUGAR**

DIASCREEN 1G REAGENT STRIPS	2	Prior Authorization required HSA*
DIASTIX REAGENT STRIPS	2	Prior Authorization required HSA*
NO-STICK GLUCOSE TEST STRIPS	2	Prior Authorization required HSA*

**URINE AND FECES CONTENTS**

CHEK-STIX STRIPS	2	
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10 WITH SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 50B	2	
CHEMSTRIP 7	2	
CHEMSTRIP UGK	2	HSA*
CHEMSTRIP-9	2	
COMBISTIX REAGENT STRIPS	2	
DIASCREEN 10 REAGENT STRIPS	2	HSA*
DIASCREEN 1B REAGENT STRIPS	2	
DIASCREEN 2GK REAGENT STRIPS	2	HSA*
DIASCREEN 2GP STRIPS	2	
DIASCREEN 3 REAGENT STRIPS	2	HSA*
DIASCREEN 4NL REAGENT STRIPS	2	
DIASCREEN 4OBL REAGENT STRIPS	2	HSA*
DIASCREEN 4PH REAGENT STRIPS	2	
DIASCREEN 5 REAGENT STRIPS	2	HSA*
DIASCREEN 7 REAGENT STRIPS	2	HSA*
DIASCREEN 8 REAGENT STRIPS	2	HSA*
DIASCREEN 9 REAGENT STRIPS	2	HSA*
HEMA-COMBISTIX REAGENT STRIPS	2	
KETO-DIASTIX REAGENT STRIPS	2	HSA*
LABSTIX REAGENT STRIPS	2	
MULTISTIX 10 SG REAGENT STRIPS	2	
MULTISTIX 5 STRIPS	2	
MULTISTIX 7 REAGENT STRIPS	2	
MULTISTIX 8 SG REAGENT STRIPS	2	
MULTISTIX 9 REAGENT STRIPS	2	
MULTISTIX 9 SG REAGENT STRIPS	2	
MULTISTIX REAGENT STRIPS	2	
URISTIX 4 REAGENT STRIPS	2	
URISTIX REAGENT STRIPS	2	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
<b>VASODILATING AGENTS</b>		
<b>VASODILATING AGENTS</b>		
ADCIRCA 20 MG TABLET	3	Prior Authorization required;Max. 2 per day SPP*: Must use CVS Specialty
ADEMPAS 0.5 MG TABLET	3	SPP*: Must use CVS Specialty
ADEMPAS 1 MG TABLET	3	SPP*: Must use CVS Specialty
ADEMPAS 1.5 MG TABLET	3	SPP*: Must use CVS Specialty
ADEMPAS 2 MG TABLET	3	SPP*: Must use CVS Specialty
ADEMPAS 2.5 MG TABLET	3	SPP*: Must use CVS Specialty
CAVERJECT 20 MCG VIAL	NC	
CAVERJECT 40 MCG VIAL	NC	
CAVERJECT IMPULSE 10 MCG KIT	NC	
CAVERJECT IMPULSE 20 MCG KIT	NC	
CIALIS 10 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
CIALIS 2.5 MG TABLET	2	Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
CIALIS 20 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
CIALIS 5 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
EDEX 10 MCG CARTRIDGE 2-PK KIT	NC	
EDEX 20 MCG CARTRIDGE 2-PK KIT	NC	
EDEX 40 MCG CARTRIDGE 2-PK KIT	NC	
LETAIRIS 10 MG TABLET	3	SPP*: Must Use CVS Specialty
LETAIRIS 5 MG TABLET	3	SPP*: Must Use CVS Specialty
LEVITRA 10 MG TABLET	NC	
LEVITRA 2.5 MG TABLET	NC	
LEVITRA 20 MG TABLET	NC	
LEVITRA 5 MG TABLET	NC	
MUSE 1,000 MCG URETHRAL SUPP	2	Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days
MUSE 125 MCG URETHRAL SUPPOS	2	Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days
MUSE 250 MCG URETHRAL SUPPOS	2	Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days
MUSE 500 MCG URETHRAL SUPPOS	2	Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days
OPSUMIT 10 MG TABLET	3	SPP*: Must use CVS Specialty
ORENITRAM ER 0.125 MG TABLET	4	SPP*: Must use CVS Specialty
ORENITRAM ER 0.25 MG TABLET	4	SPP*: Must use CVS Specialty
ORENITRAM ER 1 MG TABLET	4	SPP*: Must use CVS Specialty
ORENITRAM ER 2.5 MG TABLET	4	SPP*: Must use CVS Specialty

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ORENITRAM ER 5 MG TABLET	4	SPP*: Must Use CVS Specialty
REVATIO 10 MG/ML ORAL SUSP	NC	
REVATIO 20 MG TABLET	NC	
SILDENAFIL 20 MG TABLET	1	Prior Authorization required SPP*: Must use CVS Specialty
STAXYN 10 MG ODT	NC	
STENDRA 100 MG TABLET	NC	
STENDRA 200 MG TABLET	NC	
STENDRA 50 MG TABLET	NC	
TRACLEER 125 MG TABLET	3	SPP*: Must use CVS Specialty
TRACLEER 62.5 MG TABLET	3	SPP*: Must use CVS Specialty
TYVASO 1.74 MG/2.9 ML SOLUTION	3	SPP*: Must use CVS Specialty
TYVASO INHALATION REFILL KIT	3	SPP*: Must use CVS Specialty
TYVASO INHALATION STARTER KIT	3	SPP*: Must use CVS Specialty
UPTRAVI 1,000 MCG TABLET	NC	
UPTRAVI 1,200 MCG TABLET	NC	
UPTRAVI 1,400 MCG TABLET	NC	
UPTRAVI 1,600 MCG TABLET	NC	
UPTRAVI 200 MCG TABLET	NC	
UPTRAVI 200-800 TITRATION PACK	NC	
UPTRAVI 400 MCG TABLET	NC	
UPTRAVI 600 MCG TABLET	NC	
UPTRAVI 800 MCG TABLET	NC	
VENTAVIS 10 MCG/1 ML SOLUTION	4	SPP*: Must use CVS Specialty
VENTAVIS 20 MCG/1 ML SOLUTION	4	SPP*: Must use CVS Specialty
VIAGRA 100 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
VIAGRA 25 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days
VIAGRA 50 MG TABLET	2	Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days

## VITAMINS AND MINERALS

### VITAMINS AND MINERALS

B-PLEX TABLET	NC	
BACMIN CAPLET	NC	
CHOICE-TABS TABLET	NC	
CORVITA TABLET	NC	
CORVITE TABLET	NC	
CVS CHILDREN'S VIT D 400 UNIT	0	Not covered for members 64 and younger ACA*
CYANOCOBALAMIN 1,000 MCG/ML	1	
DECARA 50,000 UNIT SOFTGEL	3	
DELTA D3 400 UNIT TABLET	0	Not covered for members 64 and younger ACA*
DIALYVITE TABLET	1	
DIALYVITE WITH ZINC TABLET	1	
DRISDOL 50,000 UNITS CAPSULE	NC	

DRUG NAME	TIER	LIMITATIONS/ * NOTES
ELDERCAPS CAPSULE	NC	
FEROCON CAPSULE	1	
FERREX 150 FORTE CAPSULE	NC	
FERREX 150 FORTE PLUS CAPSULE	NC	
FERROCITE PLUS TABLET	NC	
FERROGELS FORTE SOFTGEL	1	
FOLBEE PLUS TABLET	NC	
FOLCAPS TABLET	1	
FOLGARD OS TABLET	NC	
FOLGARD RX TABLET	NC	
FOLIC ACID 1 MG TABLET	1	ACA*: Females 12-50 years of age
FOLIC ACID-VIT B6-VIT B12 TAB	1	
FOLPLEX 2.2 TABLET	1	
FOLTRATE TABLET	NC	
FORTAVIT SOFTGEL	NC	
FUSION SPRINKLES POWDER PACKET	NC	
HEMATINIC-FOLIC ACID TABLET	1	
HEMATINIC-VITAMIN-MINERAL TAB	NC	
HEMATOGEN FA SOFTGEL	1	
HEMATOGEN FORTE SOFTGEL	1	
HEMATRON LIQUID	NC	
HEMOCYTE PLUS CAPSULE	NC	
HEMOCYTE-F TABLET	NC	
HYDROXOCOBALAMIN 1,000 MCG/ML	1	
IFEREX 150 FORTE CAPSULE	NC	
IRON AG-PS-ASC-B12-FA-THRE-SUC	NC	
KIDS VITAMIN D3 TAB CHEW	NC	
LYSIPLEX PLUS TABLET	NC	
MEPHYTON 5 MG TABLET	3	HSA*
MULTICHEW CHEWABLE TABLET	NC	
MULTIVITAMINS CHEWABLES TABLET	1	
MULTIVITAMINS PEDIATRIC DROPS	1	
MYFERON-150 FORTE CAPSULE	NC	
MYNEPHROCAPS SOFTGEL	1	
MYNEPHRON CAPSULE	NC	
NASCOBAL 500 MCG NASAL SPRAY	NC	
NEPHRO-VITE RX TABLET	NC	
NEPHROCAPS QT TABLET	NC	
NEPHROCAPS SOFTGEL	1	
NEPHRON FA TABLET	NC	
NEURIN-SL TABLET SL	NC	
NOXIFOL-D3 2,500 UNIT-1 MG TAB	NC	
NUTRICAP CAPLET	NC	
PNV PRENATAL PLUS MULTIVIT TAB	1	HSA*
POLY-IRON 150 FORTE CAPSULE	NC	
POLY-VI-FLOR FS 0.25 MG FILM	NC	
PRENA1 PEARL SOFTGEL	2	HSA*
PROFERRIN-FORTE TABLET	NC	
RENA-VITE RX TABLET	NC	
RENAL CAPS SOFTGEL	1	
RENO CAPS SOFTGEL	1	
ROXIFOL-D TABLET	NC	
SIDEROL LIQUID	1	
SODIUM FLUORIDE 0.5 MG/ML DROP	1	ACA*: Children through age 5; HSA*
STROVITE FORTE CAPLET	NC	
STROVITE ONE CAPLET	NC	



DRUG NAME	TIER	LIMITATIONS/ * NOTES
STROVITE PLUS CAPLET	NC	
STROVITE TABLET	NC	
SUPERVITE LIQUID	NC	
TEXAVITE LQ DROPS	NC	
THERAPEUTIC HEMATINIC TAB	1	
TL G-FOL OS TABLET	NC	
TL GARD RX TABLET	1	
TL ICON CAPSULE	1	
TL-FOL 500 CAPLET	NC	
TRICON CAPSULE	1	
TRIGELS-F FORTE SOFTGEL	1	
TRIPHROCAPS SOFTGEL	1	
V-C FORTE CAPSULE	NC	
VIC-FORTE CAPSULE	NC	
VINATE DHA GELCAP	1	HSA*
VIRT-CAPS SOFTGEL	NC	
VIRT-GARD TABLET	1	
VIT D2 1.25 MG (50,000 UNIT)	1	
VIT E ACETATE 125 UNITS/ML LIQ	NC	
VITAFOL CAPLET	NC	
VITAFOL FE+ DOCUSATE COMBO PCK	NC	
VITAMIN D 400 UNIT TABLET	0	ACA*
VITAMIN D-400 TABLET	0	Not covered for members 64 and younger ACA*
VITAMIN D2 400 UNIT TABLET	0	ACA*
VITAMIN D3 400 UNIT SOFTGEL	0	Not covered for members 64 and younger ACA*
VITAMIN D3 400 UNIT TAB CHEW	0	
VITAMIN D3 400 UNIT TABLET	0	Not covered for members 64 and younger ACA*
VOL-CARE RX TABLET	NC	
VP-VITE RX TABLET	NC	

## Glossary of Notes \*

### Keyword Description

<b>HSA</b>	<b>HSA Preventive Drug.</b> If your plan includes the Preventive Drug Benefit, covered preventive health drugs will not be subject to your plan deductible. Applicable copayment will apply. Examples include diabetes medications, medications for high blood pressure, prenatal vitamins.
<b>ACA</b>	<b>Affordable Care Act.</b> This medication is eligible for \$0 cost share under most benefit plans. Age restrictions may apply. Examples of these medications include oral contraceptives, hormone replacement therapy (HRT), fluoride.
<b>CH</b>	<b>Oral Chemotherapy Mandate.</b> This includes oral chemotherapy (anti-cancer) medications used to treat cancer. These drugs may be eligible for a \$0 copayment under certain benefit plans.
<b>SPP</b>	<b>Specialty Pharmacy Medications.</b> These medications should be obtained from our Specialty Pharmacy vendor CVS Specialty (800)237-2767. All specialty pharmacy drugs are limited to a maximum 30-day supply.
<b>IVF</b>	<b>IVF/Fertility Pharmacy Medications.</b> These medications must be obtained from one of our designated IVF Pharmacy vendors - Freedom Drug (877)585-4603, Village Pharmacy (866)890-8930, or Walgreens Specialty Pharmacy (800)424-9002.
<b>LDD</b>	<b>Limited Distribution Drug.</b> Some medications may only be obtained through one or more pharmacies in a limited distribution network as required by the Food and Drug Administration (FDA) or product manufacturer. See specific note for Pharmacy information.
<b>PAQ</b>	<b>Prior Authorization for Quantity Limit Exceeded.</b> Some medications require Prior Authorization only when the quantity requested for treatment exceeds the standard quantity limit.
<b>MQC</b>	<b>Maximum Quantity per Copay.</b> Some medications may have quantity limitations with fixed-copays per measure of drug that you receive. For example, if your prescription benefit allows for up to 1 package or unit per copay, you will pay two copays for every 2 units or packages of medications that you receive, and so on.
<b>STA</b>	<b>Step Therapy/Age.</b> Harvard Pilgrim may require that members above or below a certain age first try one drug to treat a condition before we will cover another drug for that condition. This ensures that certain medications are used safely and effectively for members in specified age groups.
<b>PA NTM</b>	<b>Prior Authorization for New-to-Market Drugs.</b> Some medications that have recently come to market may have their use restricted through an initial prior authorization review. This may apply to both new medications and older medications with new indications or uses in order to give the health plan and its Pharmacy and Therapeutics (P&T) Committee time to evaluate the risks and benefits to members of the health plan.