

Harvard Pilgrim Health Care Prescription Drug List

VALUE FORMULARY FIVE-TIER DRUG LIST (2017)

IN ALPHABETICAL ORDER

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 5-Tier Prescription Drug Program

Covered medications are categorized in one of the five 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 five-tier prescription drug list

The following list is **alphabetical**, 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 primarily made up of lower cost generic drugs that have been selected by HPHC. These drugs contain the same active ingredients as their brand-name counterparts.
 - Tier 2 is primarily made up of higher cost generic drugs that have been selected by HPHC. These drugs contain the same active ingredients as their brand-name counterparts.
 - Tier 3 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 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
 - Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs. Tier 4 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
 - Tier 5 is primarily made up of non-preferred specialty drugs. Tier 5 may also include selected brand and generic drugs.
 - MD: Medical
 - N/C: Drug is not covered.

Request an Exception

If your provider believes you need a medication that Harvard Pilgrim either doesn't cover or limits, you or your provider can ask for an exception. For more information on requesting an exception, visit harvardpilgrim.org/rx or call Member Services.

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 |
|-----------|------|-------------------------|
|-----------|------|-------------------------|

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|--------------------------------|---|------|
| 1ST CHOICE THIN LANCETS | 3 | HSA* |
| 1ST TIER COMFORTOUCH 28G LANCT | 3 | HSA* |
| 1ST TIER COMFORTOUCH 30G LANCT | 3 | HSA* |

8

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|---------------------|---|--|
| 8-MOP 10 MG CAPSULE | 4 | |
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|--------------------------------|----|---|
| ABACAVIR 20 MG/ML SOLUTION | 3 | |
| ABACAVIR 300 MG TABLET | 2 | |
| ABACAVIR-LAMIVUDINE 600-300 MG | 3 | |
| ABACAVIR-LAMIVUDINE-ZIDOV TAB | 2 | |
| 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 | |
| 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 | |
| ABSTRAL 100 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ABSTRAL 200 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ABSTRAL 300 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ABSTRAL 400 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ABSTRAL 600 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ABSTRAL 800 MCG TAB SUBLINGUAL | 4 | Prior Authorization required;Max. 120 per 30 days |
| ACAMPROSATE CALC DR 333 MG TAB | 2 | |
| ACANYA GEL PUMP | NC | |
| ACAPELLA DEVICE | NC | |
| ACARBOSE 100 MG TABLET | 2 | HSA* |
| ACARBOSE 25 MG TABLET | 2 | HSA* |
| ACARBOSE 50 MG TABLET | 2 | HSA* |
| ACCOLATE 10 MG TABLET | NC | |
| ACCOLATE 20 MG TABLET | 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 COMPACT STRIPS | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ACCU-CHEK FASTCLIX LANCETS | 3 | HSA* |
| ACCU-CHEK GUIDE TEST STRIP | NC | |
| ACCU-CHEK MULTICLIX LANCETS | 3 | HSA* |
| ACCU-CHEK SAFE-T-PRO 23G LANCT | 3 | HSA* |
| ACCU-CHEK SAFE-T-PRO PLUS 23G | 3 | HSA* |
| ACCU-CHEK SMARTVIEW TEST STRIP | NC | |
| ACCU-CHEK SOFTCLIX LANCETS | 3 | HSA* |
| ACCU-CHEK SPIRIT CLIP CASE | NC | |
| 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 | |
| ACCU-TREND GLUCOSE TEST STRIP | NC | |
| ACD-A SOLUTION | NC | |
| ACE AEROSOL CLOUD ENHANCER | MD | |
| ACEBUTOLOL 200 MG CAPSULE | 2 | HSA* |
| ACEBUTOLOL 400 MG CAPSULE | 2 | HSA* |
| ACEON 4 MG TABLET | NC | |
| ACEON 8 MG TABLET | NC | |
| ACETAMIN-CAFF-DIHYDROCOD 320.5 | 2 | |
| ACETAMIN-CAFF-DIHYDROCOD 325 | 2 | |
| ACETAMINOP-CODEINE 120-12 MG/5 | 1 | |
| ACETAMINOPH-CAFF-DIHYDROCODEIN | 2 | |
| ACETAMINOPHEN-COD #2 TABLET | 1 | |
| ACETAMINOPHEN-COD #3 TABLET | 1 | |
| ACETAMINOPHEN-COD #4 TABLET | 2 | |
| ACETAMINOPHN-COD 360-36 MG SOL | 1 | |
| ACETASOL HC EAR DROPS | 2 | |
| ACETAZOLAMIDE 125 MG TABLET | 2 | |
| ACETAZOLAMIDE 250 MG TABLET | 2 | |
| ACETAZOLAMIDE ER 500 MG CAP | 2 | |
| ACETIC ACID 2% EAR SOLUTION | 2 | |
| ACETYLCYSTEINE 10% VIAL | 2 | |
| ACETYLCYSTEINE 20% VIAL | 2 | |
| 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 | |
| ACITRETIN 10 MG CAPSULE | 2 | |
| ACITRETIN 17.5 MG CAPSULE | 2 | |
| ACITRETIN 25 MG CAPSULE | 2 | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | 5 | Prior Authorization required;Max. 3.6 ML(s) in 30 days SPP*: Must use CVS Specialty |
| ACTI-LANCE LITE 28G LANCETS | 3 | HSA* |
| ACTI-LANCE SPECIAL 17G LANCETS | 3 | HSA* |
| ACTI-LANCE UNIVERS 23G LANCETS | 3 | HSA* |
| ACTICLATE 150 MG TABLET | NC | |
| ACTICLATE 75 MG TABLET | NC | |
| ACTICOAT 16"X16" DRESSING | NC | |
| ACTICOAT 2"X2" DRESSING | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| 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 | |
| ACTIGALL 300 MG CAPSULE | NC | |
| ACTIMMUNE 100 MCG/0.5 ML VIAL | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| 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 | |
| ACTIVELLA 0.5-0.1 MG TABLET | NC | |
| ACTIVELLA 1 MG-0.5 MG TABLET | NC | |
| ACTONEL 150 MG TABLET | NC | |
| ACTONEL 30 MG TABLET | NC | |
| ACTONEL 35 MG TABLET | NC | |
| ACTONEL 5 MG TABLET | NC | |
| 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 | |
| ACUICYN EYELID-EYELASH CLEANSR | NC | |
| ACULAR 0.5% EYE DROPS | NC | |
| ACULAR LS 0.4% OPHTH SOL | NC | |
| ACURA TEST STRIPS | NC | |
| ACUVAIL 0.45% OPHTH SOLUTION | NC | |
| ACYCLOVIR 200 MG CAPSULE | 2 | |
| ACYCLOVIR 200 MG/5 ML SUSP | 2 | |
| ACYCLOVIR 400 MG TABLET | 2 | |
| ACYCLOVIR 5% OINTMENT | 2 | Max. 15 GM(s) in 30 days |
| ACYCLOVIR 800 MG TABLET | 2 | |
| ACZONE 5% GEL | 4 | |
| ACZONE 7.5% GEL PUMP | 4 | |
| ADALAT CC 30 MG TABLET | NC | |
| ADALAT CC 60 MG TABLET | NC | |
| ADALAT CC 90 MG TABLET | NC | |
| ADAPALENE 0.1% CREAM | 2 | Prior Authorization required for members 30 and older |
| ADAPALENE 0.1% GEL | 2 | Prior Authorization required for members 30 and older |
| ADAPALENE 0.1% LOTION | 2 | Prior Authorization required for members 30 and older |
| ADAPALENE 0.3% GEL | 2 | Prior Authorization required for members 30 and older |
| ADAPALENE-BNZYL PEROX 0.1-2.5% | 3 | Prior Authorization required for members 30 and older |
| ADCIRCA 20 MG TABLET | 4 | Prior Authorization required;Max. 2 per day SPP*: Must use CVS Specialty |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|----------------------------------|
| ADDERALL XR 30 MG CAPSULE | NC | |
| ADDERALL XR 5 MG CAPSULE | NC | |
| ADDYI 100 MG TABLET | NC | |
| ADEFOVIR DIPIVOXIL 10 MG TAB | 2 | |
| ADEMPAS 0.5 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| ADEMPAS 1 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| ADEMPAS 1.5 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| ADEMPAS 2 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| ADEMPAS 2.5 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| ADENOVIRUS TYPE 4 & 7 EC TABS | NC | |
| ADENOVIRUS TYPE 4 EC TABLET | NC | |
| ADENOVIRUS TYPE 7 EC TABLET | NC | |
| ADLYXIN 10-20 MCG STARTER PACK | NC | |
| ADLYXIN 20 MCG MAINTENANCE PK | NC | |
| ADOXA 150 MG CAPSULE | NC | |
| ADRENALICK 0.15 MG AUTO-INJCT | NC | |
| ADRENALICK 0.3 MG AUTO-INJECT | NC | |
| ADRENALIN 1 MG/ML NASAL SOLN | NC | |
| ADVAIR 100-50 DISKUS | 3 | Max. 60 in 30 days HSA* |
| ADVAIR 250-50 DISKUS | 3 | Max. 60 in 30 days HSA* |
| ADVAIR 500-50 DISKUS | 3 | Max. 60 in 30 days HSA* |
| ADVAIR HFA 115-21 MCG INHALER | 3 | Max. 12 GM(s) in 30 days HSA* |
| ADVAIR HFA 230-21 MCG INHALER | 3 | Max. 12 GM(s) in 30 days HSA* |
| ADVAIR HFA 45-21 MCG INHALER | 3 | Max. 12 GM(s) in 30 days HSA* |
| ADVANCED TRAVEL 28G LANCETS | 3 | HSA* |
| ADVANCED TRAVEL 30G LANCETS | 3 | HSA* |
| ADVATE 2,401-3,600 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| 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 | |
| ADVOCATE 26G LANCETS | 3 | HSA* |
| ADVOCATE 26G LANCETS | 3 | HSA* |
| ADVOCATE 30G LANCETS | 3 | HSA* |
| ADVOCATE BLOOD PRESSURE MONITR | NC | |
| ADVOCATE REDI-CODE TEST STRIP | NC | |
| ADVOCATE REDI-CODE+ TEST STRIP | NC | |
| ADVOCATE TEST STRIP | NC | |
| ADYNOVATE 1,251-2,500 UNIT VL | MD | SPP*: Must use CVS Specialty |
| 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 | |
| AEROCHAMBER MINI | MD | |
| AEROCHAMBER MV HOLD CHAMBER | MD | |

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| 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 | |
| AEROSPAN 80 MCG INHALER | NC | |
| AEROTRACH HOLDING CHAMBER | MD | |
| AEROVENT PLUS HOLDING CHAMBER | MD | |
| AFEDITAB CR 30 MG TABLET | 2 | HSA* |
| AFEDITAB CR 60 MG TABLET | 2 | HSA* |
| AFINITOR 10 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR 2.5 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR 5 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR 7.5 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR DISPERZ 2 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR DISPERZ 3 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| AFINITOR DISPERZ 5 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| 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 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* |
| 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 60-4 UNIT / 30-8 UNIT | NC | |
| AFREZZA 60-8 UNIT / 30-12 UNIT | NC | |
| AFREZZA 8 UNIT CARTRIDGE | NC | |
| AFREZZA 90-4 UNIT / 90-8 UNIT | NC | |
| AFSTYLA 500 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| AFTERA 1.5 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| AGAMATRIX AMP TEST STRIPS | NC | |
| AGGRENOX 25 MG-200 MG CAPSULE | NC | |
| AGRYLIN 0.5 MG CAPSULE | NC | |
| AIRDUO RESPICLICK 113-14 MCG | NC | |
| AIRDUO RESPICLICK 232-14 MCG | NC | |
| AIRDUO RESPICLICK 55-14 MCG | NC | |
| AIRZONE PEAK FLOW METER | MD | |
| AKNE-MYCIN 2% OINTMENT | 4 | |
| AKTIPAK 3%-5% GEL POUCH | NC | |
| AKYNZEO 300-0.5 MG CAPSULE | 5 | Prior Authorization required;Max. quantity of 1 per fill;Max. 3 in 30 days MQC*: 1 cap/copay, Max. 3 caps/28 day-supply |
| ALA-CORT 1% CREAM | 1 | |
| ALA-CORT 2.5% CREAM | 1 | |
| ALA-QUIN 3-0.5% CREAM | NC | |
| ALA-SCALP 2% LOTION | 2 | |
| ALAGESIC LQ ORAL SOLUTION | 2 | |
| ALBENZA 200 MG TABLET | 4 | |
| ALBUSTIX REAGENT STRIPS | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ALBUTEROL 5 MG/ML SOLUTION | 2 | HSA* |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 2 | HSA* |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 2 | HSA* |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 2 | HSA* |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1 | HSA* |
| ALBUTEROL SULFATE 2 MG TAB | 2 | HSA* |
| ALBUTEROL SULFATE 4 MG TAB | 2 | HSA* |
| ALBUTEROL SULFATE ER 4 MG TAB | 2 | HSA* |
| ALBUTEROL SULFATE ER 8 MG TAB | 2 | HSA* |
| ALCAINE 0.5% EYE DROPS | 2 | |
| ALCLOMETASONE DIPR 0.05% OINT | 2 | |
| ALCLOMETASONE DIPRO 0.05% CRM | 2 | |
| 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 | |
| ALDARA 5% CREAM | NC | |
| ALECENSA 150 MG CAPSULE | 5 | |
| ALENDRONATE SOD 70 MG/75 ML | 2 | CH*; SPP*: CVS Specialty 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 | 2 | HSA* |
| ALENDRONATE SODIUM 5 MG TABLET | 2 | HSA* |
| ALENDRONATE SODIUM 70 MG TAB | 1 | Max. 4 per 28 days HSA* |
| ALEVICYN ANTIPRURITIC GEL | NC | |
| ALEVICYN ANTIPRURITIC SG GEL | NC | |
| ALEVICYN DERMAL SPRAY | NC | |
| ALFENTANIL 500 MCG/ML AMPUL | NC | |
| ALFENTANIL 500 MCG/ML AMPULE | NC | |
| ALFUZOSIN HCL ER 10 MG TABLET | 2 | Max. 1 per day |
| ALINIA 100 MG/5 ML SUSPENSION | 4 | |
| ALINIA 500 MG TABLET | 4 | |
| ALKERAN 2 MG TABLET | 4 | CH* |
| ALLEGRA-D 24 HOUR TABLET | NC | |
| ALLERGIST PACK 26GX1/2" 1 ML | 3 | |
| ALLERGIST PACK 26GX3/8" 1 ML | 3 | |
| ALLERGIST PACK 27GX1/2" 1 ML | 3 | |
| ALLERGY SYRINGE 1 ML 27GX1/2" | 3 | |
| ALLERGY SYRINGE 1 ML 27GX3/8" | 3 | |
| ALLOPURINOL 100 MG TABLET | 2 | |
| ALLOPURINOL 300 MG TABLET | 2 | |
| ALLZITAL 25-325 MG TABLET | NC | |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 2 | Max. quantity of 12 per fill MQC*: 12 tabs/copay |
| ALOCIL 2% EYE DROPS | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------------|
| ALODOX CONVENIENCE KIT | 4 | |
| ALOGLIPTIN 12.5 MG TABLET | 5 | Step Therapy required HSA* |
| ALOGLIPTIN 25 MG TABLET | 5 | Step Therapy required HSA* |
| ALOGLIPTIN 6.25 MG TABLET | 5 | 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 | |
| ALOMIDE 0.1% EYE DROPS | 4 | |
| ALORA 0.025 MG PATCH | 4 | |
| ALORA 0.05 MG PATCH | 4 | |
| ALORA 0.075 MG PATCH | 4 | |
| ALORA 0.1 MG PATCH | 4 | |
| ALOSETRON HCL 0.5 MG TABLET | 2 | Covered for females only |
| ALOSETRON HCL 1 MG TABLET | 2 | Covered for females only |
| ALPHAGAN P 0.1% DROPS | 3 | |
| ALPHAGAN P 0.15% EYE DROPS | 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 |
| 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 | 2 | |
| ALPRAZOLAM ER 1 MG TABLET | 2 | |
| ALPRAZOLAM ER 2 MG TABLET | 2 | |
| ALPRAZOLAM ER 3 MG TABLET | 2 | |
| ALPRAZOLAM ODT 0.25 MG TAB | 2 | |
| ALPRAZOLAM ODT 0.5 MG TAB | 2 | |
| ALPRAZOLAM ODT 1 MG TAB | 2 | |
| ALPRAZOLAM ODT 2 MG TAB | 2 | |
| ALPROLIX 3,000 UNIT NOMINAL | MD | SPP*: Must use CVS Specialty |
| ALREX 0.2% EYE DROPS | NC | |
| ALSUMA 6 MG/0.5 ML AUTO-INJECT | NC | |
| ALTABAX 1% OINTMENT | 4 | |
| ALTACAINE 0.5% EYE DROPS | 2 | |
| ALTACE 1.25 MG CAPSULE | NC | |
| ALTACE 10 MG CAPSULE | NC | |
| ALTACE 2.5 MG CAPSULE | NC | |
| ALTACE 5 MG CAPSULE | NC | |
| ALTAFLUOR EYE DROPS | NC | |
| ALTAVERA-28 TABLET | \$0 | ACA* |
| ALTERNATE SITE 26G LANCETS | 3 | HSA* |
| ALTOPREV 20 MG TABLET | 4 | HSA* |
| ALTOPREV 40 MG TABLET | 4 | HSA* |
| ALTOPREV 60 MG TABLET | 4 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| ALUNBRIG 30 MG TABLET | 5 | Prior Authorization required;Max. 6 per day CH*; SPP*: CVS Specialty |
| ALUVEA 39% CREAM | NC | |
| ALVESCO 160 MCG INHALER | 4 | HSA* |
| ALVESCO 80 MCG INHALER | 4 | HSA* |
| ALYACEN 1-35-28 TABLET | \$0 | ACA* |
| ALYACEN 7-7-7-28 TABLET | \$0 | ACA* |
| AMABELZ 0.5 MG-0.1 MG TABLET | 2 | |
| AMABELZ 1 MG-0.5 MG TABLET | 2 | |
| AMANTADINE 100 MG CAPSULE | 2 | |
| AMANTADINE 100 MG TABLET | 2 | |
| AMANTADINE 50 MG/5 ML SOLUTION | 2 | |
| AMARYL 1 MG TABLET | NC | |
| AMARYL 2 MG TABLET | NC | |
| AMARYL 4 MG TABLET | NC | |
| AMBIEN 10 MG TABLET | NC | |
| AMBIEN 5 MG TABLET | NC | |
| AMBIEN CR 12.5 MG TABLET | NC | |
| AMBIEN CR 6.25 MG TABLET | NC | |
| AMBITUSSIN AC LIQUID | 2 | |
| AMCINONIDE 0.1% CREAM | 2 | |
| AMCINONIDE 0.1% LOTION | 2 | |
| AMCINONIDE 0.1% OINTMENT | 2 | |
| AMERGE 1 MG TABLET | NC | |
| AMERGE 2.5 MG TABLET | NC | |
| 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 | |
| AMICAR 0.25 GRAM/ML ORAL SOLN | 4 | |
| AMICAR 1,000 MG TABLET | 4 | |
| AMICAR 500 MG TABLET | 4 | |
| AMILORIDE HCL 5 MG TABLET | 2 | HSA* |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | 2 | HSA* |
| AMINOCAPROIC ACID 1,000 MG TAB | 2 | |
| AMINOCAPROIC ACID 25% SOLUTION | 2 | |
| AMINOCAPROIC ACID 500 MG TAB | 2 | |
| AMIODARONE HCL 100 MG TABLET | 2 | |
| AMIODARONE HCL 200 MG TABLET | 2 | |
| AMIODARONE HCL 400 MG TABLET | 2 | |
| AMITIZA 24 MCG CAPSULES | 4 | |
| AMITIZA 8 MCG CAPSULE | 4 | |
| AMITRIPTYLINE HCL 10 MG TAB | 2 | |
| AMITRIPTYLINE HCL 100 MG TAB | 2 | |
| AMITRIPTYLINE HCL 150 MG TAB | 2 | |
| AMITRIPTYLINE HCL 25 MG TAB | 2 | |
| AMITRIPTYLINE HCL 50 MG TAB | 2 | |
| AMITRIPTYLINE HCL 75 MG TAB | 2 | |
| AMLOD-VALSA-HCTZ 10-160-12.5MG | 2 | HSA* |
| AMLOD-VALSA-HCTZ 10-160-25 MG | 2 | HSA* |
| AMLOD-VALSA-HCTZ 10-320-25 MG | 2 | HSA* |
| AMLOD-VALSA-HCTZ 5-160-12.5 MG | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| AMLOD-VALSA-HCTZ 5-160-25 MG | 2 | HSA* |
| AMLODIPINE BESYLATE 10 MG TAB | 1 | HSA* |
| AMLODIPINE BESYLATE 2.5 MG TAB | 1 | HSA* |
| AMLODIPINE BESYLATE 5 MG TAB | 1 | HSA* |
| AMLODIPINE-ATORVAST 10-10 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 10-20 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 10-40 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 10-80 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 2.5-10 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 2.5-20 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 2.5-40 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 5-10 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 5-20 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 5-40 MG | 2 | HSA* |
| AMLODIPINE-ATORVAST 5-80 MG | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 10-20 MG | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 10-40 MG | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 2.5-10 | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 5-10 MG | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 5-20 MG | 2 | HSA* |
| AMLODIPINE-BENAZEPRIL 5-40 MG | 2 | HSA* |
| AMLODIPINE-OLMESARTAN 10-20 MG | 3 | HSA* |
| AMLODIPINE-OLMESARTAN 10-40 MG | 3 | HSA* |
| AMLODIPINE-OLMESARTAN 5-20 MG | 3 | HSA* |
| AMLODIPINE-OLMESARTAN 5-40 MG | 3 | HSA* |
| AMLODIPINE-VALSARTAN 10-160 MG | 2 | HSA* |
| AMLODIPINE-VALSARTAN 10-320 MG | 2 | HSA* |
| AMLODIPINE-VALSARTAN 5-160 MG | 2 | HSA* |
| AMLODIPINE-VALSARTAN 5-320 MG | 2 | HSA* |
| AMMONIUM LACTATE 12% CREAM | 2 | |
| AMMONIUM LACTATE 12% LOTION | 2 | |
| AMNESTEEM 10 MG CAPSULE | 2 | |
| AMNESTEEM 20 MG CAPSULE | 2 | |
| AMNESTEEM 40 MG CAPSULE | 2 | |
| AMOX-CLAV 200-28.5 MG TAB CHEW | 2 | |
| AMOX-CLAV 200-28.5 MG/5 ML SUS | 2 | |
| AMOX-CLAV 250-125 MG TABLET | 2 | |
| AMOX-CLAV 250-62.5 MG/5 ML SUS | 2 | |
| AMOX-CLAV 400-57 MG TAB CHEW | 2 | |
| AMOX-CLAV 400-57 MG/5 ML SUSP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| AMOX-CLAV 500-125 MG TABLET | 2 | |
| AMOX-CLAV 600-42.9 MG/5 ML SUS | 2 | |
| AMOX-CLAV 875-125 MG TABLET | 2 | |
| AMOX-CLAV ER 1,000-62.5 MG TAB | 2 | |
| AMOXAPINE 100 MG TABLET | 2 | |
| AMOXAPINE 150 MG TABLET | 2 | |
| AMOXAPINE 25 MG TABLET | 2 | |
| AMOXAPINE 50 MG TABLET | 2 | |
| AMOXICILLIN 125 MG TAB CHEW | 2 | |
| AMOXICILLIN 125 MG/5 ML SUSP | 1 | |
| AMOXICILLIN 200 MG/5 ML SUSP | 2 | |
| AMOXICILLIN 250 MG CAPSULE | 1 | |
| AMOXICILLIN 250 MG TAB CHEW | 2 | |
| AMOXICILLIN 250 MG/5 ML SUSP | 2 | |
| AMOXICILLIN 400 MG/5 ML SUSP | 2 | |
| AMOXICILLIN 500 MG CAPSULE | 1 | |
| AMOXICILLIN 500 MG TABLET | 2 | |
| AMOXICILLIN 875 MG TABLET | 1 | |
| AMOXICILLIN ER 775 MG TABLET | NC | |
| AMPICILLIN 125 MG/5 ML SUSP | 2 | |
| AMPICILLIN 250 MG CAPSULE | 1 | |
| AMPICILLIN 250 MG/5 ML SUSP | 2 | |
| AMPICILLIN 500 MG CAPSULE | 2 | |
| AMPYRA ER 10 MG TABLET | 5 | Max. 2 per day SPP*: Must use CVS Specialty |
| AMRIX ER 15 MG CAPSULE | NC | |
| AMRIX ER 30 MG CAPSULE | NC | |
| 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 | |
| AMYL NITRITE AMPUL | 2 | |
| ANACAINE OINTMENT | NC | |
| ANADROL-50 TABLET | 4 | Max. 30 Days Supply |
| ANAFRANIL 25 MG CAPSULE | NC | |
| ANAFRANIL 50 MG CAPSULE | NC | |
| ANAFRANIL 75 MG CAPSULE | NC | |
| ANAGRELIDE HCL 0.5 MG CAPSULE | 2 | HSA* |
| ANAGRELIDE HCL 1 MG CAPSULE | 2 | HSA* |
| ANALPRAM HC 1% CREAM | NC | |
| ANALPRAM HC 2.5%-1% CREAM | NC | |
| ANALPRAM HC 2.5%-1% LOTION | 3 | |
| ANAPROX 275 MG TABLET | NC | |
| ANAPROX DS 550 MG TABLET | NC | |
| ANASTROZOLE 1 MG TABLET | 2 | CH*; HSA* |
| ANCOBON 250 MG CAPSULE | NC | |
| ANCOBON 500 MG CAPSULE | NC | |
| ANDRODERM 2 MG/24HR PATCH | 3 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 2 per day |
| ANDRODERM 4 MG/24HR PATCH | 3 | 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 | 3 | 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 | 3 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 1.25 GM(s) per day |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ANDROGEL 1.62%(2.5G) GEL PCKT | 3 | 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 | 2 | Max. 30 Days Supply |
| ANGELIQ 0.25 MG-0.5 MG TABLET | NC | |
| ANGELIQ 0.5 MG-1 MG TABLET | NC | |
| ANORO ELLIPTA 62.5-25 MCG INH | 3 | Max. quantity of 60 per fill;Max. 60 in 30 days HSA* |
| ANTABUSE 250 MG TABLET | NC | |
| ANTABUSE 500 MG TABLET | NC | |
| ANTARA 130 MG CAPSULE | NC | |
| ANTARA 30 MG CAPSULE | NC | |
| ANTARA 43 MG CAPSULE | NC | |
| ANTARA 90 MG CAPSULE | NC | |
| ANTIPYRINE-BENZOCAINE EAR DROP | 2 | |
| ANTIPYRINE-BENZOCAINE OTIC SOL | 2 | |
| ANUCORT-HC 25 MG SUPPOSITORY | 2 | |
| ANUSOL-HC 2.5% CREAM | NC | |
| ANUSOL-HC 25 MG SUPPOSITORY | NC | |
| ANZEMET 100 MG TABLET | 4 | Max. quantity of 6 per fill MQC*: 3 tabs/copay |
| ANZEMET 50 MG TABLET | 4 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| APEXICON E 0.05% CREAM | 4 | |
| APIDRA 100 UNITS/ML VIAL | NC | |
| APIDRA SOLOSTAR 100 UNITS/ML | NC | |
| APLENZIN ER 174 MG TABLET | NC | |
| APLENZIN ER 348 MG TABLET | NC | |
| APLENZIN ER 522 MG TABLET | NC | |
| APOKYN 30 MG/3 ML CARTRIDGE | 5 | |
| APRACLONIDINE HCL 0.5% DROPS | 2 | |
| APREPITANT 125 MG CAPSULE | 3 | Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 cap/copay |
| APREPITANT 125-80-80 MG PACK | 3 | Max. 30 Days Supply;Max. quantity of 3 per fill MQC*: 1 pack/copay |
| APREPITANT 40 MG CAPSULE | 3 | Max. 30 Days Supply;Max. quantity of 4 per fill MQC*: 4 caps/copay |
| APREPITANT 80 MG CAPSULE | 3 | Max. 30 Days Supply;Max. quantity of 2 per fill MQC*: 2 caps/copay |
| APRI 28 DAY TABLET | \$0 | ACA* |
| APRISO ER 0.375 GRAM CAPSULE | 3 | |
| 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 | |
| APTIOM 200 MG TABLET | 4 | |
| APTIOM 400 MG TABLET | 4 | |
| APTIOM 600 MG TABLET | 4 | |
| APTIOM 800 MG TABLET | 4 | |
| APTIVUS 100 MG/ML SOLUTION | 4 | |
| APTIVUS 250 MG CAPSULE | 4 | |
| AQUA GLYCOLIC HC 2% KIT | NC | |
| ARALAST NP 1,000 MG VIAL | MD | Prior Authorization required SPP*: Must use CVS Specialty |
| ARANELLE 28 TABLET | \$0 | ACA* |
| ARANESP 10 MCG/0.4 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ARANESP 100 MCG/0.5 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 2 per fill SPP*: CVS Specialty |
| ARANESP 100 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 150 MCG/0.3 ML SYRINGE | 5 | Prior Authorization required SPP*: CVS Specialty |
| ARANESP 150 MCG/0.75 ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 200 MCG/0.4 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty |
| ARANESP 200 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 25 MCG/0.42 ML SYRING | 5 | Prior Authorization required;Max. quantity of 1.68 per fill SPP*: CVS Specialty |
| ARANESP 25 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 300 MCG/0.6 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 2.4 per fill SPP*: CVS Specialty |
| ARANESP 300 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 40 MCG/0.4 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 1.6 per fill SPP*: CVS Specialty |
| ARANESP 40 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 500 MCG/1 ML SYRINGE | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARANESP 60 MCG/0.3 ML SYRINGE | 5 | Prior Authorization required SPP*: CVS Specialty |
| ARANESP 60 MCG/ML VIAL | 5 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| ARAVA 10 MG TABLET | NC | |
| ARAVA 20 MG TABLET | NC | |
| ARBINOXA 4 MG TABLET | 2 | |
| ARBINOXA 4 MG/5 ML LIQUID | 2 | |
| ARCAPTA NEOHALER 75 MCG CAP | 4 | Max. 1 per day HSA* |
| ARGATROBAN 50 MG/50ML-0.9%NACL | NC | |
| 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 | |
| ARIMIDEX 1 MG TABLET | NC | |
| ARIPIRAZOLE 1 MG/ML SOLUTION | 2 | |
| ARIPIRAZOLE 10 MG TABLET | 2 | |
| ARIPIRAZOLE 15 MG TABLET | 2 | |
| ARIPIRAZOLE 2 MG TABLET | 2 | |
| ARIPIRAZOLE 20 MG TABLET | 2 | |
| ARIPIRAZOLE 30 MG TABLET | 2 | |
| ARIPIRAZOLE 5 MG TABLET | 2 | |
| ARIPIRAZOLE ODT 10 MG TABLET | 2 | |
| ARIPIRAZOLE ODT 15 MG TABLET | 2 | |
| 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 | |
| ARMODAFINIL 150 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| ARMODAFINIL 200 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| ARMODAFINIL 250 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| ARMODAFINIL 50 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| ARMONAIR RESPICLICK 113 MCG | NC | |
| ARMONAIR RESPICLICK 232 MCG | NC | |
| ARMONAIR RESPICLICK 55 MCG | NC | |
| ARMOUR THYROID 120 MG TABLET | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ARMOUR THYROID 15 MG TABLET | 3 | |
| ARMOUR THYROID 180 MG TABLET | 3 | |
| ARMOUR THYROID 240 MG TABLET | 3 | |
| ARMOUR THYROID 30 MG TABLET | 3 | |
| ARMOUR THYROID 300 MG TABLET | 3 | |
| ARMOUR THYROID 60 MG TABLET | 3 | |
| ARMOUR THYROID 90 MG TABLET | 3 | |
| ARNUIITY ELLIPTA 100 MCG INH | NC | |
| ARNUIITY ELLIPTA 200 MCG INH | NC | |
| AROMASIN 25 MG TABLET | NC | |
| ARTHROTEC 50 MG-200 MCG TAB | NC | |
| ARTHROTEC 75 MG-200 MCG TAB | NC | |
| ARYMO ER 15 MG TABLET | 2 | Max. 3 per day |
| ARYMO ER 30 MG TABLET | 2 | Max. 3 per day |
| ARYMO ER 60 MG TABLET | 2 | Max. 3 per day |
| ASACOL HD DR 800 MG TABLET | 4 | |
| ASCOMP WITH CODEINE CAPSULE | 2 | |
| ASEPTO BULB SYRINGES GLASS | 3 | |
| ASHLYNA 0.15-0.03-0.01 MG TAB | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| ASMANEX HFA 100 MCG INHALER | 3 | HSA* |
| ASMANEX HFA 200 MCG INHALER | 3 | HSA* |
| ASMANEX TWISTHALER 110 MCG #30 | 3 | HSA* |
| ASMANEX TWISTHALER 110 MCG #7 | NC | |
| ASMANEX TWISTHALER 220 MCG #14 | 3 | HSA* |
| ASMANEX TWISTHALER 220 MCG #30 | 3 | HSA* |
| ASMANEX TWISTHALER 220 MCG #60 | 3 | HSA* |
| ASMANEX TWISTHALR 220 MCG #120 | 3 | HSA* |
| 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* |
| ASPIRIN-CAFF-DIHYDROCODEIN CAP | 2 | |
| ASPIRIN-DIPYRIDAM ER 25-200 MG | 2 | HSA* |
| ASSESS PEAK FLOW METER | MD | |
| ASSURE 4 TEST STRIPS | NC | |
| ASSURE COMFORT 30G LANCETS | 3 | HSA* |
| ASSURE HAEMOLANCE PLUS 18G | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| ASSURE HAEMOLANCE PLUS 21G | 3 | HSA* |
| ASSURE HAEMOLANCE PLUS 25G | 3 | HSA* |
| ASSURE HAEMOLANCE PLUS 28G | 3 | HSA* |
| ASSURE HAEMOLANCE PLUS BLADE | 3 | HSA* |
| ASSURE LANCE 25G LANCETS | 3 | HSA* |
| ASSURE LANCE 28G LANCETS | 3 | HSA* |
| ASSURE LANCE PLUS 21G LANCETS | 3 | HSA* |
| ASSURE LANCE PLUS 25G LANCETS | 3 | HSA* |
| ASSURE LANCE PLUS 30G LANCETS | 3 | HSA* |
| ASSURE PLATINUM TEST STRIPS | NC | |
| ASSURE PRISM MULTI TEST STRIPS | NC | |
| ASSURE PRO TEST STRIPS | NC | |
| ASTAGRAF XL 0.5 MG CAPSULE | NC | |
| ASTAGRAF XL 1 MG CAPSULE | NC | |
| ASTAGRAF XL 5 MG CAPSULE | NC | |
| ASTELIN 137 MCG NASAL SPRAY | NC | |
| ASTEPRO 0.15% NASAL SPRAY | NC | |
| ASTHMA CHECK PEAK FLOW MTR | MD | |
| ASTHMAMENTOR PEAK FLOW MTR | MD | |
| ASTHMAPACK CHILDREN'S CARE KIT | MD | |
| ATACAND 16 MG TABLET | NC | |
| ATACAND 32 MG TABLET | NC | |
| ATACAND 4 MG TABLET | NC | |
| ATACAND 8 MG TABLET | NC | |
| ATACAND HCT 16-12.5 MG TAB | NC | |
| ATACAND HCT 32-12.5 MG TAB | NC | |
| ATACAND HCT 32-25 MG TABLET | NC | |
| ATELVIA DR 35 MG TABLET | NC | |
| ATENOLOL 100 MG TABLET | 1 | HSA* |
| ATENOLOL 25 MG TABLET | 1 | HSA* |
| ATENOLOL 50 MG TABLET | 1 | HSA* |
| ATENOLOL-CHLORTHALIDONE 100-25 | 2 | HSA* |
| ATENOLOL-CHLORTHALIDONE 50-25 | 2 | HSA* |
| ATIVAN 0.5 MG TABLET | NC | |
| ATIVAN 1 MG TABLET | NC | |
| ATIVAN 2 MG TABLET | NC | |
| ATOMOXETINE HCL 10 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 100 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 18 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 25 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 40 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 60 MG CAPSULE | 3 | |
| ATOMOXETINE HCL 80 MG CAPSULE | 3 | |
| ATOPICLAIR CREAM | NC | |
| ATORVASTATIN 10 MG TABLET | \$0 | ACA* |
| ATORVASTATIN 20 MG TABLET | \$0 | ACA* |
| ATORVASTATIN 40 MG TABLET | 1 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| ATORVASTATIN 80 MG TABLET | 1 | HSA* |
| ATOVAQUONE 750 MG/5 ML SUSP | 2 | |
| ATOVAQUONE-PROGUANIL 250-100 | 2 | |
| ATOVAQUONE-PROGUANIL 62.5-25 | 2 | |
| ATRALIN 0.05% GEL | NC | |
| ATRAPRO DERMAL SPRAY | NC | |
| ATRAPRO HYDROGEL | NC | |
| ATRIPLA TABLET | 3 | |
| ATROPINE 0.01%-NS EYE DROPS | 2 | |
| ATROPINE 1% EYE DROPS | 2 | |
| ATROPINE 1% EYE OINTMENT | 2 | |
| ATROPINE CARE 1% EYE DROPS | 2 | |
| ATROVENT 0.03% SPRAY | NC | |
| ATROVENT 0.06% SPRAY | NC | |
| ATROVENT HFA INHALER | 4 | HSA* |
| AUBAGIO 14 MG TABLET | 5 | Max. 1 per day SPP*: Must use CVS Specialty |
| AUBAGIO 7 MG TABLET | 5 | Max. 1 per day SPP*: Must use CVS Specialty |
| AUBRA-28 TABLET | \$0 | ACA* |
| AUGMENTIN 125-31.25 MG/5 ML | 4 | |
| 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 | |
| AURODEX OTIC SOLUTION | 2 | |
| AUROGUARD OTIC SOLUTION | 2 | |
| AURORA SUPER THIN 30G LANCETS | 3 | HSA* |
| AURSTAT ANTI-ITCH HYDROGEL KIT | NC | |
| AURYXIA 210 MG TABLET | NC | |
| AUSTEDO 12 MG TABLET | NC | |
| AUSTEDO 6 MG TABLET | NC | |
| AUSTEDO 9 MG TABLET | NC | |
| AUVI-Q 0.15 MG AUTO-INJECTOR | 5 | Prior Authorization required;Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| AUVI-Q 0.3 MG AUTO-INJECTOR | 5 | Prior Authorization required;Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| AVALIDE 150-12.5 MG TABLET | NC | |
| AVALIDE 300-12.5 MG TABLET | 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 | 4 | HSA* |
| AVANDIA 4 MG TABLET | 4 | HSA* |
| AVANDIA 8 MG TABLET | 4 | HSA* |
| AVAPRO 150 MG TABLET | NC | |
| AVAPRO 300 MG TABLET | NC | |
| AVAPRO 75 MG TABLET | NC | |
| AVAR CLEANSER | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| AVAR LS 10%-2% FOAM | NC | |
| AVAR LS CLEANSER | NC | |
| AVAR-E EMOLLIENT CREAM | NC | |
| AVAR-E LS CREAM | NC | |
| AVC 15% CREAM | NC | |
| AVELOX 400 MG TABLET | NC | |
| AVELOX ABC PACK 400 MG TAB | NC | |
| AVENOVA LID-LASH SPRAY | NC | |
| AVIANE-28 TABLET | \$0 | ACA* |
| AVIDOXY 100 MG TABLET | NC | |
| 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 | |
| AVITA 0.025% CREAM | 2 | Prior Authorization required for members 30 and older |
| AVITA 0.025% GEL | 2 | Prior Authorization required for members 30 and older |
| AVITENE FLOUR | NC | |
| AVITENE SHEET 35MMX35MM | NC | |
| AVITENE SHEET 70MMX35MM | NC | |
| AVITENE SHEET 70MMX70MM | NC | |
| AVO CREAM TOPICAL EMULSION | 2 | |
| AVODART 0.5 MG SOFTGEL | NC | |
| AVONEX 30 MCG VIAL KIT | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| AVONEX PEN 30 MCG/0.5 ML KIT | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| AVONEX PREFILLED SYR 30 MCG KT | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| AXERT 12.5 MG TABLET | NC | |
| AXERT 6.25 MG TABLET | NC | |
| AXIRON 30 MG/ACTUATION SOLN | 4 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 180 ML(s) in 30 days |
| AYGESTIN 5 MG TABLET | NC | |
| AZASAN 100 MG TABLET | 4 | |
| AZASAN 75 MG TABLET | 4 | |
| AZASITE 1% EYE DROPS | 4 | |
| AZATHIOPRINE 50 MG TABLET | 2 | |
| AZELASTINE 0.1% (137 MCG) SPRY | 2 | |
| AZELASTINE 0.15% NASAL SPRAY | NC | |
| AZELASTINE HCL 0.05% DROPS | 2 | |
| AZELEX 20% CREAM | 4 | |
| AZILECT 0.5 MG TABLET | 4 | |
| AZILECT 1 MG TABLET | 4 | |
| AZITHROMYCIN 1 GM PWD PACKET | 2 | |
| AZITHROMYCIN 100 MG/5 ML SUSP | 2 | |
| AZITHROMYCIN 200 MG/5 ML SUSP | 2 | |
| AZITHROMYCIN 250 MG TABLET | 1 | |
| AZITHROMYCIN 500 MG TABLET | 2 | |
| AZITHROMYCIN 600 MG TABLET | 2 | |
| AZOPT 1% EYE DROPS | 3 | |
| AZOR 10-20 MG TABLET | NC | |
| AZOR 10-40 MG TABLET | NC | |
| AZOR 5-20 MG TABLET | NC | |
| AZOR 5-40 MG TABLET | NC | |
| AZULFIDINE 500 MG TABLET | NC | |
| AZULFIDINE ENTAB 500 MG | NC | |
| AZURETTE 28 DAY TABLET | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
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| B-12 KIT | 2 | |
| BABYBIG 100 MG VIAL | NC | |
| BACITRACIN 500 UNIT/GM OPHTH | 2 | |
| BACITRACIN-POLYMYXIN EYE OINT | 2 | |
| BACLOFEN 10 MG TABLET | 2 | |
| BACLOFEN 20 MG TABLET | 2 | |
| BACMIN CAPLET | NC | |
| BACTRIM 400-80 MG TABLET | NC | |
| BACTRIM DS TABLET | NC | |
| BACTROBAN 2% CREAM | NC | |
| BACTROBAN 2% OINTMENT | NC | |
| BACTROBAN NASAL 2% OINTMENT | 4 | |
| BALSALAZIDE DISODIUM 750 MG CP | 2 | |
| BALZIVA 28 TABLET | \$0 | ACA* |
| BANZEL 200 MG TABLET | 3 | |
| BANZEL 40 MG/ML SUSPENSION | 3 | |
| BANZEL 400 MG TABLET | 3 | |
| BARACLUDE 0.05 MG/ML SOLUTION | 3 | |
| BARACLUDE 0.5 MG TABLET | NC | |
| BARACLUDE 1 MG TABLET | NC | |
| BASAGLAR 100 UNIT/ML KWIKPEN | 4 | Prior Authorization required HSA* |
| BAXDELA 450 MG TABLET | NC | |
| BAYER ADVANCED 500 MG TABLET | NC | |
| BAYER ASPIRIN 81 MG CHEW TAB | NC | |
| BAYER PLUS 500 MG CAPLET | NC | |
| BD 1 ML SYRINGE WITH NEEDLE | 3 | |
| BD 1 ML SYRINGE-NEEDLE 25GX5/8 | 3 | |
| BD 10 ML SYRINGE | 3 | |
| BD 10 ML SYRINGE 20GX1" | 3 | |
| BD 10 ML SYRINGE 20GX1-1/2" | 3 | |
| BD 10 ML SYRINGE 21GX1" | 3 | |
| BD 10 ML SYRINGE 21GX1-1/2" | 3 | |
| BD 10 ML SYRINGE 22GX1" | 3 | |
| BD 10 ML SYRINGE 22GX1-1/2" | 3 | |
| BD 10 ML SYRINGE WITH NEEDLE | 3 | |
| BD 20 ML SYRINGE | 3 | |
| BD 20 ML SYRINGE BULK | 3 | |
| BD 3 ML SYRINGE 18GX1-1/2" | 3 | |
| BD 3 ML SYRINGE 20GX1-1/2" | 3 | |
| BD 3 ML SYRINGE 25GX1" | 3 | |
| BD 3 ML SYRINGE 25GX1-1/2" | 3 | |
| BD 3 ML SYRINGE WITH NEEDLE | 3 | |
| BD 5 ML SYRINGE 20GX1" | 3 | |
| BD 5 ML SYRINGE 20GX1-1/2" | 3 | |
| BD 5 ML SYRINGE 21GX1" | 3 | |
| BD 5 ML SYRINGE 21GX1-1/2" | 3 | |
| BD 5 ML SYRINGE 22GX1" | 3 | |
| BD 5 ML SYRINGE 22GX1-1/2" | 3 | |
| BD 5 ML SYRINGE WITH NEEDLE | 3 | |
| BD 60 ML SYRINGE | 3 | |
| BD ALLERGIST SYRINGE | 3 | |
| BD ALLERGIST TRAY | 3 | |
| BD ALLERGIST TRAY | 3 | |
| BD ALLERGY SYRINGE 1 ML 28G | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| BD ALLERGY SYRINGE-NEEDLE 1 ML | 3 | |
| BD BULK SYRINGE 1 ML | 3 | |
| BD BULK SYRINGE 10 ML | 3 | |
| BD BULK SYRINGE 20 ML | 3 | |
| BD BULK SYRINGE 3 ML | 3 | |
| BD BULK SYRINGE 5 ML | 3 | |
| BD BULK SYRINGE 60 ML | 3 | |
| BD CATHETER TIP SYRINGE 60 ML | 3 | |
| BD ECLIPSE LUER-LOK SYR 3 ML | 4 | |
| BD ECLIPSE SYR 1 ML 25GX5/8 | 4 | |
| BD ECLIPSE SYR 3 ML 22GX1-1/2" | 4 | |
| BD ECLIPSE SYRINGE 3 ML 21GX1" | 3 | |
| BD ECLIPSE SYRINGE 3 ML 22GX1" | 3 | |
| BD ECLIPSE SYRINGE 3 ML 25GX1" | 3 | |
| BD GLASPAK 1 ML SYRINGE | 3 | |
| BD GLASPAK 10 ML SYRINGE | 3 | |
| BD GLASPAK 2.5 ML SYRINGE | 3 | |
| BD GLASPAK 5 ML SYRINGE | 3 | |
| BD INSULIN SYR 0.5 ML 6MMX31G | 3 | HSA* |
| BD INSULIN SYR 1 ML 6MMX31G | 3 | HSA* |
| BD INTEGRA RETRA NEEDLE 23GX1" | 3 | |
| BD INTEGRA SYR 3 ML 21GX1 1/2" | 4 | |
| BD INTEGRA SYR 3 ML 22GX1 1/2" | 3 | |
| BD INTEGRA SYR 3 ML 25GX5/8" | 3 | |
| BD INTEGRA SYRINGE 1 ML 25GX1" | 4 | |
| BD INTEGRA SYRINGE 3 ML 21GX1" | 4 | |
| BD INTEGRA SYRINGE 3 ML 23GX1" | 3 | |
| BD INTEGRA SYRINGE 3 ML 25GX1" | 3 | |
| BD INTERLINK SYR 15G W-CANNULA | 3 | |
| BD INTERLINK SYR 17G W-CANNULA | 3 | |
| BD INTERLINK SYR 17G W-CANNULA | 3 | |
| BD LUER-LOK 5 ML SYRINGE | 3 | |
| BD LUER-LOK SYR 3 ML 25GX5/8" | 3 | |
| BD LUER-LOK SYRINGE 1ML 20GX1" | 3 | |
| BD LUER-LOK SYRINGE 20 ML | 3 | |
| BD LUER-LOK SYRINGE 3 ML | 3 | |
| BD LUER-LOK SYRINGE 5 ML | 3 | |
| BD LUER-LOK TIP SYRINGE 30 ML | 3 | |
| BD LUERSLIP SYRINGE 1 ML | 3 | |
| BD MEDSAVER 1 ML SYR-NEEDLE | 3 | |
| BD MEDSAVER SYRINGE | 3 | |
| BD MICROTAINER 21G LANCETS | 3 | HSA* |
| BD MICROTAINER 30G LANCETS | 3 | HSA* |
| BD MICROTAINER LANCETS | 3 | HSA* |
| BD NEEDLE 18GX1 1/2" | 3 | |
| BD NEEDLE 19GX1 1/2" | 3 | |
| BD NEEDLE 20GX1 1/2" | 3 | |
| BD NEEDLE 21GX1 1/2" | 3 | |
| BD NEEDLE 21GX1" | 3 | |
| BD NEEDLE 22GX1 1/2" | 3 | |
| BD NEEDLE 22GX1" | 3 | |
| BD NEEDLE 22GX3/4" | 3 | |
| BD NEEDLE 23GX1 1/2" | 3 | |
| BD NEEDLE 23GX1" | 3 | |
| BD NEEDLE 24GX1" | 3 | |
| BD NEEDLE 25GX1" | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| BD NEEDLE 25GX5/8" | 3 | |
| BD NEEDLE 26GX0.625" | 3 | |
| BD NEEDLES 16GX1" | 3 | |
| BD NEEDLES 16GX1.5" | 3 | |
| BD NEEDLES 18GX1" | 3 | |
| BD NEEDLES 18GX1.5" | 3 | |
| BD NEEDLES 18GX1.5" | 3 | |
| BD NEEDLES 19GX1" | 3 | |
| BD NEEDLES 19GX1.5" | 3 | |
| BD NEEDLES 20GX1" | 3 | |
| BD NEEDLES 20GX1" | 3 | |
| BD NEEDLES 20GX1.5" | 3 | |
| BD NEEDLES 20GX1.5" | 3 | |
| BD NEEDLES 21GX1" | 3 | |
| BD NEEDLES 21GX1.5" | 3 | |
| BD NEEDLES 21GX2" | 3 | |
| BD NEEDLES 22GX1" | 3 | |
| BD NEEDLES 22GX1.5" | 3 | |
| BD NEEDLES 22GX1.5" | 3 | |
| BD NEEDLES 23GX0.75" | 3 | |
| BD NEEDLES 23GX1.25" | 3 | |
| BD NEEDLES 25GX0.625" | 3 | |
| BD NEEDLES 25GX0.875" | 3 | |
| BD NEEDLES 25GX1.5" | 3 | |
| BD NEEDLES 26GX0.375" | 3 | |
| BD NEEDLES 26GX0.5" | 3 | |
| BD NEEDLES 27GX0.5" | 3 | |
| BD NEEDLES 27GX1X1.25" | 3 | |
| BD NEEDLES 30GX0.5" | 3 | |
| BD NEEDLES 30GX1" | 3 | |
| BD NOKOR ADMIX NEEDLE 18GX1.5" | 3 | |
| BD PRECISIONGLIDE 3 ML 22GX3/4 | 3 | |
| BD PRECISIONGLIDE NEEDLE 25G | 3 | |
| BD SAFETYGLIDE 3 ML SYRINGE | 3 | |
| BD SAFETYGLIDE 3 ML SYRINGE | 3 | |
| BD SAFETYGLIDE ALLERGY 27G SYR | 3 | |
| BD SAFETYGLIDE ALLERGY SYRINGE | 3 | |
| BD SAFETYGLIDE SYR 22GX1.5" | 3 | |
| BD SAFETYGLIDE SYR 22GX1.5" | 3 | |
| BD SAFETYGLIDE TB 1 ML SYR | 3 | |
| BD SLIP TIP 5 ML SYRINGE | 3 | |
| BD SLIP TIP 60 ML SYRINGE | 3 | |
| BD SLIP-TIP SYRINGE 20 ML | 4 | |
| BD SYR 0.3 ML 6MMX31G (1/2) | 3 | HSA* |
| BD SYRINGE 10 ML | 3 | |
| BD SYRINGE 2 ML | 3 | |
| BD SYRINGE 20 ML | 3 | |
| BD SYRINGE 3 ML | 3 | |
| BD SYRINGE 3 ML | 3 | |
| BD SYRINGE 30 ML | 3 | |
| BD SYRINGE 30 ML | 4 | |
| BD SYRINGE 30 ML | 3 | |
| BD SYRINGE 5 ML | 3 | |
| BD SYRINGE 50 ML | 3 | |
| BD SYRINGE GLASS 3 ML | 3 | |
| BD SYRINGE WITH CANNULA | 3 | |
| BD SYRINGE-SAFETY GLIDE | 3 | |
| BD SYRINGE-SAFETY GLIDE | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| BD TB SYRINGE 21GX1" | 3 | |
| BD TB SYRINGE 22GX1" | 3 | |
| BD TB SYRINGE 25GX5/8" | 3 | |
| BD TB SYRINGE 26GX3/8" | 3 | |
| BD TB SYRINGE 27GX1/2" | 3 | |
| BD TB SYRNGE 27GX1/2" | 3 | |
| BD TUBERCULIN 1 ML SYRINGE | 3 | |
| BD ULTRA-FINE 33G LANCETS | 3 | HSA* |
| BD ULTRA-FINE II 30G LANCETS | 3 | HSA* |
| BD ULTRA-FINE PEN NDL 4MMX32G | 3 | HSA* |
| BEAU RX SCAR CARE GEL | NC | |
| BEBULIN 200-1,200 UNITS VIAL | MD | SPP*: Must use CVS Specialty |
| BECONASE AQ 0.042% SPRAY | NC | |
| BEKYREE 28 DAY TABLET | \$0 | ACA* |
| 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 | 2 | |
| BELLADONNA-OPIUM 16.2-60 SUPP | 2 | |
| BELSOMRA 10 MG TABLET | 4 | Max. 1 per day;Step Therapy required STA*: 18 and older |
| BELSOMRA 15 MG TABLET | 4 | Max. 1 per day;Step Therapy required STA*: 18 and older |
| BELSOMRA 20 MG TABLET | 4 | Max. 1 per day;Step Therapy required STA*: 18 and older |
| BELSOMRA 5 MG TABLET | 4 | Max. 1 per day;Step Therapy required STA*: 18 and older |
| 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 | 2 | HSA* |
| BENAZEPRIL-HCTZ 20-12.5 MG TAB | 2 | HSA* |
| BENAZEPRIL-HCTZ 20-25 MG TAB | 2 | HSA* |
| BENAZEPRIL-HCTZ 5-6.25 MG TAB | 2 | HSA* |
| BENEFIX 2,000 UNIT RANGE | MD | SPP*: Must use CVS Specialty |
| BENICAR 20 MG TABLET | 4 | HSA* |
| BENICAR 40 MG TABLET | 4 | HSA* |
| BENICAR 5 MG TABLET | 4 | HSA* |
| BENICAR HCT 20-12.5 MG TABLET | NC | |
| BENICAR HCT 40-12.5 MG TABLET | NC | |
| BENICAR HCT 40-25 MG TABLET | NC | |
| BENLYSTA 200 MG/ML AUTOINJECT | NC | |
| BENLYSTA 200 MG/ML SYRINGE | NC | |
| BENOXYLDOXY 30 KIT | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| BENOXYLDOXY 60 KIT | NC | |
| BENSAL HP 3% OINTMENT | NC | |
| BENTYL 10 MG CAPSULE | NC | |
| BENTYL 20 MG TABLET | NC | |
| BENZAC AC 5% GEL | NC | |
| BENZAC AC WASH 10% LIQUID | NC | |
| BENZACLIN GEL 50G PUMP | NC | |
| BENZAMYCIN GEL | NC | |
| BENZNIDAZOLE 100 MG TABLET | NC | |
| BENZNIDAZOLE 12.5 MG TABLET | NC | |
| BENZODOX 30 KIT | NC | |
| BENZODOX 60 KIT | NC | |
| BENZONATATE 100 MG CAPSULE | 2 | |
| BENZONATATE 150 MG CAPSULE | 2 | |
| BENZONATATE 200 MG CAPSULE | 2 | |
| BENZTROPINE MES 0.5 MG TAB | 1 | |
| BENZTROPINE MES 1 MG TABLET | 1 | |
| BENZTROPINE MES 2 MG TABLET | 2 | |
| BEPREVE 1.5% EYE DROPS | 5 | Prior Authorization required |
| BESIVANCE 0.6% SUSP | 4 | |
| BETADINE 5% EYE SOLUTION | NC | |
| BETAGAN 0.5% EYE DROPS | NC | |
| BETAMETHASONE DP 0.05% CRM | 2 | |
| BETAMETHASONE DP 0.05% LOT | 2 | |
| BETAMETHASONE DP 0.05% OINT | 2 | |
| BETAMETHASONE DP AUG 0.05% CRM | 2 | |
| BETAMETHASONE DP AUG 0.05% GEL | 2 | |
| BETAMETHASONE DP AUG 0.05% LOT | 2 | |
| BETAMETHASONE DP AUG 0.05% OIN | 2 | |
| BETAMETHASONE VA 0.1% CREAM | 2 | |
| BETAMETHASONE VA 0.1% LOTION | 2 | |
| BETAMETHASONE VALER 0.1% OINTM | 2 | |
| BETAMETHASONE VALER 0.12% FOAM | 2 | |
| BETAPACE 160 MG TABLET | NC | |
| BETAPACE 240 MG TABLET | NC | |
| BETAPACE 80 MG TABLET | NC | |
| BETAPACE AF 120 MG TABLET | NC | |
| BETASERON 0.3 MG KIT | 5 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| BETAXOLOL 10 MG TABLET | 2 | HSA* |
| BETAXOLOL 20 MG TABLET | 2 | HSA* |
| BETAXOLOL HCL 0.5% EYE DROP | 2 | |
| BETHANECHOL 10 MG TABLET | 2 | |
| BETHANECHOL 25 MG TABLET | 2 | |
| BETHANECHOL 5 MG TABLET | 2 | |
| BETHANECHOL 50 MG TABLET | 2 | |
| BETHKIS 300 MG/4 ML AMPULE | 4 | SPP*: Must use CVS Specialty |
| BETIMOL 0.25% EYE DROPS | 3 | |
| BETIMOL 0.5% EYE DROPS | 3 | |
| BETOPTIC S 0.25% EYE DROPS | 3 | |
| BEVESPI AEROSPHERE INHALER | NC | |
| BEVYXXA 40 MG CAPSULE | NC | |
| BEVYXXA 80 MG CAPSULE | NC | |
| BEXAROTENE 75 MG CAPSULE | 2 | CH* |
| BEYAZ 28 TABLET | 4 | |
| BG-STAR GLUCOSE TEST STRIPS | NC | |
| BHT POWDER | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| BIAFINE EMULSION | NC | |
| BIAXIN 250 MG TABLET | NC | |
| BIAXIN 250 MG/5 ML SUSPENSION | NC | |
| BIAXIN 500 MG TABLET | NC | |
| BIAXIN XL 500 MG TABLET | NC | |
| BICALUTAMIDE 50 MG TABLET | 2 | CH* |
| BIDIL TABLET | 3 | |
| BILTRICIDE 600 MG TABLET | 4 | |
| BIMATOPROST 0.03% EYE DROPS | 2 | |
| BINOSTO 70 MG TABLET EFF | 4 | Max. 4 per 28 days HSA* |
| BIONECT 0.2% CREAM | NC | |
| BIONECT 0.2% FOAM | NC | |
| BIONECT 0.2% GEL | NC | |
| BIONECT 0.2% SPRAY | NC | |
| BISOPROLOL FUMARATE 10 MG TAB | 2 | HSA* |
| BISOPROLOL FUMARATE 5 MG TAB | 2 | HSA* |
| BISOPROLOL-HCTZ 10-6.25 MG TAB | 1 | HSA* |
| BISOPROLOL-HCTZ 2.5-6.25 MG TB | 2 | HSA* |
| BISOPROLOL-HCTZ 5-6.25 MG TAB | 1 | HSA* |
| BLEPH-10 10% EYE DROPS | 2 | |
| BLEPHAMIDE EYE DROPS | NC | |
| BLEPHAMIDE EYE OINTMENT | NC | |
| BLISOVI 24 FE TABLET | \$0 | ACA* |
| BLISOVI FE 1-20 TABLET | \$0 | ACA* |
| BLISOVI FE 1.5-30 TABLET | \$0 | ACA* |
| BLOOD GLUCOSE TEST STRIP | NC | |
| BLOOD GLUCOSE TEST STRIPS | NC | |
| BLOOD LANCETS 30G | 3 | HSA* |
| BONIVA 150 MG TABLET | NC | |
| BONIVA 3 MG/3 ML SYRINGE | MD | HSA*; SPP*: Must use CVS Specialty |
| BOSULIF 100 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| BOSULIF 400 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| BOSULIF 500 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| 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 |
| BP CLEANSING WASH | 4 | |
| BPO 4% GEL | 2 | |
| BPO 8% GEL | 2 | |
| BRAVELLE 75 UNIT VIAL | 4 | Max. 30 Days Supply IVF* |
| BREATHERITE MDI SPACER | MD | |
| BREATHRITE VALVED MDI CHAMBER | MD | |
| BREEZE 2 DISC TEST STRIP | NC | |
| BREO ELLIPTA 100-25 MCG INH | 3 | Max. 2 per day HSA* |
| BREO ELLIPTA 200-25 MCG INH | 3 | Max. 2 per day HSA* |
| BREVICON 28 TABLET | \$0 | ACA* |

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| BRIELLYN TABLET | \$0 | ACA* |
| BRILINTA 60 MG TABLET | 3 | HSA* |
| BRILINTA 90 MG TABLET | 3 | HSA* |
| BRIMONIDINE 0.2% EYE DROP | 1 | |
| BRIMONIDINE TARTRATE 0.15% DRP | 2 | |
| BRINTELLIX 10 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| BRINTELLIX 20 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| BRINTELLIX 5 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| BRISDELLE 7.5 MG CAPSULE | 4 | Step Therapy required |
| BRIVIACT 10 MG TABLET | NC | |
| 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 | |
| BROMFED DM COUGH SYRUP | NC | |
| BROMFENAC SODIUM 0.09% EYE DRP | 2 | |
| BROMOCRIPTINE 2.5 MG TABLET | 2 | |
| BROMOCRIPTINE 5 MG CAPSULE | 2 | |
| BROMPHENIR-PSEUDOEPHED-DM SYR | NC | |
| BROMSITE 0.075% EYE DROPS | NC | |
| BROVANA 15 MCG/2 ML SOLUTION | 4 | HSA* |
| BUCALSEP SOLUTION | NC | |
| BUDEPRION SR 150 MG TABLET | 2 | |
| BUDESONIDE 0.25 MG/2 ML SUSP | 2 | HSA* |
| BUDESONIDE 0.5 MG/2 ML SUSP | 2 | HSA* |
| BUDESONIDE 1 MG/2 ML INH SUSP | 2 | HSA* |
| BUDESONIDE 32 MCG NASAL SPRAY | NC | |
| BUDESONIDE EC 3 MG CAPSULE | 2 | |
| BULLSEYE MINI SAFETY 21G | 3 | HSA* |
| BULLSEYE MINI SAFETY 25G LANCT | 3 | HSA* |
| BUMETANIDE 0.5 MG TABLET | 1 | HSA* |
| BUMETANIDE 1 MG TABLET | 2 | HSA* |
| BUMETANIDE 2 MG TABLET | 2 | HSA* |
| BUNAVAIL 2.1-0.3 MG FILM | 4 | Max. 3 per day |
| BUNAVAIL 4.2-0.7 MG FILM | 4 | Max. 3 per day |
| BUNAVAIL 6.3-1 MG FILM | 4 | Max. 2 per day |
| BUPAP 50 MG-300 MG TABLET | NC | |
| BUPHENYL 500 MG TABLET | 4 | |
| BUPHENYL POWDER | NC | |
| BUPRENORPHIN-NALOXON 8-2 MG SL | 2 | |
| BUPRENORPHINE 10 MCG/HR PATCH | 3 | Max. 4 per 28 days |
| BUPRENORPHINE 15 MCG/HR PATCH | 3 | Max. 4 per 28 days |
| BUPRENORPHINE 2 MG TABLET SL | 2 | |
| BUPRENORPHINE 20 MCG/HR PATCH | 3 | Max. 4 per 28 days |
| BUPRENORPHINE 5 MCG/HR PATCH | 3 | Max. 4 per 28 days |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 3 | Max. 4 per 28 days |
| BUPRENORPHINE 8 MG TABLET SL | 2 | |
| BUPRENORPHN-NALOXN 2-0.5 MG SL | 2 | |
| BUPROBAN 150 MG TABLET | \$0 | Max. 180 Days Supply;Max. 180 in 365 days ACA* |
| BUPROPION HCL 100 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| BUPROPION HCL 75 MG TABLET | 2 | |
| BUPROPION HCL SR 100 MG TABLET | 2 | |
| BUPROPION HCL SR 150 MG TABLET | \$0 | Max. 180 Days Supply;Max. 180 in 365 days ACA* |
| BUPROPION HCL SR 150 MG TABLET | 2 | |
| BUPROPION HCL SR 200 MG TABLET | 2 | |
| BUPROPION HCL XL 150 MG TABLET | 2 | |
| BUPROPION HCL XL 300 MG TABLET | 2 | |
| BUSPIRONE HCL 10 MG TABLET | 2 | |
| BUSPIRONE HCL 15 MG TABLET | 2 | |
| BUSPIRONE HCL 30 MG TABLET | 2 | |
| BUSPIRONE HCL 5 MG TABLET | 1 | |
| BUSPIRONE HCL 7.5 MG TABLET | 2 | |
| BUTALB-ACETAMIN-CAFF 50-300-40 | 2 | |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 2 | |
| BUTALB-ACETAMIN-CAFF 50-500-40 | 2 | |
| BUTALB-ACETAMINOPH-CAFF-CODEIN | 2 | |
| BUTALB-ASPIRIN-CAFFE 50-325-40 | 2 | |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | 2 | |
| BUTALBIT-ACETAMINOPHEN-CAFF CP | 2 | |
| BUTALBITAL COMP-CODEINE #3 CAP | 2 | |
| BUTALBITAL-ACETAMINOPHN 50-300 | 2 | |
| BUTALBITAL-ACETAMINOPHN 50-325 | 2 | |
| BUTALBITAL-ASA-CAFFEINE CAP | 2 | |
| BUTISOL SODIUM 30 MG TABLET | NC | |
| BUTISOL SODIUM 30 MG/5 ML ELX | NC | |
| BUTISOL SODIUM 50 MG TABLET | NC | |
| BUTORPHANOL 10 MG/ML SPRAY | 2 | |
| BUTRANS 10 MCG/HR PATCH | 4 | Max. 4 per 28 days |
| BUTRANS 15 MCG/HR PATCH | 4 | Max. 4 per 28 days |
| BUTRANS 20 MCG/HR PATCH | 4 | Max. 4 per 28 days |
| BUTRANS 5 MCG/HR PATCH | 4 | Max. 4 per 28 days |
| BUTRANS 7.5 MCG/HR PATCH | 4 | Max. 4 per 28 days |
| BYDUREON 2 MG PEN INJECT | 3 | Max. 1 per 7 days;Step Therapy required HSA* |
| BYDUREON 2 MG VIAL | 3 | Max. 1 per 7 days;Step Therapy required HSA* |
| BYDUREON BCISE 2 MG AUTOINJECT | 3 | Max. 3.4 ML(s) per 28 days;Step Therapy required HSA* |
| BYETTA 10 MCG DOSE PEN INJ | 3 | Max. 2.4 ML(s) per 30 days;Step Therapy required HSA* |
| BYETTA 5 MCG DOSE PEN INJ | 3 | Max. 1.2 ML(s) per 30 days;Step Therapy required HSA* |
| BYSTOLIC 10 MG TABLET | 3 | HSA* |
| BYSTOLIC 2.5 MG TABLET | 3 | HSA* |
| BYSTOLIC 20 MG TABLET | 3 | HSA* |
| BYSTOLIC 5 MG TABLET | 3 | HSA* |
| BYVALSON 5 MG-80 MG TABLET | 3 | HSA* |

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|---------------------------|---|--|
| CABERGOLINE 0.5 MG TABLET | 2 | |
| CABOMETYX 20 MG TABLET | 5 | Max. 1 per day CH*; SPP*: CVS Specialty |
| CABOMETYX 40 MG TABLET | 5 | Max. 1 per day CH*; SPP*: CVS Specialty |
| CABOMETYX 60 MG TABLET | 5 | Max. 1 per day CH*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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 | |
| CAFECIT 20 MG/ML ORAL SOLN | NC | |
| CAFERGOT TABLET | NC | |
| CAFFEINE CIT 60 MG/3 ML ORAL | 2 | |
| 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 | |
| CALCIPOTRIENE 0.005% CREAM | 4 | |
| CALCIPOTRIENE 0.005% OINTMENT | 4 | |
| CALCIPOTRIENE 0.005% SOLUTION | 4 | |
| CALCIPOTRIENE-BETAMETH DP OINT | 4 | |
| CALCITONIN-SALMON 200 UNITS SP | 2 | |
| CALCITRENE 0.005% OINTMENT | 4 | |
| CALCITRIOL 0.25 MCG CAPSULE | 2 | |
| CALCITRIOL 0.5 MCG CAPSULE | 2 | |
| CALCITRIOL 1 MCG/ML SOLUTION | 2 | |
| CALCITRIOL 3 MCG/G OINTMENT | 2 | |
| CALCIUM ACETATE 667 MG GELCAP | 2 | |
| CALCIUM ACETATE 667 MG TABLET | 2 | |
| CALQUENCE 100 MG CAPSULE | NC | |
| CAMBIA 50 MG POWDER PACKET | NC | |
| CAMILA 0.35 MG TABLET | \$0 | ACA* |
| CAMPRAL DR 333 MG TABLET | 4 | |
| 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* |
| CANASA 1,000 MG SUPPOSITORY | 4 | |
| CANDESARTAN CILEXETIL 16 MG TB | 2 | HSA* |
| CANDESARTAN CILEXETIL 32 MG TB | 2 | HSA* |
| CANDESARTAN CILEXETIL 4 MG TAB | 2 | HSA* |
| CANDESARTAN CILEXETIL 8 MG TAB | 2 | HSA* |
| CANDESARTAN-HCTZ 16-12.5 MG TB | 2 | HSA* |
| CANDESARTAN-HCTZ 32-12.5 MG TB | 2 | HSA* |
| CANDESARTAN-HCTZ 32-25 MG TAB | 2 | HSA* |
| CANTIL 25 MG TABLET | 4 | |
| CAPACET CAPSULE | 2 | |
| CAPECITABINE 150 MG TABLET | 2 | CH*; SPP*: CVS Specialty |
| CAPECITABINE 500 MG TABLET | 2 | CH*; SPP*: CVS Specialty |
| CAPEX SHAMPOO | 4 | |
| CAPHOSOL SOLUTION | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| CAPITAL WITH CODEINE SUSP | NC | |
| CAPRELSA 100 MG TABLET | 5 | CH* |
| CAPRELSA 300 MG TABLET | 5 | CH* |
| CAPTOPRIL 100 MG TABLET | 2 | HSA* |
| CAPTOPRIL 12.5 MG TABLET | 2 | HSA* |
| CAPTOPRIL 25 MG TABLET | 2 | HSA* |
| CAPTOPRIL 50 MG TABLET | 1 | HSA* |
| CAPTOPRIL-HCTZ 25-15 MG TABLET | 2 | HSA* |
| CAPTOPRIL-HCTZ 25-25 MG TABLET | 2 | HSA* |
| CAPTOPRIL-HCTZ 50-15 MG TABLET | 2 | HSA* |
| CAPTOPRIL-HCTZ 50-25 MG TABLET | 2 | HSA* |
| CARAC 0.5% CREAM | NC | |
| CARAFATE 1 GM TABLET | NC | |
| CARAFATE 1 GM/10 ML SUSP | 4 | |
| CARBAGLU 200 MG DISPER TABLET | 5 | LDD*: Accredo (866) 815-4717 |
| CARBAMAZEPINE 100 MG TAB CHEW | 2 | |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 2 | |
| CARBAMAZEPINE 200 MG TABLET | 2 | |
| CARBAMAZEPINE ER 100 MG CAP | 2 | |
| CARBAMAZEPINE ER 100 MG TABLET | 2 | |
| CARBAMAZEPINE ER 200 MG CAP | 2 | |
| CARBAMAZEPINE ER 200 MG TABLET | 2 | |
| CARBAMAZEPINE ER 300 MG CAP | 2 | |
| CARBAMAZEPINE ER 400 MG TABLET | 2 | |
| CARBATROL ER 100 MG CAPSULE | NC | |
| CARBATROL ER 200 MG CAPSULE | NC | |
| CARBATROL ER 300 MG CAPSULE | NC | |
| CARBIDOPA 25 MG TABLET | 2 | |
| CARBIDOPA-LEVO 10-100 MG ODT | 2 | |
| CARBIDOPA-LEVO 25-100 MG ODT | 2 | |
| CARBIDOPA-LEVO 25-250 MG ODT | 2 | |
| CARBIDOPA-LEVO ER 25-100 TAB | 2 | |
| CARBIDOPA-LEVO ER 50-200 TAB | 2 | |
| CARBIDOPA-LEVODOPA 10-100 TAB | 2 | |
| CARBIDOPA-LEVODOPA 25-100 TAB | 2 | |
| CARBIDOPA-LEVODOPA 25-250 TAB | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 100 MG | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 125 MG | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 150 MG | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 200 MG | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 50 MG | 2 | |
| CARBIDOPA-LEVODOPA-ENTA 75 MG | 2 | |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 2 | |
| CARBINOXAMINE MALEATE 4 MG TAB | 2 | |
| CARDENE SR 30 MG CAPSULE | NC | |
| CARDENE SR 60 MG CAPSULE | NC | |
| CARDIOVID PLUS SOFTGEL | NC | |
| CARDIZEM 120 MG TABLET | NC | |
| CARDIZEM 30 MG TABLET | NC | |
| CARDIZEM 60 MG TABLET | NC | |
| CARDIZEM CD 120 MG CAPSULE | NC | |
| CARDIZEM CD 180 MG CAPSULE | NC | |

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|--------------------------------|----|------|
| CARDIZEM CD 240 MG CAPSULE | NC | |
| CARDIZEM CD 300 MG CAPSULE | NC | |
| CARDIZEM CD 360 MG CAPSULE | NC | |
| CARDIZEM LA 120 MG TABLET | 4 | 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 | |
| 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 | 4 | HSA* |
| CARDURA XL 8 MG TABLET | 4 | HSA* |
| CAREONE ULTRA THIN LANCET | 3 | HSA* |
| CAREPOINT LUER SLIP 1 ML SYRNG | 4 | |
| CARESENS N TEST STRIPS | NC | |
| CARESENS ULTRA THIN 30G LANCET | 3 | HSA* |
| CARETOUCH TWIST 28G LANCET | 3 | HSA* |
| CARETOUCH TWIST 30G LANCET | 3 | HSA* |
| CARISOPRODL-ASPIRIN 200-325 MG | 2 | |
| CARISOPRODOL 250 MG TABLET | 2 | |
| CARISOPRODOL 350 MG TABLET | 2 | |
| CARISOPRODOL-ASPIRIN-CODEIN TB | 2 | |
| CARNITOR 330 MG TABLET | NC | |
| CARNITOR SF 100 MG/ML ORAL SOL | NC | |
| CAROSPIR 25 MG/5 ML SUSPENSION | NC | |
| CARTEOLOL HCL 1% EYE DROPS | 2 | |
| CARTIA XT 120 MG CAPSULE | 2 | HSA* |
| CARTIA XT 180 MG CAPSULE | 2 | HSA* |
| CARTIA XT 240 MG CAPSULE | 2 | HSA* |
| CARTIA XT 300 MG CAPSULE | 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* |
| CARVEDILOL ER 10 MG CAPSULE | 3 | HSA* |
| CARVEDILOL ER 20 MG CAPSULE | 3 | HSA* |
| CARVEDILOL ER 40 MG CAPSULE | 3 | HSA* |
| CARVEDILOL ER 80 MG CAPSULE | 3 | HSA* |
| CASODEX 50 MG TABLET | NC | |
| CATAFLAM 50 MG TABLET | NC | |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|-------------------------------------|
| CAVERJECT 20 MCG VIAL | NC | |
| CAVERJECT 40 MCG VIAL | NC | |
| CAVERJECT IMPULSE 10 MCG KIT | NC | |
| CAVERJECT IMPULSE 20 MCG KIT | NC | |
| CAYA CONTOURED DIAPHRAGM | \$0 | ACA* |
| CAYSTON 75 MG INHAL SOLUTION | 5 | LDD*: IV Solutions. 1-800-658-6046. |
| CAZANT 28 DAY TABLET | \$0 | ACA* |
| CEDAX 180 MG/5 ML SUSPENSION | NC | |
| CEDAX 400 MG CAPSULE | NC | |
| CEFACLOR 125 MG/5 ML SUSP | 2 | |
| CEFACLOR 250 MG CAPSULE | 2 | |
| CEFACLOR 250 MG/5 ML SUSP | 2 | |
| CEFACLOR 375 MG/5 ML SUSPEN | 2 | |
| CEFACLOR 500 MG CAPSULE | 2 | |
| CEFACLOR ER 500 MG TABLET | 2 | |
| CEFADROXIL 1 GM TABLET | 2 | |
| CEFADROXIL 250 MG/5 ML SUSP | 2 | |
| CEFADROXIL 500 MG CAPSULE | 2 | |
| CEFADROXIL 500 MG/5 ML SUSP | 2 | |
| CEFDINIR 125 MG/5 ML SUSP | 2 | |
| CEFDINIR 250 MG/5 ML SUSP | 2 | |
| CEFDINIR 300 MG CAPSULE | 2 | |
| CEFDITOREN PIVOXIL 200 MG TAB | 2 | |
| CEFDITOREN PIVOXIL 400 MG TAB | 2 | |
| CEFIXIME 100 MG/5 ML SUSP | 2 | |
| CEFIXIME 200 MG/5 ML SUSP | 2 | |
| CEFPODOXIME 100 MG TABLET | 2 | |
| CEFPODOXIME 100 MG/5 ML SUSP | 2 | |
| CEFPODOXIME 200 MG TABLET | 2 | |
| CEFPODOXIME 50 MG/5 ML SUSP | 2 | |
| CEFPROZIL 125 MG/5 ML SUSP | 2 | |
| CEFPROZIL 250 MG TABLET | 2 | |
| CEFPROZIL 250 MG/5 ML SUSP | 2 | |
| CEFPROZIL 500 MG TABLET | 2 | |
| CEFTIBUTEN 180 MG/5 ML SUSP | 2 | |
| CEFTIBUTEN 400 MG CAPSULE | 2 | |
| CEFTIN 125 MG/5 ML ORAL SUSP | 4 | |
| CEFTIN 250 MG TABLET | NC | |
| CEFTIN 250 MG/5 ML ORAL SUSP | 4 | |
| CEFTIN 500 MG TABLET | NC | |
| CEFUROXIME AXETIL 250 MG TAB | 2 | |
| CEFUROXIME AXETIL 500 MG TAB | 2 | |
| CELACYN GEL | 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 | 2 | |
| CELECOXIB 200 MG CAPSULE | 2 | |
| CELECOXIB 400 MG CAPSULE | 2 | |
| CELECOXIB 50 MG CAPSULE | 2 | |
| CELEXA 10 MG TABLET | NC | |
| CELEXA 20 MG TABLET | NC | |
| CELEXA 40 MG TABLET | NC | |
| CELLCEPT 200 MG/ML ORAL SUSP | 4 | |
| CELLCEPT 250 MG CAPSULE | NC | |
| CELLCEPT 500 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| CELONTIN 300 MG KAPSEAL | 4 | |
| CENESTIN 0.3 MG TABLET | 4 | |
| CENESTIN 0.45 MG TABLET | 4 | |
| CENESTIN 0.625 MG TABLET | 4 | |
| CENESTIN 0.9 MG TABLET | 4 | |
| CENESTIN 1.25 MG TABLET | 4 | |
| CENTANY 2% OINTMENT | NC | |
| CENTANY AT 2% OINTMENT KIT | NC | |
| CEPHALEXIN 125 MG/5 ML SUSP | 2 | |
| CEPHALEXIN 250 MG CAPSULE | 1 | |
| CEPHALEXIN 250 MG TABLET | 1 | |
| CEPHALEXIN 250 MG/5 ML SUSP | 2 | |
| CEPHALEXIN 500 MG CAPSULE | 1 | |
| CEPHALEXIN 500 MG TABLET | 2 | |
| CEPHALEXIN 750 MG CAPSULE | 2 | |
| CERAMAX SKIN BARRIER CREAM | NC | |
| CERDELGA 84 MG CAPSULE | 4 | |
| CERVARIX VACCINE SYRINGE | \$0 | SPP*: Must use CVS Specialty Covered for females only;Not covered for members 27 and older ACA* |
| CESAMET 1 MG CAPSULE | 4 | Max. quantity of 18 per fill MQC*: 18 tabs/copay |
| CETACAINE ANESTHETIC LIQUID | NC | |
| CETACAINE SPRAY | NC | |
| CETIRIZINE HCL 1 MG/ML SOLN | NC | |
| CETRAXAL 0.2% EAR SOLUTION | NC | |
| CETROTIDE 0.25 MG KIT | 4 | Max. 30 Days Supply IVF* |
| CETYLEV 2.5 GM EFF TABLET | 4 | Max. quantity of 20 per fill |
| CETYLEV 500 MG EFF TABLET | 4 | Max. quantity of 20 per fill |
| CEVIMELINE HCL 30 MG CAPSULE | 2 | |
| CHANTIX 0.5 MG TABLET | \$0 | Max. 182 Days Supply ACA* |
| CHANTIX 1 MG CONT MONTH BOX | \$0 | Max. 182 Days Supply ACA* |
| CHANTIX 1 MG TABLET | \$0 | Max. 182 Days Supply ACA* |
| CHANTIX STARTING MONTH BOX | \$0 | Max. 182 Days Supply ACA* |
| CHATEAL-28 TABLET | \$0 | ACA* |
| CHEK-STIX STRIPS | 3 | |
| CHEMET 100 MG CAPSULE | 4 | |
| CHEMSTRIP 10 MD | 3 | |
| CHEMSTRIP 10 WITH SG | 3 | |
| CHEMSTRIP 2 GP | 3 | |
| CHEMSTRIP 50B | 3 | |
| CHEMSTRIP 7 | 3 | |
| CHEMSTRIP K | 3 | |
| CHEMSTRIP MICRAL TEST STRIP | NC | |
| CHEMSTRIP UGK | 3 | HSA* |
| CHEMSTRIP-9 | 3 | |
| CHENODAL 250 MG TABLET | NC | |
| CHERATUSSIN AC SYRUP | 2 | |
| CHERATUSSIN DAC SYRUP | NC | |
| CHLORDIAZEPO-AMITRIPTYL 5-12.5 | 2 | |
| CHLORDIAZEPOX-AMITRIPTYL 10-25 | 2 | |
| CHLORDIAZEPOXIDE 10 MG CAPSULE | 1 | |
| CHLORDIAZEPOXIDE 25 MG CAPSULE | 1 | |
| CHLORDIAZEPOXIDE 5 MG CAPSULE | 2 | |
| CHLORDIAZEPOXIDE-CLIDINIUM CAP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| CHLORHEXIDINE 0.12% RINSE | 2 | |
| CHLORHEXIDINE GLUC 20% SOLN | NC | |
| CHLOROQUINE PH 250 MG TABLET | 2 | |
| CHLOROQUINE PH 500 MG TABLET | 2 | |
| CHLOROTHIAZIDE 250 MG TABLET | 1 | HSA* |
| CHLOROTHIAZIDE 500 MG TABLET | 2 | HSA* |
| CHLORPROMAZINE 10 MG TABLET | 2 | |
| CHLORPROMAZINE 100 MG TABLET | 2 | |
| CHLORPROMAZINE 200 MG TABLET | 2 | |
| CHLORPROMAZINE 25 MG TABLET | 2 | |
| CHLORPROMAZINE 50 MG TABLET | 2 | |
| CHLORPROPAMIDE 100 MG TABLET | 2 | HSA* |
| CHLORPROPAMIDE 250 MG TABLET | 2 | HSA* |
| CHLORTHALIDONE 25 MG TABLET | 2 | HSA* |
| CHLORTHALIDONE 50 MG TABLET | 2 | HSA* |
| CHLORZOXAZONE 250 MG TABLET | 2 | |
| CHLORZOXAZONE 500 MG TABLET | 2 | |
| CHOICE-TABS TABLET | NC | |
| CHOICEDM CLARUS TEST STRIPS | NC | |
| CHOICEDM G20 TEST STRIPS | NC | |
| CHOLBAM 250 MG CAPSULE | NC | |
| CHOLBAM 50 MG CAPSULE | NC | |
| CHOLESTEROL POWDER | NC | |
| CHOLESTYRAMINE LIGHT PACKET | 2 | HSA* |
| CHOLESTYRAMINE PACKET | 2 | HSA* |
| CHOLINE MAG TRISAL LIQUID | 2 | |
| CHORIONIC GONAD 10,000 UNIT VL | 3 | Max. 30 Days Supply IVF* |
| CIALIS 10 MG TABLET | 3 | 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 | 3 | Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| CIALIS 20 MG TABLET | 3 | 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 | 3 | Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| CICLODAN 0.77% CREAM | NC | |
| CICLODAN 0.77% CREAM KIT | NC | |
| CICLODAN 8% KIT | NC | |
| CICLODAN 8% SOLUTION | NC | |
| CICLOPIROX 0.77% CREAM | 2 | |
| CICLOPIROX 0.77% GEL | 2 | |
| CICLOPIROX 0.77% TOPICAL SUSP | 2 | |
| CICLOPIROX 1% SHAMPOO | 2 | |
| CICLOPIROX 8% SOLUTION | 2 | |
| CICLOPIROX 8% TREATMENT KIT | NC | |
| CILOSTAZOL 100 MG TABLET | 2 | HSA* |
| CILOSTAZOL 50 MG TABLET | 2 | HSA* |
| CILOXAN 0.3% EYE DROPS | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| CILOXAN 0.3% OINTMENT | 4 | |
| CIMETIDINE 200 MG TABLET | 1 | |
| CIMETIDINE 300 MG TABLET | 1 | |
| CIMETIDINE 300 MG/5 ML SOLN | 2 | |
| CIMETIDINE 400 MG TABLET | 1 | |
| CIMETIDINE 800 MG TABLET | 2 | |
| CIMZIA 200 MG VIAL KIT | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| CIMZIA 200 MG/ML SYRINGE KIT | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| CINRYZE 500 UNIT VIAL | MD | Prior Authorization required;Max. 2 per 3 days SPP*: Must use CVS Specialty |
| CIPRO 10% SUSPENSION | NC | |
| CIPRO 250 MG TABLET | NC | |
| CIPRO 5% SUSPENSION | NC | |
| CIPRO 500 MG TABLET | NC | |
| CIPRO HC OTIC SUSPENSION | 4 | |
| CIPRO XR 1,000 MG TABLET | NC | |
| CIPRO XR 500 MG TABLET | NC | |
| CIPRODEX OTIC SUSPENSION | 3 | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 2 | |
| CIPROFLOXACIN 0.3% EYE DROP | 2 | |
| CIPROFLOXACIN 250 MG/5 ML SUSP | 2 | |
| CIPROFLOXACIN 500 MG/5 ML SUSP | 2 | |
| CIPROFLOXACIN ER 1,000 MG TAB | 2 | |
| CIPROFLOXACIN ER 500 MG TABLET | 2 | |
| CIPROFLOXACIN HCL 100 MG TAB | 2 | |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | |
| CITALOPRAM HBR 10 MG TABLET | 1 | |
| CITALOPRAM HBR 10 MG/5 ML SOLN | 2 | |
| CITALOPRAM HBR 20 MG TABLET | 1 | |
| CITALOPRAM HBR 40 MG TABLET | 1 | |
| CITRIC ACID POWDER | NC | |
| CITRIC ACID POWDER | NC | |
| CLARAVIS 10 MG CAPSULE | 2 | |
| CLARAVIS 20 MG CAPSULE | 2 | |
| CLARAVIS 30 MG CAPSULE | 2 | |
| CLARAVIS 40 MG CAPSULE | 2 | |
| CLARINEX 0.5 MG/ML (2.5 MG/5) | 4 | |
| CLARINEX 5 MG TABLET | NC | |
| CLARINEX-D 12 HOUR TABLET | NC | |
| CLARINEX-D 24 HOUR TABLET | NC | |
| CLARIS CLARIFYING WASH | NC | |
| CLARITHROMYCIN 125 MG/5 ML SUS | 2 | |
| CLARITHROMYCIN 250 MG TABLET | 2 | |
| CLARITHROMYCIN 250 MG/5 ML SUS | 2 | |
| CLARITHROMYCIN 500 MG TABLET | 2 | |
| CLARITHROMYCIN ER 500 MG TAB | 2 | |
| CLEMASTINE 0.5 MG/5 ML SYRUP | 2 | |
| CLEMASTINE FUM 2.68 MG TAB | 2 | |
| CLEOCIN 100 MG VAGINAL OVULE | 4 | |
| CLEOCIN 2% VAGINAL CREAM | NC | |
| 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 | |
| CLEOCIN T 1% GEL | NC | |
| CLEOCIN T 1% LOTION | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| CLEOCIN T 1% PLEDGETS | NC | |
| CLEOCIN T 1% SOLUTION | NC | |
| CLEVER CHEK ULTRA THIN 30G | 3 | HSA* |
| CLEVER CHOICE CHAMBER-LRG MASK | MD | |
| 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 | |
| CLIMARA 0.025 MG/DAY PATCH | NC | |
| CLIMARA 0.0375 MG/DAY PATCH | NC | |
| CLIMARA 0.05 MG/DAY PATCH | NC | |
| CLIMARA 0.06 MG/DAY PATCH | NC | |
| CLIMARA 0.075 MG/DAY PATCH | NC | |
| CLIMARA 0.1 MG/DAY PATCH | NC | |
| CLIMARA PRO PATCH | 3 | |
| CLIND PH-BENZOYL PEROX 1.2-5% | 2 | |
| CLINDA-TRETINOIN 1.2%-0.025% | NC | |
| CLINDACIN ETZ 1% PLEDGET | NC | |
| CLINDACIN PAC KIT | NC | |
| CLINDAGEL 1% GEL | NC | |
| CLINDAMYCIN 2% VAGINAL CREAM | 2 | |
| CLINDAMYCIN 75 MG/5 ML SOLN | 2 | |
| CLINDAMYCIN HCL 150 MG CAPSULE | 1 | |
| CLINDAMYCIN HCL 300 MG CAPSULE | 2 | |
| CLINDAMYCIN HCL 75 MG CAPSULE | 2 | |
| CLINDAMYCIN PH 1% GEL | 2 | |
| CLINDAMYCIN PH 1% SOLUTION | 2 | |
| CLINDAMYCIN PHOS 1% PLEDGET | 2 | |
| CLINDAMYCIN PHOSP 1% LOTION | 2 | |
| CLINDAMYCIN PHOSPHATE 1% FOAM | 2 | |
| CLINDAMYCIN-BENZOYL PEROX 1-5% | 2 | |
| CLINDESSE 2% VAGINAL CREAM | 4 | |
| CLINPRO 5000 1.1% TOOTHPASTE | NC | |
| CLOBETASOL 0.05% CREAM | 2 | |
| CLOBETASOL 0.05% GEL | 2 | |
| CLOBETASOL 0.05% OINTMENT | 2 | |
| CLOBETASOL 0.05% SHAMPOO | 2 | |
| CLOBETASOL 0.05% SOLUTION | 2 | |
| CLOBETASOL 0.05% TOPICAL LOTN | 2 | |
| CLOBETASOL PROP 0.05% FOAM | 2 | |
| CLOBETASOL PROP 0.05% SPRAY | 2 | |
| CLOBEX 0.05% SHAMPOO | NC | |
| CLOBEX 0.05% SPRAY | NC | |
| CLOBEX 0.05% TOPICAL LOTION | NC | |
| CLOCORTOLONE PIVALATE 0.1% CRM | 2 | |
| CLODAN 0.05% KIT | NC | |
| CLODAN 0.05% SHAMPOO | NC | |
| CLODERM 0.1% CREAM | NC | |
| CLOMIPHENE CITRATE 50 MG TAB | 2 | |
| CLOMIPRAMINE 25 MG CAPSULE | 2 | |
| CLOMIPRAMINE 50 MG CAPSULE | 2 | |
| CLOMIPRAMINE 75 MG CAPSULE | 2 | |
| CLONAZEPAM 0.125 MG DIS TAB | 2 | |
| CLONAZEPAM 0.25 MG ODT | 2 | |
| CLONAZEPAM 0.5 MG DIS TABLET | 2 | |
| CLONAZEPAM 0.5 MG TABLET | 1 | |
| CLONAZEPAM 1 MG DIS TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| CLONAZEPAM 1 MG TABLET | 1 | |
| CLONAZEPAM 2 MG ODT | 2 | |
| CLONAZEPAM 2 MG TABLET | 1 | |
| CLONIDINE 0.1 MG/DAY PATCH | 2 | HSA* |
| CLONIDINE 0.2 MG/DAY PATCH | 2 | HSA* |
| CLONIDINE 0.3 MG/DAY PATCH | 2 | 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* |
| CLONIDINE HCL ER 0.1 MG TABLET | 2 | |
| CLOPIDOGREL 300 MG TABLET | 2 | HSA* |
| CLOPIDOGREL 75 MG TABLET | 1 | HSA* |
| CLORAZEPATE 15 MG TABLET | 2 | |
| CLORAZEPATE 3.75 MG TABLET | 2 | |
| CLORAZEPATE 7.5 MG TABLET | 2 | |
| CLORPRES 0.1-15 TABLET | 2 | HSA* |
| CLORPRES 0.2-15 TABLET | 2 | HSA* |
| CLORPRES 0.3-15 TABLET | 2 | HSA* |
| CLOTRIMAZOLE 1% CREAM | NC | |
| CLOTRIMAZOLE 1% SOLUTION | NC | |
| CLOTRIMAZOLE 10 MG TROCHE | 2 | |
| CLOTRIMAZOLE-BETAMETHASONE CRM | 2 | |
| CLOTRIMAZOLE-BETAMETHASONE LOT | 2 | |
| CLOZAPINE 100 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE 200 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE 25 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE 50 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE ODT 100 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE ODT 12.5 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE ODT 150 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE ODT 200 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZAPINE ODT 25 MG TABLET | 2 | Max. 28 Days Supply |
| CLOZARIL 100 MG TABLET | NC | |
| CLOZARIL 25 MG TABLET | NC | |
| COAGUCHEK LANCETS | 3 | HSA* |
| COARTEM TABLETS | 4 | Max. quantity of 24 per fill MQC*: 24 tabs/copay |
| CODEINE SULFATE 15 MG TABLET | 2 | |
| CODEINE SULFATE 30 MG TABLET | 2 | |
| CODEINE SULFATE 30 MG/5 ML SOL | NC | |
| CODEINE SULFATE 60 MG TABLET | 2 | |
| CODEINE-GUAIFEN 10-100 MG/5 ML | 2 | |
| COLAZAL 750 MG CAPSULE | NC | |
| COLCHICINE 0.6 MG CAPSULE | 2 | |
| COLCHICINE 0.6 MG TABLET | 2 | |
| COLCRYS 0.6 MG TABLET | NC | |
| COLESTID 1 GM TABLET | NC | |
| COLESTID FLAVORED GRANULES | NC | |
| COLESTIPOL HCL GRANULES PACKET | 2 | HSA* |
| COLESTIPOL MICRONIZED 1 GM TAB | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| COLOCORT 100 MG ENEMA | 2 | |
| COLY-MYCIN S OTIC SUSP DROP | 4 | |
| COLYTE WITH FLAVOR PACKETS | NC | |
| COMBIGAN 0.2%-0.5% EYE DROPS | 3 | |
| COMBIPATCH 0.05-0.14 MG PTCH | 3 | |
| COMBIPATCH 0.05-0.25 MG PTCH | 3 | |
| COMBISTIX REAGENT STRIPS | 3 | |
| COMBIVENT INHALER | NC | |
| COMBIVENT RESPIMAT INHAL SPRAY | 3 | HSA* |
| COMBIVIR TABLET | NC | |
| COMETRIQ 100 MG DAILY-DOSE PK | 4 | CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118. |
| COMETRIQ 140 MG DAILY-DOSE PK | 4 | CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118. |
| COMETRIQ 60 MG DAILY-DOSE PACK | 4 | CH*; LDD*: Diplomat Pharmacy. 1-877-977-9118. |
| COMFORT EZ SAFETY 21G LANCETS | 3 | HSA* |
| COMFORT EZ SAFETY 23G LANCETS | 3 | HSA* |
| COMFORT EZ SAFETY 28G LANCETS | 3 | HSA* |
| COMFORT LANCETS | 3 | HSA* |
| COMFORT PAC-CYCLOBENZAPRINE KT | NC | |
| COMFORT PAC-IBUPROFEN KIT | NC | |
| COMFORT PAC-NAPROXEN KIT | NC | |
| COMPACT SPACE CHAMBER | MD | |
| COMPACT SPACE CHAMBER PLUS | MD | |
| COMPAZINE 10 MG TABLET | NC | |
| COMPAZINE 25 MG SUPPOSITORY | NC | |
| COMPAZINE 5 MG TABLET | NC | |
| COMPLERA TABLET | 4 | |
| COMPRO 25 MG SUPPOSITORY | 2 | |
| COMTAN 200 MG TABLET | NC | |
| CONCEPTROL GEL | \$0 | ACA* |
| CONCERTA ER 18 MG TABLET | NC | |
| CONCERTA ER 27 MG TABLET | NC | |
| CONCERTA ER 36 MG TABLET | NC | |
| CONCERTA ER 54 MG TABLET | NC | |
| CONDYLOX 0.5% GEL | 3 | |
| CONDYLOX 0.5% TOPICAL SOLN | NC | |
| CONSTULOSE 10 GM/15 ML SOLN | 2 | |
| CONTOUR NEXT STRIPS | NC | |
| CONTOUR TEST STRIPS | NC | |
| CONTROL AST TEST STRIP | NC | |
| CONTROL TEST STRIPS | NC | |
| CONZIP 100 MG CAPSULE | NC | |
| CONZIP 200 MG CAPSULE | NC | |
| CONZIP 300 MG CAPSULE | NC | |
| COOL GLUCOSE TEST STRIP | NC | |
| COPAXONE 20 MG/ML SYRINGE | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| COPAXONE 40 MG/ML SYRINGE | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| COPEGUS 200 MG TABLET | NC | |
| CORDARONE 200 MG TABLET | NC | |
| CORDRAN 0.05% CREAM | NC | |
| CORDRAN 0.05% LOTION | 4 | |
| CORDRAN 0.05% OINTMENT | 4 | |
| CORDRAN 4 MCG/SQ CM TAPE LARGE | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| 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 | 4 | HSA* |
| COREG CR 20 MG CAPSULE | 4 | HSA* |
| COREG CR 40 MG CAPSULE | 4 | HSA* |
| COREG CR 80 MG CAPSULE | 4 | HSA* |
| CORGARD 20 MG TABLET | NC | |
| CORGARD 40 MG TABLET | NC | |
| CORGARD 80 MG TABLET | NC | |
| CORIFACT KIT | MD | |
| CORLANOR 5 MG TABLET | 3 | SPP*: Must use CVS Specialty Prior Authorization required;Max. 2 per day HSA* |
| CORLANOR 7.5 MG TABLET | 3 | Prior Authorization required;Max. 2 per day HSA* |
| CORMAX 0.05% SOLUTION | 2 | |
| CORNWALL SYRINGES LUER-LOK | 3 | |
| CORNWALL SYRINGES LUER-LOK | 3 | |
| CORNWALL SYRINGES LUER-LOK | 3 | |
| CORTANE-B LOTION | NC | |
| CORTANE-B OTIC DROPS | 2 | |
| CORTEF 10 MG TABLET | NC | |
| CORTEF 20 MG TABLET | NC | |
| CORTEF 5 MG TABLET | NC | |
| CORTENEMA 100 MG/60 ML ENEMA | NC | |
| CORTIFOAM 10% AEROSOL | NC | |
| CORTISONE 25 MG TABLET | 2 | |
| CORTISPORIN CREAM | 4 | |
| CORTISPORIN OINTMENT | 4 | |
| CORTISPORIN-TC EAR SUSPENSION | 4 | |
| CORVITA TABLET | NC | |
| CORVITE TABLET | NC | |
| CORZIDE 40-5 TABLET | NC | |
| CORZIDE 80-5 TABLET | NC | |
| COSENTYX 300 MG DOSE-2 PENS | 5 | Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| COSENTYX 300 MG DOSE-2 SYRINGE | 5 | Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| COSOPT EYE DROPS | NC | |
| COSOPT PF EYE DROPS | NC | |
| COTABFLU TABLET | NC | |
| COTELLIC 20 MG TABLET | 4 | CH*; SPP*: 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 | |
| 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 | |
| COVARYX H.S. TABLET | 2 | Max. 30 Days Supply |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| COVARYX TABLET | 2 | Max. 30 Days Supply |
| COZAAR 100 MG TABLET | NC | |
| COZAAR 25 MG TABLET | NC | |
| COZAAR 50 MG TABLET | NC | |
| CREON DR 12,000 UNITS CAPSULE | 3 | |
| CREON DR 24,000 UNITS CAPSULE | 3 | |
| CREON DR 3,000 UNITS CAPSULE | 3 | |
| CREON DR 36,000 UNITS CAPSULE | 3 | |
| CREON DR 6,000 UNITS CAPSULE | 3 | |
| CRESEMBA 186 MG CAPSULE | 5 | Prior Authorization required |
| CRESTOR 10 MG TABLET | NC | |
| CRESTOR 20 MG TABLET | NC | |
| CRESTOR 40 MG TABLET | NC | |
| CRESTOR 5 MG TABLET | NC | |
| CRESYLATE EAR DROPS | 2 | |
| CRINONE 4% GEL | 3 | Max. 30 Days Supply IVF* |
| CRINONE 8% GEL | 3 | Max. 30 Days Supply IVF* |
| CRIXIVAN 200 MG CAPSULE | 3 | |
| CRIXIVAN 400 MG CAPSULE | 3 | |
| CROMOLYN 100 MG/5 ML ORAL CONC | 2 | HSA* |
| CROMOLYN 20 MG/2 ML NEB SOLN | 2 | HSA* |
| CROMOLYN 4% EYE DROPS | 2 | HSA* |
| CRYSSELLE-28 TABLET | \$0 | ACA* |
| CUPRIMINE 250 MG CAPSULE | 3 | Prior Authorization required |
| CUROSURF 120 MG/1.5 ML VIAL | NC | |
| CUTIVATE 0.05% CREAM | NC | |
| CUTIVATE 0.05% LOTION | NC | |
| CUVPOSA 1 MG/5 ML SOLUTION | 4 | SPP*: Must use CVS Specialty |
| CVS ADVANCED GLUCOSE TEST STR | NC | |
| CVS CHILD ASPIRIN 81 MG CHW TB | \$0 | ACA* |
| CVS CHILDREN'S VIT D 400 UNIT | \$0 | Not covered for members 64 and younger ACA* |
| CVS KETONE CARE TEST STRIPS | 3 | |
| CVS THIN 26G LANCETS | 3 | HSA* |
| CVS ULTRA THIN 30G LANCETS | 3 | HSA* |
| CYANOCOBALAMIN 1,000 MCG/ML | 2 | |
| CYCLAFEM 1-35-28 TABLET | \$0 | ACA* |
| CYCLAFEM 7-7-7-28 TABLET | \$0 | ACA* |
| CYCLESSA 28 DAY TABLET | NC | |
| CYCLOBENZAPRINE 10 MG TABLET | 1 | |
| CYCLOBENZAPRINE 5 MG TABLET | 1 | |
| CYCLOBENZAPRINE 7.5 MG TABLET | 2 | |
| 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 | 2 | |
| CYCLOPENTOLATE 1% EYE DROPS | 2 | |
| CYCLOPENTOLATE HCL 2% DROPS | 2 | |
| CYCLOPENTOLATE-LIDOC-PE-TROPIC | 2 | |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE | 3 | CH* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| CYCLOPHOSPHAMIDE 25 MG TAB | 2 | CH* |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE | 3 | CH* |
| CYCLOPHOSPHAMIDE 50 MG TABLET | 2 | CH* |
| CYCLOSERINE 250 MG CAPSULE | 2 | |
| CYCLOSET 0.8 MG TABLET | 3 | HSA* |
| CYCLOSPORINE 100 MG CAPSULE | 2 | |
| CYCLOSPORINE 100 MG/ML SOLN | 2 | |
| CYCLOSPORINE 25 MG CAPSULE | 2 | |
| CYCLOSPORINE MODIFIED 100 MG | 2 | |
| CYCLOSPORINE MODIFIED 25 MG | 2 | |
| CYCLOSPORINE MODIFIED 50 MG | 2 | |
| CYMBALTA 20 MG CAPSULE | NC | |
| CYMBALTA 30 MG CAPSULE | NC | |
| CYMBALTA 60 MG CAPSULE | NC | |
| CYPROHEPTADINE 2 MG/5 ML SYRUP | 2 | |
| CYPROHEPTADINE 4 MG TABLET | 2 | |
| CYRED 28 DAY TABLET | \$0 | ACA* |
| CYSTADANE 1 GRAM/1.7 ML POWDER | 5 | LDD*: AnovoRX (888) 487-4703 |
| CYSTAGON 150 MG CAPSULE | 5 | |
| CYSTAGON 50 MG CAPSULE | 5 | |
| CYSTARAN 0.44% EYE DROPS | 5 | LDD*: Walgreens Specialty.CYSTARAN Hotline: 1-877-534-9627. |
| CYTOMEL 25 MCG TABLET | NC | |
| CYTOMEL 5 MCG TABLET | NC | |
| CYTOMEL 50 MCG TABLET | NC | |
| CYTOTEC 100 MCG TABLET | NC | |
| CYTOTEC 200 MCG TABLET | NC | |
| CYTRA-2 ORAL SOLUTION | 2 | |
| CYTRA-3 SYRUP | 2 | |
| CYTRA-K CRYSTALS PACKET | 2 | |
| CYTRA-K ORAL SOLUTION | 2 | |

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|--------------------------------|----|--|
| D-AMPHETAMINE ER 10 MG CAPSULE | 2 | Max. 60 Days Supply |
| D-AMPHETAMINE ER 15 MG CAPSULE | 2 | Max. 60 Days Supply |
| D-AMPHETAMINE ER 5 MG CAPSULE | 2 | Max. 60 Days Supply |
| D.H.E.45 1 MG/ML AMPUL | NC | |
| DAKLINZA 30 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| DAKLINZA 60 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| DAKLINZA 90 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| DALIRESP 500 MCG TABLET | 3 | HSA* |
| DANAZOL 100 MG CAPSULE | 2 | |
| DANAZOL 200 MG CAPSULE | 2 | |
| DANAZOL 50 MG CAPSULE | 2 | |
| DANTRIUM 100 MG CAPSULE | NC | |
| DANTRIUM 25 MG CAPSULE | NC | |
| DANTRIUM 50 MG CAPSULE | NC | |
| DANTROLENE SODIUM 100 MG CAP | 2 | |
| DANTROLENE SODIUM 25 MG CAP | 2 | |
| DANTROLENE SODIUM 50 MG CAP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| DAPSONE 100 MG TABLET | 2 | |
| DAPSONE 25 MG TABLET | 2 | |
| DAPSONE 5% GEL | 3 | |
| DARAPRIM 25 MG TABLET | 5 | Prior Authorization required |
| DARIFENACIN ER 15 MG TABLET | 2 | |
| DARIFENACIN ER 7.5 MG TABLET | 2 | |
| DARIO BLOOD GLUCOSE TEST STRIP | NC | |
| DASETTA 1-35-28 TABLET | \$0 | ACA* |
| DASETTA 7/7/7-28 TABLET | \$0 | ACA* |
| DAXBIA 333 MG CAPSULE | NC | |
| DAYPRO 600 MG CAPLET | NC | |
| DAYSEE 0.15-0.03-0.01 MG TAB | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| DAYTRANA 10 MG/9 HR PATCH | 4 | Max. 60 Days Supply |
| DAYTRANA 15 MG/9 HR PATCH | 4 | Max. 60 Days Supply |
| DAYTRANA 20 MG/9 HOUR PATCH | 4 | Max. 60 Days Supply |
| DAYTRANA 30 MG/9 HOUR PATCH | 4 | Max. 60 Days Supply |
| 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 | |
| DEBACTEROL SWABSTICK | 4 | |
| DEBLITANE 0.35 MG TABLET | \$0 | ACA* |
| DECARA 50,000 UNIT SOFTGEL | 4 | |
| DELTA D3 400 UNIT TABLET | \$0 | Not covered for members 64 and younger ACA* |
| DELTASONE 20 MG TABLET | 1 | |
| DELYLA-28 TABLET | \$0 | ACA* |
| DELZICOL DR 400 MG CAPSULE | 3 | |
| DEMADEX 10 MG TABLET | NC | |
| DEMADEX 100 MG TABLET | NC | |
| DEMADEX 20 MG TABLET | NC | |
| DEMADEX 5 MG TABLET | NC | |
| DEMECLOCYCLINE 150 MG TABLET | 2 | |
| DEMECLOCYCLINE 300 MG TABLET | 2 | |
| DEMEROL 100 MG TABLET | NC | |
| DEMEROL 50 MG TABLET | NC | |
| DEMSEER 250 MG CAPSULE | NC | |
| DEMULEN 1-50-21 TABLET | NC | |
| DENAVIR 1% CREAM | 4 | Max. 5 GM(s) in 30 days |
| DENTA 5000 PLUS CREAM | 1 | |
| DENTAGEL 1.1% GEL | 1 | |
| 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 | |
| DEPEN 250 MG TITRATAB | 3 | Prior Authorization required |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| DEPO-SUBQ PROVERA 104 SYRINGE | \$0 | Max. 1 ML(s) in 60 days ACA* |
| DEPO-TESTOSTERONE 100 MG/ML VL | 4 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 ML(s) in 30 days |
| DEPO-TESTOSTERONE 200 MG/ML | 4 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 4 ML(s) in 30 days |
| DEPRIZINE ORAL SUSPENSION | NC | |
| DERMA-SMOOTH-FS SCALP OIL | NC | |
| DERMACINRX LEXITRAL PHARMAPAK | 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 | 2 | |
| DERMOTIC OIL 0.01% EAR DROPS | NC | |
| DESCOVY 200-25 MG TABLET | 4 | |
| DESIPRAMINE 10 MG TABLET | 2 | |
| DESIPRAMINE 100 MG TABLET | 2 | |
| DESIPRAMINE 150 MG TABLET | 2 | |
| DESIPRAMINE 25 MG TABLET | 2 | |
| DESIPRAMINE 50 MG TABLET | 2 | |
| DESIPRAMINE 75 MG TABLET | 2 | |
| DESLORATADINE 2.5 MG ODT | NC | |
| DESLORATADINE 5 MG ODT | NC | |
| DESLORATADINE 5 MG TABLET | NC | |
| DESMOPRESSIN 0.1 MG/ML SOL | 2 | |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 2 | |
| DESMOPRESSIN AC 4 MCG/ML VIAL | NC | |
| DESMOPRESSIN ACETATE 0.1 MG TB | 2 | |
| DESMOPRESSIN ACETATE 0.2 MG TB | 2 | |
| DESOGEN 28 DAY TABLET | NC | |
| DESOGEST-ETH ESTRA 0.15-0.03MG | \$0 | ACA* |
| DESOGESTR-ETH ESTRAD ETH ESTRA | \$0 | ACA* |
| DESONATE 0.05% GEL | 4 | |
| DESONIDE 0.05% CREAM | 2 | |
| DESONIDE 0.05% LOTION | 2 | |
| DESONIDE 0.05% OINTMENT | 2 | |
| DESOWEN 0.05% CREAM | NC | |
| DESOWEN 0.05% LOTION | NC | |
| DESOXIMETASONE 0.05% CREAM | 2 | |
| DESOXIMETASONE 0.05% GEL | 2 | |
| DESOXIMETASONE 0.05% OINTMENT | 2 | |
| DESOXIMETASONE 0.25% CREAM | 2 | |
| DESOXIMETASONE 0.25% OINTMENT | 2 | |
| DESOPYN 5 MG TABLET | NC | |
| DESVENLAFAXINE ER 100 MG TAB | 3 | |
| DESVENLAFAXINE ER 50 MG TAB | 3 | |
| DESVENLAFAXINE SUC ER 100 MG | 3 | |
| DESVENLAFAXINE SUC ER 25 MG TB | 3 | |
| DESVENLAFAXINE SUC ER 50 MG TB | 3 | |
| DETROL 1 MG TABLET | NC | |
| DETROL 2 MG TABLET | NC | |
| DETROL LA 2 MG CAPSULE | NC | |
| DETROL LA 4 MG CAPSULE | NC | |
| DEXAMETHASONE 0.1% EYE DROP | 2 | |
| DEXAMETHASONE 0.5 MG TABLET | 1 | |
| DEXAMETHASONE 0.5 MG/5 ML ELX | 2 | |
| DEXAMETHASONE 0.75 MG TABLET | 1 | |
| DEXAMETHASONE 1 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| DEXAMETHASONE 1.5 MG TABLET | 1 | |
| DEXAMETHASONE 10 MG/ML VIAL | MD | |
| DEXAMETHASONE 2 MG TABLET | 2 | |
| DEXAMETHASONE 4 MG TABLET | 1 | |
| DEXAMETHASONE 4 MG/ML VIAL | MD | |
| DEXAMETHASONE 6 MG TABLET | 2 | |
| DEXAMETHASONE INTENSOL 1MG/1ML | 3 | |
| DEXEDRINE 10 MG TABLET | NC | |
| DEXEDRINE 5 MG TABLET | NC | |
| DEXEDRINE SPANSULE 10 MG | NC | |
| DEXEDRINE SPANSULE 15 MG | NC | |
| DEXEDRINE SPANSULE 5 MG | NC | |
| DEXILANT DR 30 MG CAPSULE | 5 | Prior Authorization required |
| DEXILANT DR 60 MG CAPSULE | 5 | Prior Authorization required |
| DEXMETHYLPHENIDATE 10 MG TAB | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE 2.5 MG TAB | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE 5 MG TAB | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 10 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 15 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 20 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 25 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 30 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 35 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 40 MG CP | 2 | Max. 60 Days Supply |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 2 | Max. 60 Days Supply |
| DEXPAK 10 DAY 1.5 MG TABLET | NC | |
| DEXPAK 13 DAY 1.5 MG TABLET | NC | |
| DEXPAK 6 DAY 1.5 MG TABLET | NC | |
| DEXTROAMP-AMPHET ER 10 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHET ER 15 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHET ER 20 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHET ER 25 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHET ER 30 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHET ER 5 MG CAP | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAM 12.5 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAM 7.5 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAMIN 10 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAMIN 15 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMPHETAMINE 10 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMPHETAMINE 5 MG TAB | 2 | Max. 60 Days Supply |
| DEXTROAMPHETAMINE 5 MG/5 ML | 2 | Max. 60 Days Supply |
| DIABETA 1.25 MG TABLET | NC | |
| DIABETA 2.5 MG TABLET | NC | |
| DIABETA 5 MG TABLET | NC | |
| DIALYVITE TABLET | 2 | |
| DIALYVITE WITH ZINC TABLET | 2 | |
| DIAMOX SEQUELS ER 500 MG CAP | NC | |
| DIASCREEN 10 REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 1B REAGENT STRIPS | 3 | |
| DIASCREEN 1G REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 1K REAGENT STRIPS | 3 | |
| DIASCREEN 2GK REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 2GP STRIPS | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| DIASCREEN 3 REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 4NL REAGENT STRIPS | 3 | |
| DIASCREEN 4OBL REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 4PH REAGENT STRIPS | 3 | |
| DIASCREEN 5 REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 7 REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 8 REAGENT STRIPS | 3 | HSA* |
| DIASCREEN 9 REAGENT STRIPS | 3 | HSA* |
| DIASTAT 2.5 MG PEDI SYSTEM | NC | |
| DIASTAT ACUDIAL 12.5-15-20 MG | NC | |
| DIASTAT ACUDIAL 5-7.5-10 MG KT | NC | |
| DIASTIX REAGENT STRIPS | 3 | HSA* |
| DIATRUE PLUS TEST STRIP | NC | |
| DIAZEPAM 10 MG RECTAL GEL SYST | 2 | |
| DIAZEPAM 10 MG TABLET | 1 | |
| DIAZEPAM 2 MG TABLET | 1 | |
| DIAZEPAM 2.5 MG RECTAL GEL SYS | 2 | |
| DIAZEPAM 20 MG RECTAL GEL SYST | 2 | |
| DIAZEPAM 5 MG TABLET | 1 | |
| DIAZEPAM 5 MG/5 ML SOLUTION | 2 | |
| DIAZEPAM 5 MG/ML ORAL CONC | 2 | |
| DIAZEPAM 5 MG/ML VIAL | 2 | |
| DIBENZYLINE 10 MG CAPSULE | NC | |
| DICLEGIS DR 10-10 MG TABLET | 4 | |
| DICLOFENAC 0.1% EYE DROPS | 2 | |
| DICLOFENAC 1.5% TOPICAL SOLN | 2 | |
| DICLOFENAC POT 50 MG TABLET | 2 | |
| DICLOFENAC SOD EC 25 MG TAB | 2 | |
| DICLOFENAC SOD EC 50 MG TAB | 2 | |
| DICLOFENAC SOD EC 75 MG TAB | 2 | |
| DICLOFENAC SOD ER 100 MG TAB | 2 | |
| DICLOFENAC SODIUM 1% GEL | 2 | |
| DICLOFENAC SODIUM 3% GEL | 2 | Step Therapy required |
| DICLOFENAC-MISOPROST 50-200 TB | 2 | |
| DICLOFENAC-MISOPROST 75-200 TB | 2 | |
| DICLOTRAL PAK | NC | |
| DICLOXACILLIN 250 MG CAPSULE | 2 | |
| DICLOXACILLIN 500 MG CAPSULE | 2 | |
| DICOPANOL ORAL SUSPENSION | NC | |
| DICYCLOMINE 10 MG CAPSULE | 2 | |
| DICYCLOMINE 10 MG/5 ML SOLN | 2 | |
| DICYCLOMINE 20 MG TABLET | 2 | |
| DIDANOSINE DR 125 MG CAPSULE | 2 | |
| DIDANOSINE DR 200 MG CAPSULE | 2 | |
| DIDANOSINE DR 250 MG CAPSULE | 2 | |
| DIDANOSINE DR 400 MG CAPSULE | 2 | |
| DIFFERIN 0.1% CREAM | NC | |
| DIFFERIN 0.1% GEL | NC | |
| DIFFERIN 0.1% LOTION | NC | |
| DIFFERIN 0.3% GEL PUMP | NC | |
| DIFICID 200 MG TABLET | 3 | Limit fills to 1 in 30 days;Max. 20 per 10 days |
| DIFLORASONE 0.05% CREAM | 2 | |
| DIFLORASONE 0.05% OINTMENT | 2 | |
| DIFLUCAN 10 MG/ML SUSPENSION | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| 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 | |
| DIFLUNISAL 500 MG TABLET | 2 | |
| DIGITEK 125 MCG TABLET | 2 | HSA* |
| DIGITEK 250 MCG TABLET | 2 | HSA* |
| DIGOX 125 MCG TABLET | 2 | HSA* |
| DIGOX 250 MCG TABLET | 2 | HSA* |
| DIGOXIN 0.05 MG/ML SOLUTION | 3 | HSA* |
| DIGOXIN 125 MCG TABLET | 2 | HSA* |
| DIGOXIN 250 MCG TABLET | 2 | HSA* |
| DIHYDROERGOTAMINE 1 MG/ML AMP | 2 | |
| DIHYDROERGOTAMINE 4 MG/ML SPRY | 4 | |
| DILACOR XR 240 MG CAPSULE | NC | |
| DILANTIN 100 MG CAPSULE | 4 | |
| DILANTIN 125 MG/5 ML SUSP | 4 | |
| DILANTIN 30 MG CAPSULE | 4 | |
| DILANTIN 50 MG INFATAB | 4 | |
| DILATRATE-SR 40 MG CAPSULE | 4 | |
| DILAUDID 2 MG TABLET | NC | |
| DILAUDID 4 MG TABLET | NC | |
| DILAUDID 5 MG/5 ML ORAL LIQUID | NC | |
| DILAUDID 8 MG TABLET | NC | |
| DILT XR 120 MG CAPSULE | 2 | HSA* |
| DILT XR 180 MG CAPSULE | 2 | HSA* |
| DILT XR 240 MG CAPSULE | 2 | HSA* |
| DILT-CD 120 MG CAPSULE | 2 | HSA* |
| DILT-CD ER 300 MG CAPSULE | 2 | HSA* |
| DILTIAZEM 120 MG TABLET | 2 | HSA* |
| DILTIAZEM 12HR ER 120 MG CAP | 2 | HSA* |
| DILTIAZEM 12HR ER 60 MG CAP | 2 | HSA* |
| DILTIAZEM 12HR ER 90 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 120 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 180 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 180 MG TAB | 2 | HSA* |
| DILTIAZEM 24HR ER 240 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 240 MG TAB | 2 | HSA* |
| DILTIAZEM 24HR ER 300 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 300 MG TAB | 2 | HSA* |
| DILTIAZEM 24HR ER 360 MG CAP | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| DILTIAZEM 24HR ER 360 MG TAB | 2 | HSA* |
| DILTIAZEM 24HR ER 420 MG CAP | 2 | HSA* |
| DILTIAZEM 24HR ER 420 MG TAB | 2 | HSA* |
| DILTIAZEM 30 MG TABLET | 2 | HSA* |
| DILTIAZEM 60 MG TABLET | 2 | HSA* |
| DILTIAZEM 90 MG TABLET | 2 | HSA* |
| DILTZAC ER 120 MG CAPSULE | 2 | HSA* |
| DILTZAC ER 180 MG CAPSULE | 2 | HSA* |
| DILTZAC ER 240 MG CAPSULE | 2 | HSA* |
| DILTZAC ER 300 MG CAPSULE | 2 | HSA* |
| DILTZAC ER 360 MG CAPSULE | 2 | HSA* |
| DIMETHYL SULFOXIDE LIQUID | 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 | |
| DIPENTUM 250 MG CAPSULE | 4 | |
| DIPHENOXYLAT-ATROP 2.5-0.025/5 | 2 | |
| DIPHENOXYLATE-ATROP 2.5-0.025 | 2 | |
| DIPROLENE 0.05% LOTION | NC | |
| DIPROLENE 0.05% OINTMENT | NC | |
| DIPROLENE AF 0.05% CREAM | NC | |
| DIPYRIDAMOLE 25 MG TABLET | 2 | HSA* |
| DIPYRIDAMOLE 50 MG TABLET | 2 | HSA* |
| DIPYRIDAMOLE 75 MG TABLET | 2 | HSA* |
| DISALCID 500 MG TABLET | NC | |
| DISALCID 750 MG TABLET | NC | |
| DISKETS 40 MG TABLET DISPR | 2 | |
| DISOPYRAMIDE 100 MG CAPSULE | 2 | |
| DISOPYRAMIDE 150 MG CAPSULE | 2 | |
| DISULFIRAM 250 MG TABLET | 2 | |
| DISULFIRAM 500 MG TABLET | 2 | |
| DITROPAN XL 10 MG TABLET | NC | |
| DITROPAN XL 15 MG TABLET | NC | |
| DITROPAN XL 5 MG TABLET | NC | |
| DIURIL 250 MG/5 ML ORAL SUSP | 4 | HSA* |
| DIVALPROEX DR 125 MG CAP SPRNK | 2 | |
| DIVALPROEX SOD DR 125 MG TAB | 2 | |
| DIVALPROEX SOD DR 250 MG TAB | 2 | |
| DIVALPROEX SOD DR 500 MG TAB | 2 | |
| DIVALPROEX SOD ER 250 MG TAB | 2 | |
| DIVALPROEX SOD ER 500 MG TAB | 2 | |
| DIVIGEL 1 MG GEL PACKET | 3 | |
| DOFETILIDE 125 MCG CAPSULE | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| DOFETILIDE 250 MCG CAPSULE | 3 | |
| DOFETILIDE 500 MCG CAPSULE | 3 | |
| DOLOPHINE HCL 10 MG TABLET | NC | |
| DOLOPHINE HCL 5 MG TABLET | NC | |
| DONEPEZIL HCL 10 MG TABLET | 1 | |
| DONEPEZIL HCL 23 MG TABLET | 2 | |
| DONEPEZIL HCL 5 MG TABLET | 1 | |
| DONEPEZIL HCL ODT 10 MG TABLET | 2 | |
| DONEPEZIL HCL ODT 5 MG TABLET | 2 | |
| DORAL 15 MG TABLET | NC | |
| DORYX DR 150 MG TABLET | NC | |
| DORYX DR 200 MG TABLET | NC | |
| DORYX DR 50 MG TABLET | NC | |
| DORYX MPC DR 120 MG TABLET | 2 | |
| DORZOLAMIDE HCL 2% EYE DROPS | 2 | |
| DORZOLAMIDE-TIMOLOL EYE DROPS | 2 | |
| DOVER BULB SYRINGE 60 ML | 3 | |
| DOVONEX 0.005% CREAM | NC | |
| DOXAZOSIN MESYLATE 1 MG TAB | 2 | HSA* |
| DOXAZOSIN MESYLATE 2 MG TAB | 2 | HSA* |
| DOXAZOSIN MESYLATE 4 MG TAB | 2 | HSA* |
| DOXAZOSIN MESYLATE 8 MG TAB | 2 | HSA* |
| DOXEPIN 10 MG CAPSULE | 2 | |
| DOXEPIN 10 MG/ML ORAL CONC | 2 | |
| DOXEPIN 100 MG CAPSULE | 2 | |
| DOXEPIN 150 MG CAPSULE | 2 | |
| DOXEPIN 25 MG CAPSULE | 2 | |
| DOXEPIN 5% CREAM | 2 | |
| DOXEPIN 50 MG CAPSULE | 2 | |
| DOXEPIN 75 MG CAPSULE | 2 | |
| DOXERCALCIFEROL 0.5 MCG CAP | 2 | |
| DOXERCALCIFEROL 1 MCG CAPSULE | 2 | |
| DOXERCALCIFEROL 2.5 MCG CAP | 2 | |
| DOXYCYCLINE 25 MG/5 ML SUSP | 2 | |
| DOXYCYCLINE HYC DR 100 MG TAB | 4 | |
| DOXYCYCLINE HYC DR 150 MG TAB | 4 | |
| DOXYCYCLINE HYC DR 200 MG TAB | 4 | |
| DOXYCYCLINE HYC DR 50 MG TAB | 4 | |
| DOXYCYCLINE HYC DR 75 MG TAB | 4 | |
| DOXYCYCLINE HYCLATE 100 MG CAP | 2 | |
| DOXYCYCLINE HYCLATE 100 MG TAB | 2 | |
| DOXYCYCLINE HYCLATE 150 MG TAB | NC | |
| DOXYCYCLINE HYCLATE 20 MG TAB | 2 | |
| DOXYCYCLINE HYCLATE 50 MG CAP | 2 | |
| DOXYCYCLINE HYCLATE 75 MG TAB | NC | |
| DOXYCYCLINE IR-DR 40 MG CAP | NC | |
| DOXYCYCLINE MONO 100 MG CAP | 2 | |
| DOXYCYCLINE MONO 100 MG TABLET | 4 | |
| DOXYCYCLINE MONO 150 MG CAP | 4 | |
| DOXYCYCLINE MONO 150 MG TABLET | 2 | |
| DOXYCYCLINE MONO 50 MG CAP | 2 | |
| DOXYCYCLINE MONO 50 MG TABLET | 4 | |
| DOXYCYCLINE MONO 75 MG CAPSULE | 4 | |
| DOXYCYCLINE MONO 75 MG TABLET | 2 | |
| DRISDOL 50,000 UNITS CAPSULE | NC | |
| DRITHOCREME HP 1% CREAM | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| DRONABINOL 10 MG CAPSULE | 2 | |
| DRONABINOL 2.5 MG CAPSULE | 2 | |
| DRONABINOL 5 MG CAPSULE | 2 | |
| DROPLET 30G LANCETS | 3 | |
| DROSP-EE-LEVOMEF 3-0.02-0.451 | \$0 | HSA* ACA* |
| DROSPIRENONE-EE 3-0.02 MG TAB | \$0 | ACA* |
| DROSPIRENONE-EE 3-0.03 MG TAB | \$0 | ACA* |
| DROXIA 200 MG CAPSULE | 4 | |
| DROXIA 300 MG CAPSULE | 4 | |
| DROXIA 400 MG CAPSULE | 4 | |
| DRYSOL DAB-O-MATIC SOLUTION | 4 | |
| DUAC 1.2-5% GEL | NC | |
| DUAVEE 0.45-20 MG TABLET | 5 | Prior Authorization required HSA* |
| DUETACT 30-2 MG TABLET | NC | |
| DUETACT 30-4 MG TABLET | NC | |
| DUEXIS 800-26.6 MG TABLET | NC | |
| DULERA 100 MCG/5 MCG INHALER | 3 | Max. 13 GM(s) in 30 days HSA* |
| DULERA 200 MCG/5 MCG INHALER | 3 | Max. 13 GM(s) in 30 days HSA* |
| DULOXETINE HCL DR 20 MG CAP | 2 | |
| DULOXETINE HCL DR 30 MG CAP | 2 | |
| DULOXETINE HCL DR 40 MG CAP | 2 | |
| DULOXETINE HCL DR 60 MG CAP | 2 | |
| DUONEB 0.5 MG-3 MG/3 ML SOLN | NC | |
| DUOPA 4.63 MG-20 MG/ML SUSPENS | NC | |
| DUPIXENT 300 MG/2 ML SAFE SYRG | 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 | |
| DUREZOL 0.05% EYE DROPS | 4 | |
| DURLAZA ER 162.5 MG CAPSULE | NC | |
| DUTASTERIDE 0.5 MG CAPSULE | 2 | |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 | 2 | |
| DUTOPROL 100-12.5 MG TABLET | NC | |
| DUTOPROL 25-12.5 MG TABLET | NC | |
| DUTOPROL 50-12.5 MG TABLET | NC | |
| DUZALLO 200-200 MG TABLET | 4 | Prior Authorization required;Max. 1 per day |
| DUZALLO 200-300 MG TABLET | 4 | Prior Authorization required;Max. 1 per day |
| DYANAVEL XR 2.5 MG/ML SUSP | NC | |
| DYAZIDE 37.5-25 CAPSULE | NC | |
| DYMISTA NASAL SPRAY | 3 | |
| DYRENIUM 100 MG CAPSULE | 4 | HSA* |
| DYRENIUM 50 MG CAPSULE | 4 | HSA* |
| 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 |
| E | | |
| E-Z JECT LANCETS | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| E-Z SPACER | MD | |
| E-ZJECT COLOR 32G LANCETS | 3 | HSA* |
| E-ZJECT COLOR 33G LANCETS | 3 | HSA* |
| E-ZJECT SUPER THIN 30G LANCETS | 3 | HSA* |
| E-ZJECT THIN LANCETS | 3 | HSA* |
| E.E.S. 200 MG/5 ML GRANULES | 2 | |
| E.E.S. 400 FILMTAB | 2 | |
| EASIVENT HOLDING CHAMBER | MD | |
| EASIVENT MASK-LARGE | MD | |
| EASIVENT MASK-MEDIUM | MD | |
| EASIVENT MASK-SMALL | MD | |
| EASY COMFORT 30G LANCETS | 3 | HSA* |
| EASY GLIDE CATH TIP 60 ML SYRN | 4 | |
| EASY GLIDE DENTAL IRR 10ML SYR | 4 | |
| EASY GLIDE LUER LOCK 1 ML SYR | 4 | |
| EASY GLIDE LUER LOCK 10 ML SYR | 4 | |
| EASY GLIDE LUER LOCK 3 ML SYR | 4 | |
| EASY GLIDE LUER LOCK 60 ML SYR | 4 | |
| EASY GLIDE LUER SLIP TB 1 ML | 4 | |
| 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 | 3 | HSA* |
| EASY TOUCH FLIPLK 10ML 18GX1.5 | 4 | |
| EASY TOUCH FLIPLK 10ML 20GX1.5 | 3 | |
| EASY TOUCH FLIPLK 10ML 21GX1.5 | 3 | |
| EASY TOUCH FLIPLK 10ML 22GX1.5 | 4 | |
| EASY TOUCH FLIPLK 5 ML 20GX1.5 | 3 | |
| EASY TOUCH FLIPLK 5 ML 21GX1.5 | 3 | |
| EASY TOUCH FLIPLK 5 ML 22GX1.5 | 3 | |
| EASY TOUCH FLIPLK 5 ML 25GX5/8 | 4 | |
| EASY TOUCH FLIPLK 1 ML 25GX1 | 3 | |
| EASY TOUCH FLIPLK 10ML 21GX1 | 4 | |
| EASY TOUCH FLIPLK 3 ML 18GX1 | 4 | |
| EASY TOUCH FLIPLK 3 ML 19GX1 | 4 | |
| EASY TOUCH FLIPLK 3 ML 20GX1 | 3 | |
| EASY TOUCH FLIPLK 3 ML 21GX1 | 3 | |
| EASY TOUCH FLIPLK 3 ML 22GX1 | 3 | |
| EASY TOUCH FLIPLK 3 ML 23GX1 | 3 | |
| EASY TOUCH FLIPLK 3 ML 25GX1 | 3 | |
| EASY TOUCH FLIPLK 5 ML 18GX1 | 4 | |
| EASY TOUCH FLIPLK 5 ML 20GX1 | 3 | |
| EASY TOUCH FLIPLK 5 ML 21GX1 | 4 | |
| EASY TOUCH FLIPLK 5 ML 25GX1 | 4 | |
| EASY TOUCH FLIPLK 10 ML 18GX1 | 4 | |
| EASY TOUCH FLIPLK 10 ML 20GX1 | 3 | |
| EASY TOUCH FLIPLK 10 ML 25GX1 | 4 | |
| EASY TOUCH FLIPLK 1ML 26GX3/8 | 3 | |
| EASY TOUCH FLIPLK 3ML 18GX1.5 | 4 | |
| EASY TOUCH FLIPLK 3ML 19GX1.5 | 4 | |
| EASY TOUCH FLIPLK 3ML 20GX1.5 | 3 | |
| EASY TOUCH FLIPLK 3ML 21GX1.5 | 3 | |
| EASY TOUCH FLIPLK 3ML 22GX1.5 | 3 | |

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

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------------------|
| EASY TOUCH SHEATHLOCK 10ML SYR | 4 | |
| EASY TOUCH SHEATHLOCK 3 ML SYR | 3 | |
| EASY TOUCH SHEATHLOCK 5 ML SYR | 4 | |
| EASY TOUCH SYR 1 ML 25GX5/8" | 3 | |
| EASY TOUCH SYR 3 ML 22GX1-1/2" | 3 | |
| EASY TOUCH SYR 3 ML 25GX5/8" | 3 | |
| EASY TOUCH SYRINGE 1 ML 25GX1" | 3 | |
| EASY TOUCH SYRINGE 3 ML 20GX1" | 3 | |
| EASY TOUCH SYRINGE 3 ML 21GX1" | 3 | |
| EASY TOUCH SYRINGE 3 ML 22GX1" | 3 | |
| EASY TOUCH SYRINGE 3 ML 23GX1" | 3 | |
| EASY TOUCH SYRINGE 3 ML 25GX1" | 3 | |
| EASY TOUCH TB FLP 1 ML 26GX5/8 | 4 | |
| EASY TOUCH TB FLP 1 ML 27GX1/2 | 4 | |
| EASY TOUCH TB FLP 1 ML 28GX1/2 | 4 | |
| EASY TOUCH TB SHLK 1ML 25GX5/8 | 3 | |
| EASY TOUCH TB SHLK 1ML 26GX5/8 | 4 | |
| EASY TOUCH TB SHLK 1ML 27GX1/2 | 4 | |
| EASY TOUCH TB SHLK 1ML 28GX1/2 | 3 | |
| EASY TOUCH TWIST 28G LANCETS | 3 | |
| EASY TOUCH TWIST 30G LANCETS | 3 | HSA* |
| EASY TOUCH TWIST 32G LANCETS | 3 | HSA* |
| EASY TOUCH TWIST 33G LANCETS | 3 | HSA* |
| EASY TOUCH UNI-SLIP 10 ML SYR | 4 | |
| EASY TOUCH UNI-SLIP 3 ML SYR | 4 | |
| EASY TOUCH UNI-SLIP 5 ML SYR | 4 | |
| EASY TRAK GLUCOSE TEST STRIP | NC | |
| EASY TWIST & CAP 28G LANCETS | 3 | HSA* |
| EASYGLUCO PLUS TEST STRIPS | NC | |
| EASYGLUCO TEST STRIPS | NC | |
| EASYMAX 15 GLUCOSE TEST STRIP | NC | |
| EASYMAX GLUCOSE TEST STRIPS | NC | |
| EC-NAPROSYN EC 375 MG TABLET | NC | |
| EC-NAPROSYN EC 500 MG TABLET | NC | |
| ECONAZOLE NITRATE 1% CREAM | 2 | |
| ECONTRA EZ 1.5 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| ECOTRIN EC 325 MG TABLET | \$0 | ACA* |
| ECOTRIN EC 81 MG TABLET | NC | |
| ECOZA 1% FOAM | NC | |
| ECPIRIN EC 325 MG TABLET | \$0 | ACA* |
| EDARBI 40 MG TABLET | 4 | HSA* |
| EDARBI 80 MG TABLET | 4 | HSA* |
| EDARBYCLOR 40-12.5 MG TABLET | NC | |
| EDARBYCLOR 40-25 MG TABLET | NC | |
| EDECIN 25 MG TABLET | NC | |
| EDEX 10 MCG CARTRIDGE 2-PK KIT | NC | |
| EDEX 20 MCG CARTRIDGE 2-PK KIT | NC | |
| EDEX 40 MCG CARTRIDGE 2-PK KIT | NC | |
| EDLUAR 10 MG SL TABLET | NC | |
| EDLUAR 5 MG SL TABLET | NC | |
| EDURANT 25 MG TABLET | 4 | |
| EFFER-K 10 MEQ TABLET EFF | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|---|
| EFFER-K 20 MEQ TABLET EFF | NC | |
| EFFER-K 25 MEQ TABLET EFF | 2 | |
| EFFEXOR XR 150 MG CAPSULE | NC | |
| EFFEXOR XR 37.5 MG CAPSULE | NC | |
| EFFEXOR XR 75 MG CAPSULE | NC | |
| EFFIENT 10 MG TABLET | 4 | HSA* |
| EFFIENT 5 MG TABLET | 4 | HSA* |
| EFUDEX 5% CREAM | NC | |
| EGRIFTA 1 MG VIAL | NC | |
| ELDEPRYL 5 MG CAPSULE | NC | |
| ELDERCAPS CAPSULE | NC | |
| ELEMENT COMPACT TEST STRIPS | NC | |
| ELEMENT TEST STRIPS | NC | |
| ELESTAT 0.05% EYE DROPS | NC | |
| ELESTRIN 0.06% GEL | NC | |
| ELETONE CREAM | NC | |
| ELETONE CREAM TWIN PACK | NC | |
| ELETRIPTAN HBR 20 MG TABLET | 3 | Max. quantity of 12 per fill MQC*: 12 tabs per copay |
| ELETRIPTAN HBR 40 MG TABLET | 3 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| ELIDEL 1% CREAM | 4 | Prior Authorization required |
| ELIMITE 5% CREAM | NC | |
| ELINEST-28 TABLET | \$0 | ACA* |
| ELIPHOS 667 MG TABLET | 2 | |
| ELIQUIS 2.5 MG TABLET | 3 | HSA* |
| ELIQUIS 5 MG TABLET | 3 | HSA* |
| ELIXOPHYLLIN 80 MG/15 ML ELIX | 2 | HSA* |
| ELLA 30 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| ELMIRON 100 MG CAPSULE | 4 | |
| ELOCON 0.1% CREAM | NC | |
| ELOCON 0.1% LOTION | NC | |
| ELOCON 0.1% OINTMENT | NC | |
| ELOCTATE 3,000 UNIT NOMINAL | MD | SPP*: Must use CVS Specialty |
| EMADINE 0.05% EYE DROPS | 4 | |
| 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 |
| EMBRACE 30G LANCETS | 3 | HSA* |
| EMBRACE EVO TEST STRIPS | NC | |
| EMBRACE PRO TEST STRIPS | NC | |
| EMBRACE TEST STRIPS | NC | |
| EMCYT 140 MG CAPSULE | 3 | CH* |
| EMEND 125 MG CAPSULE | 4 | Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 cap/copay |
| EMEND 125 MG POWDER PACKET | 4 | Max. 30 Days Supply;Max. quantity of 1 per fill MQC*: 1 packet/copay |
| EMEND 40 MG CAPSULE | 4 | Max. 30 Days Supply;Max. quantity of 4 per fill MQC*: 4 caps/copay |
| EMEND 80 MG CAPSULE | 4 | Max. 30 Days Supply;Max. quantity of 2 per fill MQC*: 2 caps/copay |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| EMEND TRIPACK | 4 | Max. 30 Days Supply;Max. quantity of 3 per fill MQC*: 1 pack/copay |
| EMFLAZA 18 MG TABLET | NC | |
| EMFLAZA 22.75 MG/ML ORAL SUSP | NC | |
| EMFLAZA 30 MG TABLET | NC | |
| EMFLAZA 36 MG TABLET | NC | |
| EMFLAZA 6 MG TABLET | NC | |
| EMLA CREAM | NC | |
| EMOQUETTE 28 DAY TABLET | \$0 | ACA* |
| EMSAM 12 MG/24 HOURS PATCH | 4 | |
| EMSAM 6 MG/24 HOURS PATCH | 4 | |
| EMSAM 9 MG/24 HOURS PATCH | 4 | |
| EMTRIVA 10 MG/ML SOLUTION | 4 | |
| EMTRIVA 200 MG CAPSULE | 4 | |
| EMULSION SB TOPICAL EMULSION | 2 | |
| EMVERM 100 MG TABLET CHEW | NC | |
| ENABLEX 15 MG TABLET | 4 | |
| ENABLEX 7.5 MG TABLET | 4 | |
| ENALAPRIL MALEATE 10 MG TAB | 2 | HSA* |
| ENALAPRIL MALEATE 2.5 MG TAB | 2 | HSA* |
| ENALAPRIL MALEATE 20 MG TAB | 2 | HSA* |
| ENALAPRIL MALEATE 5 MG TABLET | 2 | HSA* |
| ENALAPRIL-HCTZ 10-25 MG TABLET | 1 | HSA* |
| ENALAPRIL-HCTZ 5-12.5 MG TAB | 1 | HSA* |
| ENBREL 25 MG KIT | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| ENBREL 25 MG/0.5 ML SYRINGE | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| ENBREL 50 MG/ML SURECLICK SYR | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| ENBREL 50 MG/ML SYRINGE | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| ENDOCET 10-325 MG TABLET | 2 | |
| ENDOCET 10-650 MG TABLET | 2 | |
| ENDOCET 2.5-325 MG TABLET | 2 | |
| ENDOCET 5-325 TABLET | 2 | |
| ENDOCET 7.5-325 MG TABLET | 2 | |
| ENDOCET 7.5-500 MG TABLET | 2 | |
| ENDODAN 4.8355-325 MG TABLET | 2 | |
| ENDOMETRIN 100 MG SUPPOSITORY | 3 | Max. 30 Days Supply IVF* |
| 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 |
| ENJUVA 0.3 MG TABLET | 3 | |
| ENJUVA 0.45 MG TABLET | 3 | |
| ENJUVA 0.625 MG TABLET | 3 | |
| ENJUVA 0.9 MG TABLET | 3 | |
| ENJUVA 1.25 MG TABLET | 3 | |
| ENOXAPARIN 100 MG/ML SYRINGE | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 120 MG/0.8 ML SYR | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 150 MG/ML SYRINGE | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 30 MG/0.3 ML SYR | 2 | HSA*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|----------------------------------|------|--|
| ENOXAPARIN 300 MG/3 ML VIAL | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 40 MG/0.4 ML SYR | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 60 MG/0.6 ML SYR | 2 | HSA*; SPP*: CVS Specialty |
| ENOXAPARIN 80 MG/0.8 ML SYR | 2 | HSA*; SPP*: CVS Specialty |
| ENPRESSE-28 TABLET | \$0 | ACA* |
| ENSKYCE 28 TABLET | \$0 | ACA* |
| ENSTILAR 0.005%-0.064% FOAM | NC | |
| ENTACAPONE 200 MG TABLET | 2 | |
| ENTECAVIR 0.5 MG TABLET | 2 | |
| ENTECAVIR 1 MG TABLET | 2 | |
| ENTEREG 12 MG CAPSULE | NC | |
| ENTOCORT EC 3 MG CAPSULE | NC | |
| ENTRESTO 24 MG-26 MG TABLET | 3 | Prior Authorization required;Max. 2 per day HSA* |
| ENTRESTO 49 MG-51 MG TABLET | 3 | Prior Authorization required;Max. 2 per day HSA* |
| ENTRESTO 97 MG-103 MG TABLET | 3 | Prior Authorization required;Max. 2 per day HSA* |
| ENULOSE 10 GM/15 ML SOLUTION | 2 | |
| ENVARUS XR 0.75 MG TABLET | NC | |
| ENVARUS XR 1 MG TABLET | NC | |
| ENVARUS XR 4 MG TABLET | NC | |
| EPANED 1 MG/ML ORAL SOLUTION | NC | |
| EPLUSA 400 MG-100 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| EPICERAM SKIN BARRIER EMULSION | NC | |
| EPIDUO 0.1-2.5% GEL PUMP | 4 | Prior Authorization required |
| EPIDUO FORTE 0.3-2.5% GEL PUMP | 4 | Prior Authorization required |
| EPIFOAM FOAM | NC | |
| EPINASTINE HCL 0.05% EYE DROPS | 2 | |
| EPINEPHRINE 0.15 MG AUTO-INJECT | 2 | Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 2 | Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| EPIPEN 0.3 MG AUTO-INJECTOR | 4 | Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| EPIPEN 2-PAK 0.3 MG AUTO-INJECT | 4 | Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| EPIPEN JR 2-PAK 0.15 MG INJECTOR | 4 | Max. quantity of 2 per fill HSA*; MQC*: 2 units/copay |
| EPISIL LIQUID | NC | |
| EPITOL 200 MG TABLET | 2 | |
| 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 | 3 | |
| EPLERENONE 25 MG TABLET | 2 | HSA* |
| EPLERENONE 50 MG TABLET | 2 | HSA* |
| EPOGEN 10,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| EPOGEN 2,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| EPOGEN 20,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| EPOGEN 3,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| EPOGEN 4,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| EPROSARTAN MESYLATE 600 MG TAB | 2 | HSA* |
| EPZICOM TABLET | 4 | |
| EQ BLOOD GLUCOSE TEST STRIP | NC | |
| EQUETRO 100 MG CAPSULE | 4 | |
| EQUETRO 200 MG CAPSULE | 4 | |
| EQUETRO 300 MG CAPSULE | 4 | |
| ERGOLOID MESYLATES 1 MG TAB | 2 | |
| ERGOMAR 2 MG TABLET SL | 3 | |
| ERGOTAMINE-CAFFEINE 1-100MG TB | 2 | |
| ERIVEDGE 150 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| ERRIN 0.35 MG TABLET | \$0 | ACA* |
| ERTACZO 2% CREAM | 5 | Prior Authorization required |
| ERY 2% PADS | 2 | |
| ERY-TAB EC 250 MG TABLET | 2 | |
| ERY-TAB EC 333 MG TABLET | 4 | |
| ERY-TAB EC 500 MG TABLET | 2 | |
| ERYGEL 2% GEL | NC | |
| ERYPED 200 MG/5 ML SUSPENSION | NC | |
| ERYPED 400 MG/5 ML SUSPENSION | 4 | |
| ERYTHROCIN 250 MG FILMTAB | 2 | |
| ERYTHROMYCIN 0.5% EYE OINTMENT | 2 | |
| ERYTHROMYCIN 2% GEL | 2 | |
| ERYTHROMYCIN 2% PLEDGETS | 2 | |
| ERYTHROMYCIN 2% SOLUTION | 2 | |
| ERYTHROMYCIN 200 MG/5 ML GRAN | 2 | |
| ERYTHROMYCIN 250 MG FILMTAB | 2 | |
| ERYTHROMYCIN 500 MG FILMTAB | 2 | |
| ERYTHROMYCIN DR 250 MG CAP | 2 | |
| ERYTHROMYCIN ES 400 MG TAB | 2 | |
| ERYTHROMYCIN-BENZOYL GEL | 2 | |
| ERYTHROMYCIN-SULFISOX SUSP | 2 | |
| ESBRIET 267 MG CAPSULE | 3 | Max. 9 per day SPP*: Must use CVS Specialty |
| ESBRIET 267 MG TABLET | 3 | Max. 9 per day SPP*: Must use CVS Specialty |
| ESBRIET 801 MG TABLET | 3 | Max. 3 per day SPP*: Must use CVS Specialty |
| ESCITALOPRAM 10 MG TABLET | 1 | |
| ESCITALOPRAM 20 MG TABLET | 1 | |
| ESCITALOPRAM 5 MG TABLET | 1 | |
| ESCITALOPRAM OXALATE 5 MG/5 ML | 2 | |
| ESGIC 50-325-40 MG TABLET | NC | |
| ESGIC CAPSULE | NC | |
| ESGIC PLUS CAPSULE | NC | |
| ESGIC-PLUS 50-500-40 MG TABLET | NC | |
| ESOMEPRAZOLE DR 24.65 MG CAP | 4 | |
| ESOMEPRAZOLE DR 49.3 MG CAP | 4 | |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 1 | OTC Version |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 4 | Prior Authorization required |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 4 | Prior Authorization required |
| ESTARYLLA 0.25-0.035 MG TABLET | \$0 | ACA* |
| ESTAZOLAM 1 MG TABLET | 2 | |
| ESTAZOLAM 2 MG TABLET | 2 | |
| ESTRACE 0.01% CREAM | 3 | |
| ESTRACE 0.5 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---------------------------------------|
| ESTRACE 1 MG TABLET | NC | |
| ESTRACE 2 MG TABLET | NC | |
| ESTRADIOL 0.025 MG PATCH | 2 | |
| ESTRADIOL 0.0375 MG PATCH | 2 | |
| ESTRADIOL 0.0375 MG/DAY PATCH | 2 | |
| ESTRADIOL 0.05 MG PATCH | 2 | |
| ESTRADIOL 0.06 MG/DAY PATCH | 2 | |
| ESTRADIOL 0.075 MG PATCH | 2 | |
| ESTRADIOL 0.075 MG/DAY PATCH | 2 | |
| ESTRADIOL 0.1 MG PATCH | 2 | |
| ESTRADIOL 0.5 MG TABLET | 1 | |
| ESTRADIOL 1 MG TABLET | 2 | |
| ESTRADIOL 10 MCG VAGINAL INSRT | 3 | |
| ESTRADIOL 2 MG TABLET | 2 | |
| ESTRADIOL TDS 0.025 MG/DAY | 2 | |
| ESTRADIOL TDS 0.05 MG/DAY | 2 | |
| ESTRADIOL TDS 0.1 MG/DAY | 2 | |
| ESTRADIOL-NORETH 0.5-0.1 MG TB | 2 | |
| ESTRADIOL-NORETH 1-0.5 MG TAB | 2 | |
| ESTRASORB PACKET | 3 | |
| ESTRING 2 MG VAGINAL RING | 3 | Max. 90 Days Supply;Max. 1 in 90 days |
| ESTROGEL 0.06% GEL | 4 | |
| ESTROGEN-METHYLTESTOS F.S. TAB | 2 | Max. 30 Days Supply |
| ESTROGEN-METHYLTESTOS H.S. TAB | 2 | Max. 30 Days Supply |
| ESTROPIPATE 0.625(0.75 MG) TAB | 2 | |
| ESTROPIPATE 1.25(1.5 MG) TAB | 2 | |
| ESTROPIPATE 2.5(3 MG) TAB | 2 | |
| ESTROSTEP FE-28 TABLET | NC | |
| ESZOPICLONE 1 MG TABLET | 2 | |
| ESZOPICLONE 2 MG TABLET | 2 | |
| ESZOPICLONE 3 MG TABLET | 2 | |
| ETHACRYNIC ACID 25 MG TABLET | 3 | HSA* |
| ETHAMBUTOL HCL 100 MG TABLET | 2 | |
| ETHAMBUTOL HCL 400 MG TABLET | 2 | |
| ETHOSUXIMIDE 250 MG CAPSULE | 2 | |
| ETHOSUXIMIDE 250 MG/5 ML SOLN | 2 | |
| ETHYL ACETATE LIQUID | NC | |
| ETHYL CHLORIDE SPRAY | 2 | |
| ETHYNODIOL-ETH ESTRA 1MG-35MCG | \$0 | ACA* |
| ETHYNODIOL-ETH ESTRA 1MG-50MCG | \$0 | ACA* |
| ETIDRONATE DISODIUM 200 MG TAB | 2 | HSA* |
| ETIDRONATE DISODIUM 400 MG TAB | 2 | HSA* |
| ETODOLAC 200 MG CAPSULE | 2 | |
| ETODOLAC 300 MG CAPSULE | 2 | |
| ETODOLAC 400 MG TABLET | 2 | |
| ETODOLAC 500 MG TABLET | 2 | |
| ETODOLAC ER 400 MG TABLET | 2 | |
| ETODOLAC ER 500 MG TABLET | 2 | |
| ETODOLAC ER 600 MG TABLET | 2 | |
| ETOPOSIDE 50 MG CAPSULE | 2 | CH* |
| EUCRISA 2% OINTMENT | NC | |
| EURAX 10% CREAM | 4 | |
| EURAX 10% LOTION | 4 | |
| EVAMIST 1.53 MG/SPRAY | NC | |
| EVEKEO 10 MG TABLET | 4 | Max. 60 Days Supply |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| EVEKEO 5 MG TABLET | NC | |
| EVENCARE G2 TEST STRIP | NC | |
| EVENCARE G3 TEST STRIP | NC | |
| EVENCARE GLUCOSE TST STRIPS | NC | |
| EVENCARE MINI GLUCOSE TEST STR | NC | |
| EVISTA 60 MG TABLET | NC | |
| EVOCLIN 1% FOAM | NC | |
| EVOLUTION TEST STRIPS | NC | |
| EVOTAZ 300 MG-150 MG TABLET | 4 | |
| EVOXAC 30 MG CAPSULE | NC | |
| EVZIO 0.4 MG AUTO-INJECTOR | NC | |
| EVZIO 2 MG AUTO-INJECTOR | 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 | |
| EXEL 3 ML SYRN 27G X 1 1/4" | 4 | |
| EXEL ALLERGY SYRINGE 27G-1 ML | 3 | |
| EXEL HYPO NEEDLE 16GX0.05" | 3 | |
| EXEL HYPO NEEDLE 16GX1" | 3 | |
| EXEL HYPO NEEDLE 18GX0.5" | 3 | |
| EXEL HYPO NEEDLE 18GX1" | 3 | |
| EXEL HYPO NEEDLE 19GX1" | 3 | |
| EXEL HYPO NEEDLE 19GX1.5" | 3 | |
| EXEL HYPO NEEDLE 20GX0.5" | 3 | |
| EXEL HYPO NEEDLE 20GX0.75" | 3 | |
| EXEL HYPO NEEDLE 20GX1" | 3 | |
| EXEL HYPO NEEDLE 21GX0.5" | 3 | |
| EXEL HYPO NEEDLE 21GX1" | 3 | |
| EXEL HYPO NEEDLE 21GX2" | 3 | |
| EXEL HYPO NEEDLE 22GX0.5" | 3 | |
| EXEL HYPO NEEDLE 22GX0.75" | 3 | |
| EXEL HYPO NEEDLE 22GX1" | 3 | |
| EXEL HYPO NEEDLE 23GX0.75" | 3 | |
| EXEL HYPO NEEDLE 23GX1" | 3 | |
| EXEL HYPO NEEDLE 23GX1.5" | 3 | |
| EXEL HYPO NEEDLE 25GX0.5" | 3 | |
| EXEL HYPO NEEDLE 25GX0.625" | 3 | |
| EXEL HYPO NEEDLE 25GX0.75" | 3 | |
| EXEL HYPO NEEDLE 25GX1" | 3 | |
| EXEL HYPO NEEDLE 26GX0.375" | 3 | |
| EXEL HYPO NEEDLE 26GX0.5" | 3 | |
| EXEL HYPO NEEDLE 26GX0.625" | 3 | |
| EXEL HYPO NEEDLE 26GX1.5" | 3 | |
| EXEL HYPO NEEDLE 27GX0.5" | 3 | |
| EXEL HYPO NEEDLE 30GX1.5" | 3 | |
| EXEL SYRINGE 10 ML | 3 | |
| EXEL SYRINGE 20 ML | 3 | |
| EXEL SYRINGE 20GX1" 3 ML | 3 | |
| EXEL SYRINGE 20GX1-1/2" 3 ML | 3 | |
| EXEL SYRINGE 21GX1" 3 ML | 3 | |
| EXEL SYRINGE 21GX1-1/2" 3 ML | 3 | |
| EXEL SYRINGE 22GX1" 3 ML | 3 | |
| EXEL SYRINGE 22GX1-1/2" 3 ML | 3 | |
| EXEL SYRINGE 22GX3/4" 3 ML | 3 | |
| EXEL SYRINGE 23GX1" 3 ML | 3 | |
| EXEL SYRINGE 23GX1-1/2" 3 ML | 3 | |
| EXEL SYRINGE 25GX1" 3 ML | 3 | |
| EXEL SYRINGE 25GX5/8" 3 ML | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| EXEL SYRINGE 3 ML | 3 | |
| EXEL SYRINGE 30 ML | 3 | |
| EXEL SYRINGE 5 ML | 3 | |
| EXEL SYRINGE 50 ML | 3 | |
| EXEL TB WITH NEEDLE 25GX5/8" | 3 | |
| EXEL TB WITH NEEDLE 26GX3/8" | 3 | |
| EXEL TB WITH NEEDLE 26GX5/8" | 3 | |
| EXEL TB WITH NEEDLE 27GX1/2" | 3 | |
| EXEL TUBERCULIN SYRINGE 1 ML | 3 | |
| EXELDERM 1% CREAM | 4 | |
| EXELDERM 1% SOLUTION | 4 | |
| EXELON 1.5 MG CAPSULE | NC | |
| EXELON 13.3 MG/24HR PATCH | NC | |
| EXELON 2 MG/ML ORAL SOLUTION | 4 | |
| 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 | |
| EXEMESTANE 25 MG TABLET | 2 | CH*; HSA* |
| 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 | |
| EXJADE 125 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| EXJADE 250 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| EXJADE 500 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| EXODERM LOTION | 2 | |
| EXOTIC-HC EAR DROP | 2 | |
| EXTAVIA 0.3 MG KIT | NC | |
| EXTINA 2% FOAM | NC | |
| EYLEA 2 MG/0.05 ML VIAL | MD | Prior Authorization required SPP*: Must use CVS Specialty |
| EZ SMART 28G LANCETS | 3 | HSA* |
| EZ SMART PLUS TEST STRIPS | NC | |
| EZ SMART TEST STRIPS | NC | |
| EZETIMIBE 10 MG TABLET | 3 | Max. 1 per day HSA* |
| EZETIMIBE-SIMVASTATIN 10-10 MG | 3 | Max. 1 per day HSA* |
| EZETIMIBE-SIMVASTATIN 10-20 MG | 3 | Max. 1 per day HSA* |
| EZETIMIBE-SIMVASTATIN 10-40 MG | 3 | Max. 1 per day HSA* |
| EZETIMIBE-SIMVASTATIN 10-80 MG | 3 | Max. 1 per day HSA* |

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|-----------------------|---|---|
| FABIOR 0.1% FOAM | 4 | Prior Authorization required for members 30 and older |
| FACTIVE 320 MG TABLET | 5 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|--|
| FALLBACK SOLO 1.5 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| FALMINA-28 TABLET | \$0 | ACA* |
| FAMCICLOVIR 125 MG TABLET | 2 | |
| FAMCICLOVIR 250 MG TABLET | 2 | |
| FAMCICLOVIR 500 MG TABLET | 2 | |
| FAMOTIDINE 20 MG TABLET | 1 | |
| FAMOTIDINE 40 MG TABLET | 1 | |
| FAMOTIDINE 40 MG/5 ML SUSP | 2 | |
| FAMVIR 125 MG TABLET | NC | |
| FAMVIR 250 MG TABLET | NC | |
| FAMVIR 500 MG TABLET | NC | |
| FANAPT 1 MG TABLET | 4 | |
| FANAPT 10 MG TABLET | 4 | |
| FANAPT 12 MG TABLET | 4 | |
| FANAPT 2 MG TABLET | 4 | |
| FANAPT 4 MG TABLET | 4 | |
| FANAPT 6 MG TABLET | 4 | |
| FANAPT 8 MG TABLET | 4 | |
| FANAPT TITRATION PACK | 4 | |
| FANATREX ORAL SUSPENSION | NC | |
| FARESTON 60 MG TABLET | 3 | CH*; HSA* |
| FARXIGA 10 MG TABLET | 5 | Prior Authorization required HSA* |
| FARXIGA 5 MG TABLET | 5 | Prior Authorization required HSA* |
| FARYDAK 10 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| FARYDAK 15 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| FARYDAK 20 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| FAYOSIM TABLET | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| 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 | |
| FC2 FEMALE CONDOM | \$0 | ACA* |
| FEIBA NF 2,500 UNIT (NOMINAL) | MD | SPP*: Must use CVS Specialty |
| FELBAMATE 400 MG TABLET | 2 | |
| FELBAMATE 600 MG TABLET | 2 | |
| FELBAMATE 600 MG/5 ML SUSP | 2 | |
| FELBATOL 400 MG TABLET | NC | |
| FELBATOL 600 MG TABLET | NC | |
| FELBATOL 600 MG/5 ML SUSP | NC | |
| FELDENE 10 MG CAPSULE | NC | |
| FELDENE 20 MG CAPSULE | NC | |
| FELODIPINE ER 10 MG TABLET | 2 | HSA* |
| FELODIPINE ER 2.5 MG TABLET | 2 | HSA* |
| FELODIPINE ER 5 MG TABLET | 2 | HSA* |
| FEM PH VAGINAL JELLY | NC | |
| FEMARA 2.5 MG TABLET | NC | |
| FEMCAP 22 MM CERVICAL CAP | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| FEMCAP 26 MM CERVICAL CAP | \$0 | ACA* |
| FEMCAP 30 MM CERVICAL CAP | \$0 | ACA* |
| FEMCON FE CHEWABLE TABLET | NC | |
| FEMHRT 0.5 MG-2.5 MCG TABLET | NC | |
| FEMRING 0.05 MG/DAY VAG RING | 4 | Max. 90 Days Supply;Max. 1 in 90 days |
| FEMRING 0.10 MG/DAY VAG RING | 4 | Max. 90 Days Supply;Max. 1 in 90 days |
| FEMYNOR 28 TABLET | \$0 | ACA* |
| FENOFIBRATE 120 MG TABLET | 2 | HSA* |
| FENOFIBRATE 130 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 134 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 145 MG TABLET | 2 | HSA* |
| FENOFIBRATE 150 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 160 MG TABLET | 2 | HSA* |
| FENOFIBRATE 200 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 40 MG TABLET | 2 | HSA* |
| FENOFIBRATE 43 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 48 MG TABLET | 2 | HSA* |
| FENOFIBRATE 50 MG CAPSULE | 2 | HSA* |
| FENOFIBRATE 54 MG TABLET | 2 | HSA* |
| FENOFIBRATE 67 MG CAPSULE | 2 | HSA* |
| FENOFIBRIC ACID 105 MG TABLET | 2 | HSA* |
| FENOFIBRIC ACID 35 MG TABLET | 2 | HSA* |
| FENOFIBRIC ACID DR 135 MG CAP | 2 | HSA* |
| FENOFIBRIC ACID DR 45 MG CAP | 2 | HSA* |
| FENOGLIDE 120 MG TABLET | NC | |
| FENOGLIDE 40 MG TABLET | NC | |
| FENOPROFEN 200 MG CAPSULE | 2 | |
| FENOPROFEN 400 MG CAPSULE | 2 | |
| FENOPROFEN 600 MG TABLET | 2 | |
| FENORTHO 200 MG CAPSULE | NC | |
| FENORTHO 400 MG CAPSULE | NC | |
| FENTANYL 100 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 12 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 25 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 2MCG-BUPIV 0.0625%-NS | NC | |
| FENTANYL 37.5 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 50 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 62.5 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 75 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL 87.5 MCG/HR PATCH | 2 | Max. 15 per 30 days |
| FENTANYL CIT OTFC 1,200 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |
| FENTANYL CIT OTFC 1,600 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |
| FENTANYL CITRATE OTFC 200 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |
| FENTANYL CITRATE OTFC 400 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |
| FENTANYL CITRATE OTFC 600 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |
| FENTANYL CITRATE OTFC 800 MCG | 4 | Prior Authorization required;Max. 120 per 30 days |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| FENTORA 100 MCG BUCCAL TABLET | 5 | Prior Authorization required;Max. 120 per 30 days |
| FENTORA 200 MCG BUCCAL TABLET | 5 | Prior Authorization required;Max. 120 per 30 days |
| FENTORA 400 MCG BUCCAL TABLET | 5 | Prior Authorization required;Max. 120 per 30 days |
| FENTORA 600 MCG BUCCAL TABLET | 5 | Prior Authorization required;Max. 120 per 30 days |
| FENTORA 800 MCG BUCCAL TABLET | 5 | Prior Authorization required;Max. 120 per 30 days |
| FEROCON CAPSULE | 2 | |
| FERREX 150 FORTE CAPSULE | NC | |
| FERREX 150 FORTE PLUS CAPSULE | NC | |
| FERRIPROX 100 MG/ML SOLUTION | 4 | |
| FERRIPROX 500 MG TABLET | 4 | LDD*: Dohmen Life Sciences. 1-800-305-7881. LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| FERROCITE PLUS TABLET | NC | |
| FERROGELS FORTE SOFTGEL | 2 | |
| FETZIMA 20-40 MG TITRATION PAK | 5 | Step Therapy required STA*: 18 and older |
| FETZIMA ER 120 MG CAPSULE | 5 | Step Therapy required STA*: 18 and older |
| FETZIMA ER 20 MG CAPSULE | 5 | Step Therapy required STA*: 18 and older |
| FETZIMA ER 40 MG CAPSULE | 5 | Step Therapy required STA*: 18 and older |
| FETZIMA ER 80 MG CAPSULE | 5 | Step Therapy required STA*: 18 and older |
| FEXMID 7.5 MG TABLET | NC | |
| FEXOFENADINE-PSE ER 180-240 TB | NC | |
| FIASP 100 UNIT/ML FLEXTOUCH | NC | |
| FIASP 100 UNIT/ML VIAL | NC | |
| FIBRICOR 105 MG TABLET | NC | |
| FIBRICOR 35 MG TABLET | NC | |
| FIFTY50 GLUCOSE TEST STRIP | NC | |
| FIFTY50 SAFETY SEAL 30G LANCET | 3 | HSA* |
| FIFTY50 SAFETY SEAL 32G LANCET | 3 | HSA* |
| FINACEA 15% FOAM | 3 | |
| FINACEA 15% GEL | 3 | |
| FINASTERIDE 5 MG TABLET | 1 | |
| FINE 30 UNIVERSAL 30G LANCETS | 3 | HSA* |
| FINGERSTIX LANCETS | 3 | HSA* |
| 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 | |
| FIRAZYR 30 MG/3 ML SYRINGE | 5 | SPP*: Must use CVS Specialty |
| FIRST 2% TESTOSTERONE OINT | NC | |
| FIRST HYDROCORT 10% GEL | NC | |
| FIRST-DUKE'S MOUTHWASH | NC | |
| FIRST-LANSOPRAZOLE 3 MG/ML | 4 | |
| FIRST-MARY'S MOUTHWASH | NC | |
| FIRST-MOUTHWASH BLM SUSPENSION | 3 | |
| FIRST-OMEPRAZOLE 2 MG/ML SUSP | 4 | |
| FIRST-PROGESTERONE VGS 100 SUP | 4 | Max. 30 Days Supply |
| FIRST-PROGESTERONE VGS 200 SUP | 4 | Max. 30 Days Supply |
| FIRST-PROGESTERONE VGS 25 SUPP | 4 | Max. 30 Days Supply |
| FIRST-PROGESTERONE VGS 400 SUP | 4 | Max. 30 Days Supply |
| FIRST-PROGESTERONE VGS 50 SUPP | 4 | Max. 30 Days Supply |
| FIRST-TESTOSTERONE MC 2% CR | NC | |
| FLAGYL 250 MG TABLET | NC | |
| FLAGYL 375 CAPSULE | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| FLAGYL 500 MG TABLET | NC | |
| FLAGYL ER 750 MG TABLET | 4 | |
| FLAREX 0.1% EYE DROPS | 4 | |
| FLAVOXATE HCL 100 MG TABLET | 2 | |
| FLECAINIDE ACETATE 100 MG TAB | 2 | |
| FLECAINIDE ACETATE 150 MG TAB | 2 | |
| FLECAINIDE ACETATE 50 MG TAB | 2 | |
| FLECTOR 1.3% PATCH | 3 | |
| FLEXICHAMBER | MD | |
| FLEXICHAMBER-LG CHILD MASK | MD | |
| FLEXICHAMBER-SM ADULT MASK | MD | |
| FLEXICHAMBER-SM CHILD MASK | MD | |
| FLO-PRED 16.7(15) MG/5 ML SUSP | NC | |
| FLOLIPID 20 MG/5 ML ORAL SUSP | NC | |
| FLOLIPID 40 MG/5 ML ORAL SUSP | NC | |
| FLOMAX 0.4 MG CAPSULE | NC | |
| FLONASE 0.05% NASAL SPRAY | NC | |
| FLOVENT 100 MCG DISKUS | 3 | HSA* |
| FLOVENT 250 MCG DISKUS | 3 | HSA* |
| FLOVENT 50 MCG DISKUS | 3 | HSA* |
| FLOVENT HFA 110 MCG INHALER | 3 | HSA* |
| FLOVENT HFA 220 MCG INHALER | 3 | HSA* |
| FLOVENT HFA 44 MCG INHALER | 3 | HSA* |
| FLOW-EZE VENTED NEEDLE | 3 | |
| FLOWTUSS 2.5-200 MG/5 ML SOLN | NC | |
| FLOXIN 0.3% EAR DROPS | NC | |
| FLUAD 2017-2018 SYRINGE | \$0 | Not covered for members 64 and younger ACA* |
| FLUARIX QUAD 2017-2018 SYRINGE | \$0 | Not covered for members 18 and younger ACA* |
| 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* |
| FLUCAINE EYE DROPS | NC | |
| 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* |
| FLUCONAZOLE 10 MG/ML SUSP | 2 | |
| FLUCONAZOLE 100 MG TABLET | 2 | |
| FLUCONAZOLE 150 MG TABLET | 1 | |
| FLUCONAZOLE 200 MG TABLET | 2 | |
| FLUCONAZOLE 40 MG/ML SUSP | 2 | |
| FLUCONAZOLE 50 MG TABLET | 1 | |
| FLUCYTOSINE 250 MG CAPSULE | 2 | |
| FLUCYTOSINE 500 MG CAPSULE | 2 | |
| FLUDROCORTISONE 0.1 MG TABLET | 2 | |
| 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* |
| FLUMADINE 100 MG TABLET | NC | |
| FLUNISOLIDE 0.025% SPRAY | 2 | |
| FLUOCINOLONE 0.01% BODY OIL | 2 | |
| FLUOCINOLONE 0.01% CREAM | 2 | |
| FLUOCINOLONE 0.01% SOLUTION | 2 | |
| FLUOCINOLONE 0.025% CREAM | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|---------------------------------|------|--|
| FLUOCINOLONE 0.025% OINTMENT | 2 | |
| FLUOCINOLONE OIL 0.01% EAR DRP | 2 | |
| FLUOCINONIDE 0.05% CREAM | 2 | |
| FLUOCINONIDE 0.05% GEL | 2 | |
| FLUOCINONIDE 0.05% OINTMENT | 2 | |
| FLUOCINONIDE 0.05% SOLUTION | 2 | |
| FLUOCINONIDE 0.1% CREAM | 2 | |
| FLUOCINONIDE-E 0.05% CREAM | 2 | |
| FLUORESC EIN-BENOXINATE EYE DRP | NC | |
| FLUORIDEX DAILY DEFENSE | NC | |
| FLUORIDEX SENSITIVITY RLF GEL | NC | |
| FLUOROMETHOLONE 0.1% DROPS | 2 | |
| FLUOROPLEX 1% CREAM | 4 | Step Therapy required |
| FLUOROURACIL 0.5% CREAM | 2 | Step Therapy required |
| FLUOROURACIL 2% TOPICAL SOLN | 2 | |
| FLUOROURACIL 5% CREAM | 2 | |
| FLUOROURACIL 5% TOPICAL SOLN | 2 | |
| FLUOXETINE 20 MG/5 ML SOLUTION | 2 | |
| FLUOXETINE DR 90 MG CAPSULE | 2 | |
| FLUOXETINE HCL 10 MG CAPSULE | 1 | |
| FLUOXETINE HCL 10 MG TABLET | 2 | |
| FLUOXETINE HCL 20 MG CAPSULE | 1 | |
| FLUOXETINE HCL 20 MG TABLET | 2 | |
| FLUOXETINE HCL 40 MG CAPSULE | 2 | |
| FLUOXETINE HCL 60 MG TABLET | NC | |
| FLUPHENAZINE 1 MG TABLET | 1 | |
| FLUPHENAZINE 10 MG TABLET | 2 | |
| FLUPHENAZINE 2.5 MG TABLET | 2 | |
| FLUPHENAZINE 2.5 MG/5 ML ELIX | 2 | |
| FLUPHENAZINE 5 MG TABLET | 2 | |
| FLUPHENAZINE 5 MG/ML CONC | 2 | |
| FLURANDRENOLIDE 0.05% CREAM | 2 | |
| FLURANDRENOLIDE 0.05% LOTION | 2 | |
| FLURANDRENOLIDE 0.05% OINTMENT | 3 | |
| FLURAZEPAM 15 MG CAPSULE | 2 | |
| FLURAZEPAM 30 MG CAPSULE | 1 | |
| FLURBIPROFEN 0.03% EYE DROP | 2 | |
| FLURBIPROFEN 100 MG TABLET | 2 | |
| FLURBIPROFEN 50 MG TABLET | 2 | |
| FLURESS EYE DROPS | NC | |
| FLUROX EYE DROPS | NC | |
| FLUTAMIDE 125 MG CAPSULE | 2 | CH* |
| FLUTICASONE PROP 0.005% OINT | 2 | |
| FLUTICASONE PROP 0.05% CREAM | 2 | |
| FLUTICASONE PROP 0.05% LOTION | 2 | |
| FLUTICASONE PROP 50 MCG SPRAY | 1 | |
| FLUTICASONE-SALMETEROL 113-14 | 2 | Max. 60 in 30 days HSA* |
| FLUTICASONE-SALMETEROL 232-14 | 2 | Max. 60 in 30 days HSA* |
| FLUTICASONE-SALMETEROL 55-14 | 2 | Max. 60 in 30 days HSA* |
| FLUVASTATIN ER 80 MG TABLET | 2 | HSA* |
| FLUVASTATIN SODIUM 20 MG CAP | 2 | HSA* |
| FLUVASTATIN SODIUM 40 MG CAP | 2 | HSA* |
| FLUVIRIN 2017-2018 SYRINGE | \$0 | Not covered for members 18 and younger ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| FLUVIRIN 2017-2018 VIAL | \$0 | Not covered for members 18 and younger ACA* |
| FLUVOXAMINE ER 100 MG CAPSULE | 2 | |
| FLUVOXAMINE ER 150 MG CAPSULE | 2 | |
| FLUVOXAMINE MALEATE 100 MG TAB | 2 | |
| FLUVOXAMINE MALEATE 25 MG TAB | 2 | |
| FLUVOXAMINE MALEATE 50 MG TAB | 2 | |
| FLUZONE HIGH-DOSE 2017-18 SYR | \$0 | Not covered for members 64 and younger ACA* |
| FLUZONE INTRADERM QUAD 2017-18 | \$0 | Not covered for members 17 and younger ACA* |
| 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* |
| FML FORTE 0.25% EYE DROPS | 4 | |
| FML LIQUIFILM 0.1% EYE DROP | NC | |
| FML S.O.P. 0.1% OINTMENT | 4 | |
| 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 | 4 | Max. 60 Days Supply |
| FOCALIN XR 30 MG CAPSULE | NC | |
| FOCALIN XR 35 MG CAPSULE | 4 | Max. 60 Days Supply |
| FOCALIN XR 40 MG CAPSULE | NC | |
| FOCALIN XR 5 MG CAPSULE | NC | |
| FOLBEE PLUS TABLET | NC | |
| 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 | 2 | |
| 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 | |
| FOLPLEX 2.2 TABLET | 2 | |
| FOLTRATE TABLET | NC | |
| FONDAPARINUX 10 MG/0.8 ML SYR | 4 | HSA*; SPP*: CVS Specialty |
| FONDAPARINUX 2.5 MG/0.5 ML SYR | 4 | HSA*; SPP*: CVS Specialty |
| FONDAPARINUX 5 MG/0.4 ML SYR | 4 | HSA*; SPP*: CVS Specialty |
| FONDAPARINUX 7.5 MG/0.6 ML SYR | 4 | HSA*; SPP*: CVS Specialty |
| FORA 30G LANCETS | 3 | 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| 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 | 3 | HSA* |
| FORACARE GD20 TEST STRIPS | NC | |
| FORACARE GD40 GLUCOSE STRIPS | NC | |
| FORADIL AEROLIZER 12 MCG CAP | 3 | Max. 2 per day HSA* |
| FORFIVO XL 450 MG TABLET | 3 | |
| FORMA-RAY 20% SOLUTION | NC | |
| FORMADON 10% SOLUTION | NC | |
| FORMALDEHYDE 10% SOLUTION | NC | |
| FORTAMET ER 1,000 MG TABLET | NC | |
| FORTAMET ER 500 MG TABLET | NC | |
| FORTAVIT SOFTGEL | NC | |
| FORTEO 600 MCG/2.4 ML PEN INJ | 4 | Prior Authorization required;Max. 2.4 ML(s) per 28 days HSA*; Max 1 syringe/28 days supply; SPP: Must use CVS Specialty |
| FORTESTA 10 MG GEL PUMP | NC | |
| FORTICAL 200 UNITS NASAL SPRAY | NC | |
| FORTISCARE GLUCOSE TEST STRIPS | NC | |
| FOSAMAX 70 MG TABLET | NC | |
| FOSAMAX PLUS D 70 MG-2,800 IU | NC | |
| FOSAMAX PLUS D 70 MG-5,600 IU | NC | |
| FOSAMPRENAVIR 700 MG TABLET | 3 | |
| FOSINOPRIL SODIUM 10 MG TAB | 2 | HSA* |
| FOSINOPRIL SODIUM 20 MG TAB | 2 | HSA* |
| FOSINOPRIL SODIUM 40 MG TAB | 2 | HSA* |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | 2 | HSA* |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | 2 | HSA* |
| FOSRENOL 1,000 MG POWDER PACK | 5 | |
| FOSRENOL 1,000 MG TABLET CHEW | 5 | |
| FOSRENOL 500 MG TABLET CHEW | 5 | |
| FOSRENOL 750 MG POWDER PACKET | 5 | |
| FOSRENOL 750 MG TABLET CHEW | 5 | |
| FRAGMIN 10,000 UNITS/ML SYRING | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 12,500 UNITS/0.5 ML | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 15,000 UNITS/0.6 ML | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 18,000 UNITS/0.72 ML | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 2,500 UNITS/0.2 ML SYR | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 5,000 UNITS/0.2 ML SYR | 5 | HSA*; SPP*: CVS Specialty |
| FRAGMIN 7,500 UNITS/0.3 ML SYR | 5 | HSA*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| FRAGMIN 95,000 UNITS/3.8 ML VL | 5 | HSA*; SPP*: CVS Specialty |
| FREESTYLE 28G LANCETS | 3 | 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 | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE INSULINX TEST STRIPS | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE LITE METER | MD | Max. 1 in 365 days HSA* |
| FREESTYLE LITE TEST STRIP | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE LITE TEST STRIPS | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE PREC NEO TEST STRIPS | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE PRECISION NEO METER | MD | Max. 1 in 365 days HSA* |
| FREESTYLE TEST STRIPS | 3 | Max. 204 per 30 days HSA* |
| FREESTYLE UNISTIK 2 LANCETS | 3 | HSA* |
| FROVA 2.5 MG TABLET | NC | |
| FROVATRIPTAN SUCC 2.5 MG TAB | 2 | Max. quantity of 9 per fill; Step Therapy required MQC*: 9 tabs/copay |
| FULYZAQ 125 MG DR TABLET | 4 | Step Therapy required |
| FURADANTIN 25 MG/5 ML SUSP | NC | |
| FUROSEMIDE 10 MG/ML SOLUTION | 2 | HSA* |
| FUROSEMIDE 20 MG TABLET | 1 | HSA* |
| FUROSEMIDE 40 MG TABLET | 1 | HSA* |
| FUROSEMIDE 40 MG/5 ML SOLN | 2 | HSA* |
| FUROSEMIDE 80 MG TABLET | 1 | HSA* |
| FUSION SPRINKLES POWDER PACKET | NC | |
| FUZEON 90 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| FYAVOLV 0.5 MG-2.5 MCG TABLET | 2 | |
| FYAVOLV 1 MG-5 MCG TABLET | 2 | |
| FYCOMPA 0.5 MG/ML ORAL SUSP | 4 | |
| FYCOMPA 10 MG TABLET | 4 | |
| FYCOMPA 12 MG TABLET | 4 | |
| FYCOMPA 2 MG TABLET | 4 | |
| FYCOMPA 4 MG TABLET | 4 | |
| FYCOMPA 6 MG TABLET | 4 | |
| FYCOMPA 8 MG TABLET | 4 | |

G

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|-----------------------------|----|--|
| G TUSSIN AC LIQUID | 2 | |
| G-4 TEST STRIPS | NC | |
| GABAPENTIN 100 MG CAPSULE | 2 | |
| GABAPENTIN 250 MG/5 ML SOLN | 2 | |
| GABAPENTIN 300 MG CAPSULE | 2 | |
| GABAPENTIN 400 MG CAPSULE | 2 | |
| GABAPENTIN 600 MG TABLET | 2 | |
| GABAPENTIN 800 MG TABLET | 2 | |
| GABITRIL 12 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| GABITRIL 16 MG TABLET | NC | |
| GABITRIL 2 MG TABLET | NC | |
| GABITRIL 4 MG TABLET | NC | |
| GALANTAMINE 4 MG/ML ORAL SOLN | 2 | |
| GALANTAMINE ER 16 MG CAPSULE | 2 | |
| GALANTAMINE ER 24 MG CAPSULE | 2 | |
| GALANTAMINE ER 8 MG CAPSULE | 2 | |
| GALANTAMINE HBR 12 MG TABLET | 2 | |
| GALANTAMINE HBR 4 MG TABLET | 2 | |
| GALANTAMINE HBR 8 MG TABLET | 2 | |
| GALZIN 25 MG CAPSULE | NC | |
| GALZIN 50 MG CAPSULE | NC | |
| GANIRELIX ACET 250 MCG/0.5 ML | 5 | Max. 30 Days Supply IVF* |
| GARAMYCIN 0.3% EYE DROPS | NC | |
| GARAMYCIN 3 MG/GM EYE OINTMENT | NC | |
| 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* |
| GASTROCROM 100 MG/5 ML CONC | NC | |
| GATIFLOXACIN 0.5% EYE DROPS | 2 | |
| GATTEX 5 MG 30-VIAL KIT | NC | |
| GAVILYTE-C SOLUTION | \$0 | ACA* |
| GAVILYTE-G SOLUTION | \$0 | ACA* |
| GAVILYTE-H AND BISACODYL KIT | \$0 | ACA* |
| GAVILYTE-N SOLUTION | \$0 | ACA* |
| GE100 BLOOD GLUCOSE TEST STRIP | NC | |
| GELCLAIR ORAL GEL PACKET | NC | |
| GELFILM OPHTHALMIC 25X50MM | NC | |
| GELFOAM POWDER | NC | |
| GELNIQUE 10% GEL SACHETS | NC | |
| GELNIQUE 3% GEL | NC | |
| GELX ORAL GEL | NC | |
| GEMFIBROZIL 600 MG TABLET | 2 | HSA* |
| GENERESS FE CHEWABLE TABLET | NC | |
| GENERLAC 10 GM/15 ML SOLUTION | 2 | |
| GENGRAF 100 MG CAPSULE | 2 | |
| GENGRAF 100 MG/ML SOLUTION | 2 | |
| GENGRAF 25 MG CAPSULE | 2 | |
| GENGRAF 50 MG CAPSULE | 2 | |
| GENOTROPIN 12 MG CARTRIDGE | NC | |
| GENOTROPIN 5 MG CARTRIDGE | NC | |
| GENOTROPIN MINIQUICK 0.2 MG | NC | |
| GENOTROPIN MINIQUICK 0.4 MG | NC | |
| GENOTROPIN MINIQUICK 0.6 MG | NC | |
| GENOTROPIN MINIQUICK 0.8 MG | NC | |
| GENOTROPIN MINIQUICK 1 MG | NC | |
| GENOTROPIN MINIQUICK 1.2 MG | NC | |
| GENOTROPIN MINIQUICK 1.4 MG | NC | |
| GENOTROPIN MINIQUICK 1.6 MG | NC | |
| GENOTROPIN MINIQUICK 1.8 MG | NC | |
| GENOTROPIN MINIQUICK 2 MG | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| GENSTRIP GLUCOSE TEST STRIP | NC | |
| GENTAK 0.3 % EYE OINTMENT | 2 | |
| GENTAMICIN 0.1% CREAM | 2 | |
| GENTAMICIN 0.1% OINTMENT | 2 | |
| GENTAMICIN 3 MG/GM EYE OINT | 2 | |
| GENTAMICIN 3 MG/ML EYE DROPS | 2 | |
| GENULTIMATE TEST STRIP | NC | |
| GENVOYA TABLET | 4 | |
| GEODON 20 MG CAPSULE | NC | |
| GEODON 40 MG CAPSULE | NC | |
| GEODON 60 MG CAPSULE | NC | |
| GEODON 80 MG CAPSULE | NC | |
| GIANVI 3 MG-0.02 MG TABLET | \$0 | ACA* |
| GIAZO 1.1 GM TABLET | 4 | |
| 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* |
| 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* |
| GILENYA 0.5 MG CAPSULE | 4 | Max. 1 per day SPP*: Must use CVS Specialty |
| GILOTRIF 20 MG TABLET | 4 | CH*; LDD*: Accredo |
| GILOTRIF 30 MG TABLET | 4 | CH*; LDD*: Accredo |
| GILOTRIF 40 MG TABLET | 4 | CH*; LDD*: Accredo |
| GLATIRAMER 20 MG/ML SYRINGE | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| GLATIRAMER 40 MG/ML SYRINGE | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| GLATOPA 20 MG/ML SYRINGE | 4 | Max. 30 Days Supply SPP*: Must use CVS Specialty |
| GLEEVEC 100 MG TABLET | 5 | Max. 30 Days Supply CH*; SPP*: CVS Specialty |
| GLEEVEC 400 MG TABLET | 5 | Max. 30 Days Supply CH*; SPP*: CVS Specialty |
| GLEOSTINE 10 MG CAPSULE | 4 | CH* |
| GLEOSTINE 100 MG CAPSULE | 3 | CH* |
| GLEOSTINE 40 MG CAPSULE | 4 | CH* |
| GLEOSTINE 5 MG CAPSULE | 4 | CH* |
| GLIMEPIRIDE 1 MG TABLET | 1 | HSA* |
| GLIMEPIRIDE 2 MG TABLET | 1 | HSA* |
| GLIMEPIRIDE 4 MG TABLET | 2 | HSA* |
| GLIPIZIDE 10 MG TABLET | 1 | HSA* |
| GLIPIZIDE 5 MG TABLET | 1 | HSA* |
| GLIPIZIDE ER 2.5 MG TABLET | 2 | HSA* |
| GLIPIZIDE XL 10 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| GLIPIZIDE XL 5 MG TABLET | 2 | HSA* |
| GLIPIZIDE-METFORMIN 2.5-250 MG | 2 | HSA* |
| GLIPIZIDE-METFORMIN 2.5-500 MG | 2 | HSA* |
| GLIPIZIDE-METFORMIN 5-500 MG | 2 | HSA* |
| GLUCAGEN 1 MG HYPOKIT | 3 | |
| GLUCAGON 1 MG EMERGENCY KIT | 3 | HSA* |
| 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 | 3 | HSA* |
| GLUCOCOM 30G LANCETS | 3 | HSA* |
| GLUCOCOM 33G LANCETS | 3 | HSA* |
| GLUCOCOM GLUCOSE TEST STRIP | 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 | |
| GLUCOSOURCE LANCETS | 3 | 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 | |
| GLUMETZA ER 1,000 MG TABLET | NC | |
| GLUMETZA ER 500 MG TABLET | NC | |
| GLUTATHIONE-L POWDER | NC | |
| GLYBURID-METFORMIN 1.25-250 MG | 2 | HSA* |
| GLYBURIDE 1.25 MG TABLET | 2 | HSA* |
| GLYBURIDE 2.5 MG TABLET | 2 | HSA* |
| GLYBURIDE 5 MG TABLET | 2 | HSA* |
| GLYBURIDE MICRO 1.5 MG TAB | 1 | HSA* |
| GLYBURIDE MICRO 3 MG TABLET | 2 | HSA* |
| GLYBURIDE MICRO 6 MG TABLET | 2 | HSA* |
| GLYBURIDE-METFORMIN 2.5-500 MG | 2 | HSA* |
| GLYBURIDE-METFORMIN 5-500 MG | 2 | HSA* |
| GLYCATE 1.5 MG TABLET | NC | |
| GLYCINE 1.5% IRRIGATION | NC | |
| GLYCOPYRROLATE 1 MG TABLET | 2 | |
| GLYCOPYRROLATE 1.5 MG TABLET | 3 | |
| GLYCOPYRROLATE 2 MG TABLET | 2 | |
| GLYDO 2% JELLY SYRINGE | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| GLYNASE 1.5 MG PRESTAB | NC | |
| GLYNASE 3 MG PRESTAB | NC | |
| GLYNASE 6 MG PRESTAB | 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 | |
| GMATE 30G LANCETS | 3 | HSA* |
| GMATE TEST STRIPS | NC | |
| GNP UNIVERSAL 1 STANDARD 21G | 3 | HSA* |
| GNP UNIVERSAL 1 SUPER THIN 30G | 3 | HSA* |
| GOCOVRI ER 137 MG CAPSULE | NC | |
| GOCOVRI ER 68.5 MG CAPSULE | NC | |
| GOLYTELY PACKET | NC | |
| GOLYTELY SOLUTION | NC | |
| GONAL-F 450 UNITS VIAL | 4 | Max. 30 Days Supply IVF* |
| GONAL-F RFF 300 UNITS PEN | 4 | Max. 30 Days Supply |
| GONAL-F RFF 450 UNITS PEN | 4 | Max. 30 Days Supply |
| GONAL-F RFF 75 UNITS VIAL | 4 | Max. 30 Days Supply |
| GONAL-F RFF REDI-JECT 300 UNIT | 4 | Max. 30 Days Supply |
| GONAL-F RFF REDI-JECT 450 UNIT | 4 | Max. 30 Days Supply |
| GONAL-F RFF REDI-JECT 900 UNIT | 4 | Max. 30 Days Supply |
| GONITRO 0.4 MG SUBLINGUAL PWD | NC | |
| GORDO-UREA 22% OINTMENT | NC | |
| GORDO-UREA 40% OINTMENT | NC | |
| GRALISE 30-DAY STARTER PACK | 4 | |
| GRALISE ER 300 MG TABLET | 4 | |
| GRALISE ER 600 MG TABLET | 4 | |
| GRANISETRON HCL 1 MG TABLET | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| GRANISOL 2 MG/10 ML SOLUTION | 2 | Max. quantity of 30 per fill MQC*: 30mL/copay |
| GRANIX 300 MCG/0.5 ML SAFE SYR | 4 | Prior Authorization required SPP*: CVS Specialty |
| GRANIX 480 MCG/0.8 ML SAFE SYR | 4 | Prior Authorization required SPP*: CVS Specialty |
| GRANULEX SPRAY | 2 | |
| GRASTEK 2,800 BAU SL TABLET | NC | |
| GRIFULVIN V 500 MG TABLET | NC | |
| GRIS-PEG 125 MG TABLET | NC | |
| GRIS-PEG 250 MG TABLET | NC | |
| GRISEOFULVIN 125 MG/5 ML SUSP | 2 | |
| GRISEOFULVIN MICRO 500 MG TAB | 2 | |
| GRISEOFULVIN ULTRA 125 MG TAB | 2 | |
| GRISEOFULVIN ULTRA 250 MG TAB | 2 | |
| GUAIACOL LIQUID PURIFIED | NC | |
| GUAIATUSSIN AC LIQUID | 2 | |
| GUAIFEN-CODEINE 100-10 MG/5 ML | 2 | |
| GUAIFENESIN AC COUGH SYRUP | 2 | |
| GUAIFENESIN DAC ORAL SOLUTION | NC | |
| GUAIFENESIN-CODEINE SYRUP | 2 | |
| GUANFACINE 1 MG TABLET | 1 | HSA* |
| GUANFACINE 2 MG TABLET | 2 | HSA* |
| GUANFACINE HCL ER 1 MG TABLET | 2 | |
| GUANFACINE HCL ER 2 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|-------------------------|
| GUANFACINE HCL ER 3 MG TABLET | 2 | |
| GUANFACINE HCL ER 4 MG TABLET | 2 | |
| GUANIDINE HCL 125 MG TABLET | 2 | |
| GYNAZOLE 1 2% CREAM | 4 | |
| GYNOL II 3% GEL | \$0 | ACA* |

H

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|--------------------------------|-----|--|
| HAEGARDA 2,000 UNIT VIAL | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| HAEGARDA 3,000 UNIT VIAL | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| HALCION 0.25 MG TABLET | NC | |
| HALOBETASOL PROP 0.05% CREAM | 2 | |
| HALOBETASOL PROP 0.05% OINTMNT | 2 | |
| HALOG 0.1% CREAM | 4 | |
| HALOG 0.1% OINTMENT | 4 | |
| HALONATE COMBO PACK | NC | |
| HALONATE PAC COMBO PACK | NC | |
| HALOPERIDOL 0.5 MG TABLET | 1 | |
| HALOPERIDOL 1 MG TABLET | 1 | |
| HALOPERIDOL 10 MG TABLET | 2 | |
| HALOPERIDOL 2 MG TABLET | 2 | |
| HALOPERIDOL 20 MG TABLET | 2 | |
| HALOPERIDOL 5 MG TABLET | 2 | |
| HALOPERIDOL LAC 2 MG/ML CONC | 1 | |
| HARVONI 90-400 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| 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 |
| HEALTHPRO GLUCOSE TEST STRIPS | NC | |
| HEALTHY ACCENTS UNILET 30G | 3 | HSA* |
| HEATHER TABLET | \$0 | ACA* |
| HECORIA 0.5 MG CAPSULE | NC | |
| HECORIA 1 MG CAPSULE | NC | |
| HECORIA 5 MG CAPSULE | NC | |
| HECTOROL 0.5 MCG CAPSULE | NC | |
| HECTOROL 1 MCG CAPSULE | NC | |
| HECTOROL 2.5 MCG CAPSULE | NC | |
| HELIDAC THERAPY | NC | |
| HELIXATE FS 2,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty; Kogenate Preferred |
| HEMA-COMBISTIX REAGENT STRIPS | 3 | |
| HEMANGEOL 4.28 MG/ML ORAL SOLN | 5 | Prior Authorization required HSA* |
| HEMATINIC-FOLIC ACID TABLET | 2 | |
| HEMATINIC-VITAMIN-MINERAL TAB | NC | |
| HEMATOGEN FA SOFTGEL | 2 | |
| HEMATOGEN FORTE SOFTGEL | 2 | |
| HEMATRON LIQUID | NC | |
| HEMLIBRA 105 MG/0.7 ML VIAL | MD | SPP*: Must use CVS Specialty |
| HEMLIBRA 150 MG/ML VIAL | MD | SPP*: Must use CVS Specialty |
| HEMLIBRA 30 MG/ML VIAL | MD | SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| HEMLIBRA 60 MG/0.4 ML VIAL | MD | SPP*: Must use CVS Specialty |
| HEMMOREX-HC 25 MG SUPPOSITORY | NC | |
| HEMMOREX-HC 30 MG SUPPOSITORY | NC | |
| HEMOCYTE PLUS CAPSULE | NC | |
| HEMOCYTE-F TABLET | NC | |
| HEMOFIL M 1,700 UNIT NOMINAL | MD | SPP*: Must use CVS Specialty |
| HEMRIL-30 30 MG SUPPOSITORY | 2 | |
| HEPARIN SOD 10,000 UNIT/ML VL | 2 | |
| HEPARIN SOD 20,000 UNIT/ML VL | 2 | |
| HEPARIN SOD 5,000 UNIT/ML VIAL | 2 | |
| HEPLISAV-B 20 MCG/0.5 ML VIAL | MD | Not covered for members 17 and younger |
| HEPSERA 10 MG TABLET | NC | |
| HETLIOZ 20 MG CAPSULE | 5 | Prior Authorization required;Max. 1 per day LDD*: Diplomat Pharmacy (877) 977-9118 |
| HEXALEN 50 MG CAPSULE | 5 | CH* |
| HIPREX 1 GM TABLET | NC | |
| HOMATROPAIRE 5% EYE DROPS | 2 | |
| HOMATROPINE 5% EYE DROPS | 2 | |
| HORIZANT ER 300 MG TABLET | NC | |
| HORIZANT ER 600 MG TABLET | NC | |
| HP ACTHAR GEL 80 UNIT/ML VIAL | MD | Prior Authorization required SPP*: CVS Specialty |
| HPR EMOLLIENT FOAM | NC | |
| HPR PLUS CREAM | 4 | |
| HPR PLUS EMOLLIENT FOAM | NC | |
| HPR PLUS HYDROGEL KIT | 2 | |
| HPR PLUS-MB HYDROGEL KIT | NC | |
| HUMALOG 100 UNITS/ML CARTRIDGE | 3 | HSA* |
| HUMALOG 100 UNITS/ML KWIKPEN | 3 | HSA* |
| HUMALOG 100 UNITS/ML VIAL | 3 | HSA* |
| HUMALOG 200 UNITS/ML KWIKPEN | 3 | HSA* |
| HUMALOG JR 100 UNIT/ML KWIKPEN | 3 | HSA* |
| HUMALOG MIX 50-50 KWIKPEN | 3 | HSA* |
| HUMALOG MIX 50-50 VIAL | 3 | HSA* |
| HUMALOG MIX 75-25 KWIKPEN | 3 | HSA* |
| HUMALOG MIX 75-25 VIAL | 3 | HSA* |
| HUMATE-P 2,400 UNIT VWF:RCO | MD | SPP*: Must use CVS Specialty |
| HUMATROPE 12 MG CARTRIDGE | NC | |
| HUMATROPE 24 MG CARTRIDGE | NC | |
| HUMATROPE 5 MG VIAL | NC | |
| HUMATROPE 6 MG CARTRIDGE | NC | |
| HUMIRA 10 MG/0.2 ML SYRINGE | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMIRA 20 MG/0.4 ML SYRINGE | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMIRA 40 MG/0.8 ML PEN | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMIRA 40 MG/0.8 ML SYRINGE | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMIRA PEDIATRIC CROHN'S START | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMIRA PEN CROHN-UC-HS STARTER | 4 | Prior Authorization required SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| HUMIRA PEN PSORIASIS-UVEITIS | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| HUMULIN 70-30 PEN | 3 | HSA* |
| HUMULIN 70-30 VIAL | 3 | HSA* |
| HUMULIN 70/30 KWIKPEN | 3 | HSA* |
| HUMULIN N 100 UNITS/ML KWIKPEN | 3 | HSA* |
| HUMULIN N 100 UNITS/ML VIAL | 3 | HSA* |
| HUMULIN R 100 UNITS/ML VIAL | 3 | HSA* |
| HUMULIN R 500 UNITS/ML KWIKPEN | 3 | HSA* |
| HUMULIN R 500 UNITS/ML VIAL | 3 | HSA* |
| HYCANTIN 0.25 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| HYCANTIN 1 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| HYCET 7.5 MG-325 MG/15 ML SOLN | NC | |
| HYCOFENIX 2.5-30-200 MG/5 ML | NC | |
| HYDRALAZINE 10 MG TABLET | 2 | HSA* |
| HYDRALAZINE 100 MG TABLET | 2 | HSA* |
| HYDRALAZINE 25 MG TABLET | 2 | HSA* |
| HYDRALAZINE 50 MG TABLET | 2 | HSA* |
| HYDREA 500 MG CAPSULE | NC | |
| HYDROCHLORIC ACID LIQUID | NC | |
| 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* |
| HYDROCOD-CPM-PSEUDOEP 5-4-60/5 | 2 | |
| HYDROCODON-ACETAMINOPH 2.5-500 | 2 | |
| HYDROCODON-ACETAMINOPH 7.5-500 | 2 | |
| HYDROCODON-ACETAMINOPH 7.5-650 | 2 | |
| HYDROCODON-ACETAMINOPH 7.5-750 | 2 | |
| HYDROCODON-ACETAMINOPHEN 5-500 | 2 | |
| HYDROCODON-ACETAMINOPHN 10-500 | 2 | |
| HYDROCODON-ACETAMINOPHN 10-650 | 2 | |
| HYDROCODON-ACETAMINOPHN 10-660 | 2 | |
| HYDROCODON-ACETAMINOPHN 10-750 | 2 | |
| HYDROCODONE-ACETAMIN 10-300 MG | 2 | |
| HYDROCODONE-ACETAMIN 10-325 MG | 2 | |
| HYDROCODONE-ACETAMIN 2.5-167/5 | 2 | |
| HYDROCODONE-ACETAMIN 2.5-325 | 2 | |
| HYDROCODONE-ACETAMIN 5-163/7.5 | 2 | |
| HYDROCODONE-ACETAMIN 5-300 MG | 2 | |
| HYDROCODONE-ACETAMIN 5-325 MG | 2 | |
| HYDROCODONE-ACETAMIN 7.5-300 | 2 | |
| HYDROCODONE-ACETAMIN 7.5-325 | 2 | |
| HYDROCODONE-ACETAMN 7.5-325/15 | 2 | |
| HYDROCODONE-CHLORPHEN ER SUSP | 2 | |
| HYDROCODONE-HOMATROPINE 5-1.5 | 2 | |
| HYDROCODONE-HOMATROPINE SYRUP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| HYDROCODONE-IBUPROFEN 10-200 | 2 | |
| HYDROCODONE-IBUPROFEN 2.5-200 | 2 | |
| HYDROCODONE-IBUPROFEN 5-200 MG | 2 | |
| HYDROCODONE-IBUPROFEN 7.5-200 | 2 | |
| HYDROCORT-PRAMOXINE 1%-1% CRM | 2 | |
| HYDROCORT-PRAMOXINE 2.5-1% CRM | 2 | |
| HYDROCORTISON-ACETIC ACID SOLN | 2 | |
| HYDROCORTISONE 1% CREAM | 1 | |
| HYDROCORTISONE 1% OINTMENT | 2 | |
| HYDROCORTISONE 10 MG TABLET | 2 | |
| HYDROCORTISONE 100 MG/60 ML | 2 | |
| HYDROCORTISONE 2.5% CREAM | 1 | |
| HYDROCORTISONE 2.5% LOTION | 2 | |
| HYDROCORTISONE 2.5% OINTMENT | 1 | |
| HYDROCORTISONE 20 MG TABLET | 2 | |
| HYDROCORTISONE 5 MG TABLET | 2 | |
| HYDROCORTISONE AC 25 MG SUPP | 2 | |
| HYDROCORTISONE AC 30 MG SUPP | 2 | |
| HYDROCORTISONE ACETATE 2% GEL | 2 | |
| HYDROCORTISONE BUTY 0.1% CREAM | 2 | |
| HYDROCORTISONE BUTYR 0.1% OINT | 2 | |
| HYDROCORTISONE BUTYR 0.1% SOLN | 2 | |
| HYDROCORTISONE VAL 0.2% CREAM | 2 | |
| HYDROCORTISONE VAL 0.2% OINTMT | 2 | |
| HYDROCORTISONE-iodoquinol CRM | 2 | |
| HYDROCORTISONE-PRAMOXINE CREAM | 2 | |
| HYDROGEN PEROXIDE ACS 30% SOLN | NC | |
| HYDROMET SYRUP | 2 | |
| HYDROMORPHONE 2 MG TABLET | 2 | |
| HYDROMORPHONE 3 MG SUPPOS | 2 | |
| HYDROMORPHONE 4 MG TABLET | 2 | |
| HYDROMORPHONE 5 MG/5 ML SOLN | 2 | |
| HYDROMORPHONE 8 MG TABLET | 2 | |
| HYDROMORPHONE HCL ER 12 MG TAB | 2 | Max. 2 per day |
| HYDROMORPHONE HCL ER 16 MG TAB | 2 | Max. 2 per day |
| HYDROMORPHONE HCL ER 32 MG TAB | 2 | Max. 2 per day |
| HYDROMORPHONE HCL ER 8 MG TAB | 2 | Max. 2 per day |
| HYDROXOCOBALAMIN 1,000 MCG/ML | 2 | |
| HYDROXYCHLOROQUINE 200 MG TAB | 2 | |
| HYDROXYETHYL METHACRYLATE LIQ | NC | |
| HYDROXYUREA 500 MG CAPSULE | 2 | CH* |
| HYDROXYZINE 10 MG/5 ML SOLN | 2 | |
| HYDROXYZINE HCL 10 MG TABLET | 2 | |
| HYDROXYZINE HCL 25 MG TABLET | 2 | |
| HYDROXYZINE HCL 50 MG TABLET | 2 | |
| HYDROXYZINE PAM 100 MG CAP | 2 | |
| HYDROXYZINE PAM 25 MG CAP | 2 | |
| HYDROXYZINE PAM 50 MG CAP | 2 | |
| HYGEL 2.5% GEL | NC | |
| HYLATOPIC EMOLLIENT FOAM | NC | |
| HYLATOPICPLUS CREAM | NC | |
| HYLATOPICPLUS EMOLLIENT FOAM | NC | |
| HYPER-SAL 3.5% VIAL | 4 | |
| HYPER-SAL 7% VIAL | NC | |
| HYPERCARE 20% SOLUTION | 2 | |
| HYPERRAB S-D 150 UNITS/ML VIAL | MD | |
| HYPO NEEDLE,POLYPROPYL HUB | NC | |
| HYPO NEEDLE,POLYPROPYL HUB | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|----------------------------|------|------------------------------------|
| HYPODERMIC NEEDLE,ALUM HUB | 3 | |
| HYPODERMIC NEEDLE,ALUM HUB | NC | |
| HYSINGLA ER 100 MG TABLET | 3 | Max. 30 Days Supply;Max. 1 per day |
| HYSINGLA ER 120 MG TABLET | 3 | Max. 30 Days Supply;Max. 1 per day |
| HYSINGLA ER 20 MG TABLET | 3 | Max. 30 Days Supply;Max. 2 per day |
| HYSINGLA ER 30 MG TABLET | 3 | Max. 30 Days Supply;Max. 2 per day |
| HYSINGLA ER 40 MG TABLET | 3 | Max. 30 Days Supply;Max. 1 per day |
| HYSINGLA ER 60 MG TABLET | 3 | Max. 30 Days Supply;Max. 1 per day |
| HYSINGLA ER 80 MG TABLET | 3 | Max. 30 Days Supply;Max. 1 per day |
| HYZAAR 100-12.5 TABLET | NC | |
| HYZAAR 100-25 TABLET | NC | |
| HYZAAR 50-12.5 TABLET | NC | |

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|-------------------------------|----|---|
| IBANDRONATE 3 MG/3 ML SYRINGE | MD | SPP*: Must use CVS Specialty |
| IBANDRONATE SODIUM 150 MG TAB | 2 | Max. 1 per 30 days HSA* |
| IBRANCE 100 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| IBRANCE 125 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| IBRANCE 75 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| IBUDONE 10-200 MG TABLET | NC | |
| IBUDONE 5-200 MG TABLET | NC | |
| IBUPROFEN 100 MG/5 ML SUSP | 2 | |
| IBUPROFEN 400 MG TABLET | 1 | |
| IBUPROFEN 600 MG TABLET | 1 | |
| IBUPROFEN 800 MG TABLET | 1 | |
| ICLUSIG 15 MG TABLET | 5 | CH* |
| ICLUSIG 45 MG TABLET | 5 | CH* |
| IDELVION 1,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| IDHIFA 100 MG TABLET | NC | |
| IDHIFA 50 MG TABLET | NC | |
| IFEREX 150 FORTE CAPSULE | NC | |
| IGLUCOSE TEST STRIP | 4 | Prior Authorization required;Max. 204 per 30 days HSA* |
| 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 |
| ILEVRO 0.3% OPHTH DROPS | NC | |
| ILOTYCIN 0.5% EYE OINTMENT | NC | |
| IMATINIB MESYLATE 100 MG TAB | 3 | Max. 30 Days Supply CH*; SPP*: CVS Specialty |
| IMATINIB MESYLATE 400 MG TAB | 3 | Max. 30 Days Supply CH*; SPP*: CVS Specialty |
| IMBRUVICA 140 MG CAPSULE | 5 | CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633 |
| IMDUR ER 120 MG TABLET | NC | |
| IMDUR ER 30 MG TABLET | NC | |
| IMDUR ER 60 MG TABLET | NC | |
| IMIPRAMINE HCL 10 MG TABLET | 2 | |
| IMIPRAMINE HCL 25 MG TABLET | 2 | |
| IMIPRAMINE HCL 50 MG TABLET | 2 | |
| IMIPRAMINE PAMOATE 100 MG CAP | 2 | |
| IMIPRAMINE PAMOATE 125 MG CAP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| IMIPRAMINE PAMOATE 150 MG CAP | 2 | |
| IMIPRAMINE PAMOATE 75 MG CAP | 2 | |
| IMIQUIMOD 5% CREAM PACKET | 2 | |
| 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 | |
| IMOGAM RABIES-HT 150 UNIT/ML | MD | |
| IMOVAX RABIES VACCINE+DILUENT | MD | |
| IMPAVIDO 50 MG CAPSULE | NC | |
| IMURAN 50 MG TABLET | NC | |
| IN-CHECK DIAL TRAINING DEVICE | MD | |
| IN-CHECK NASAL WITH MASK | MD | |
| IN-CHECK ORAL FLOW METER | MD | |
| INCONTROL SUPER THIN 30G LANCT | 3 | HSA* |
| INCONTROL ULTRA THIN 28G LANCT | 3 | HSA* |
| INCRELEX 40 MG/4 ML VIAL | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| INCRUSE ELLIPTA 62.5 MCG INH | 3 | Max. quantity of 1 per fill;Max. 30 in 30 days HSA* |
| INDAPAMIDE 1.25 MG TABLET | 1 | HSA* |
| INDAPAMIDE 2.5 MG TABLET | 1 | HSA* |
| INDERAL LA 160 MG CAPSULE | NC | |
| INDERAL LA 60 MG CAPSULE | NC | |
| INDERAL LA 80 MG CAPSULE | NC | |
| INDERAL XL 120 MG CAPSULE | NC | |
| INDOCIN 25 MG/5 ML SUSPENSION | 4 | |
| INDOCIN 50 MG SUPPOSITORY | 4 | |
| INDOMETHACIN 25 MG CAPSULE | 2 | |
| INDOMETHACIN 50 MG CAPSULE | 2 | |
| INDOMETHACIN ER 75 MG CAPSULE | 2 | |
| INFASURF 35 MG/ML VIAL | NC | |
| INFERGEN 15 MCG/0.5 ML VIAL | 5 | LDD*: Accredo (866) 815-4717 |
| INFERGEN 9 MCG/0.3 ML VIAL | 5 | LDD*: Accredo (866) 815-4717 |
| INFINITY TEST STRIPS | NC | |
| INGREZZA 40 MG CAPSULE | NC | |
| INGREZZA 80 MG CAPSULE | NC | |
| INJECT EASE 28G LANCETS | 3 | HSA* |
| INJECT EASE 30G LANCETS | 3 | HSA* |
| INLYTA 1 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| INLYTA 5 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| INNOPRAN XL 120 MG CAPSULE | NC | |
| INNOPRAN XL 80 MG CAPSULE | NC | |
| INOVA 4% EASY PAD | NC | |
| INOVA 4-1 EASY PAD | NC | |
| INOVA 8% EASY PAD | NC | |
| INOVA 8-2 EASY PAD | NC | |
| INSPIRACHAMBER | MD | |
| INSPIRACHAMBER WITH MASK-MED | MD | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| INSPRA 25 MG TABLET | NC | |
| INSPRA 50 MG TABLET | NC | |
| INTELENCE 100 MG TABLET | 4 | |
| INTELENCE 200 MG TABLET | 4 | |
| INTELENCE 25 MG TABLET | 4 | |
| INTERMEZZO 1.75 MG TAB SUBLING | NC | |
| INTERMEZZO 3.5 MG TAB SUBLING | NC | |
| INTRAROSA 6.5 MG VAG INSERT | NC | |
| INTRON A 10 MILLION UNITS VIAL | 5 | SPP*: Must use CVS Specialty |
| INTRON A 18 MILLION UNIT/3 ML | 5 | SPP*: Must use CVS Specialty |
| INTRON A 18 MILLION UNITS VIAL | 5 | SPP*: Must use CVS Specialty |
| INTRON A 25 MILLION UNIT/2.5ML | 5 | SPP*: Must use CVS Specialty |
| INTRON A 50 MILLION UNITS VIAL | 5 | SPP*: Must use CVS Specialty |
| INTROVALE 0.15-0.03 MG TABLET | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| INTUNIV ER 1 MG TABLET | NC | |
| INTUNIV ER 2 MG TABLET | NC | |
| INTUNIV ER 3 MG TABLET | NC | |
| INTUNIV ER 4 MG TABLET | NC | |
| INVACARE 30G LANCETS | 3 | HSA* |
| 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 |
| INVIRASE 200 MG CAPSULE | 3 | |
| INVIRASE 500 MG TABLET | 3 | |
| INVOKAMET 150-1,000 MG TABLET | 3 | HSA* |
| INVOKAMET 150-500 MG TABLET | 3 | HSA* |
| INVOKAMET 50-1,000 MG TABLET | 3 | HSA* |
| INVOKAMET 50-500 MG TABLET | 3 | HSA* |
| INVOKAMET XR 150-1,000 MG TAB | 3 | HSA* |
| INVOKAMET XR 150-500 MG TABLET | 3 | HSA* |
| INVOKAMET XR 50-1,000 MG TAB | 3 | HSA* |
| INVOKAMET XR 50-500 MG TABLET | 3 | HSA* |
| INVOKANA 100 MG TABLET | 3 | HSA* |
| INVOKANA 300 MG TABLET | 3 | HSA* |
| IODOFLEX PAD | NC | |
| IODOSORB GEL | NC | |
| IOPHEN-C NR LIQUID | 2 | |
| IOPIDINE 0.5% EYE DROPS | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| IOPIDINE 1% EYE DROPS | 4 | |
| IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 2 | HSA* |
| IPRATROPIUM 0.03% SPRAY | 2 | |
| IPRATROPIUM 0.06% SPRAY | 2 | |
| IPRATROPIUM BR 0.02% SOLN | 2 | HSA* |
| IPRIVASK 15 MG VIAL | NC | |
| IRBESARTAN 150 MG TABLET | 2 | HSA* |
| IRBESARTAN 300 MG TABLET | 2 | HSA* |
| IRBESARTAN 75 MG TABLET | 2 | HSA* |
| IRBESARTAN-HCTZ 150-12.5 MG TB | 2 | HSA* |
| IRBESARTAN-HCTZ 300-12.5 MG TB | 2 | HSA* |
| IRENKA DR 40 MG CAPSULE | NC | |
| IRESSA 250 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| IRON AG-PS-ASC-B12-FA-THRE-SUC | NC | |
| IRRIGATION SYRINGE | 3 | |
| ISENTRESS 100 MG POWDER PACKET | 3 | |
| ISENTRESS 100 MG TABLET CHEW | 3 | |
| ISENTRESS 25 MG TABLET CHEW | 3 | |
| ISENTRESS 400 MG TABLET | 3 | |
| ISENTRESS HD 600 MG TABLET | 3 | |
| ISIBLOOM 28 DAY TABLET | \$0 | ACA* |
| ISOCHRON 40 MG TABLET SA | NC | |
| ISOMETHEPT-DICHLORALP-ACETAMIN | 2 | |
| ISONIAZID 100 MG TABLET | 2 | |
| ISONIAZID 300 MG TABLET | 1 | |
| ISONIAZID 50 MG/5 ML SOLUTION | 2 | |
| ISOPTO ATROPINE 1% EYE DROPS | NC | |
| ISOPTO CARBACHOL 3% DROPS | NC | |
| ISOPTO CARPINE 1% EYE DROPS | NC | |
| ISOPTO CARPINE 2% EYE DROPS | NC | |
| ISOPTO CARPINE 4% EYE DROPS | NC | |
| ISOPTO HOMATROPINE 5% DROPS | NC | |
| ISOPTO HYOSCINE 0.25% DROPS | NC | |
| ISORDIL 40 MG TABLET | 4 | |
| ISORDIL TITRADOSE 5 MG TAB | NC | |
| ISOSORBIDE DN 10 MG TABLET | 2 | |
| ISOSORBIDE DN 20 MG TABLET | 2 | |
| ISOSORBIDE DN 30 MG TABLET | 2 | |
| ISOSORBIDE DN 5 MG TABLET | 2 | |
| ISOSORBIDE DN ER 40 MG TABLET | 2 | |
| ISOSORBIDE MN 10 MG TABLET | 2 | |
| ISOSORBIDE MN 20 MG TABLET | 2 | |
| ISOSORBIDE MN ER 120 MG TAB | 2 | |
| ISOSORBIDE MN ER 30 MG TABLET | 2 | |
| ISOSORBIDE MN ER 60 MG TABLET | 2 | |
| ISOXSUPRINE 10 MG TABLET | 2 | |
| ISOXSUPRINE 20 MG TABLET | 2 | |
| ISRADIPINE 2.5 MG CAPSULE | 2 | HSA* |
| ISRADIPINE 5 MG CAPSULE | 2 | HSA* |
| ISTALOL 0.5% EYE DROPS | NC | |
| ITRACONAZOLE 100 MG CAPSULE | 2 | Max. 84 Days Supply; Prior Authorization required; Max. 168 in 365 days |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|------------------------|------|------------------------------|
| IV INFUSION CPI KIT | NC | |
| IVERMECTIN 3 MG TABLET | 2 | |
| IXINITY 500 UNIT RANGE | MD | SPP*: Must use CVS Specialty |

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|--------------------------------|-----|--------------------------|
| 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 | |
| JAKAFI 10 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| JAKAFI 15 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| JAKAFI 20 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| JAKAFI 25 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| JAKAFI 5 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| JALYN 0.5-0.4 MG CAPSULE | NC | |
| JANTOVEN 1 MG TABLET | 2 | HSA* |
| JANTOVEN 10 MG TABLET | 1 | HSA* |
| JANTOVEN 2 MG TABLET | 2 | HSA* |
| JANTOVEN 2.5 MG TABLET | 2 | HSA* |
| JANTOVEN 3 MG TABLET | 1 | HSA* |
| JANTOVEN 4 MG TABLET | 1 | HSA* |
| JANTOVEN 5 MG TABLET | 2 | HSA* |
| JANTOVEN 6 MG TABLET | 1 | HSA* |
| JANTOVEN 7.5 MG TABLET | 1 | HSA* |
| JANUMET 50-1,000 MG TABLET | 3 | HSA* |
| JANUMET 50-500 MG TABLET | 3 | HSA* |
| JANUMET XR 100-1,000 MG TABLET | 3 | HSA* |
| JANUMET XR 50-1,000 MG TABLET | 3 | HSA* |
| JANUMET XR 50-500 MG TABLET | 3 | HSA* |
| JANUVIA 100 MG TABLET | 3 | HSA* |
| JANUVIA 25 MG TABLET | 3 | HSA* |
| JANUVIA 50 MG TABLET | 3 | HSA* |
| JARDIANCE 10 MG TABLET | 3 | HSA* |
| JARDIANCE 25 MG TABLET | 3 | HSA* |
| JENCYCLA 0.35 MG TABLET | \$0 | ACA* |
| JENTADUETO 2.5 MG-1000 MG TAB | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| JENTADUETO 2.5 MG-500 MG TAB | 3 | HSA* |
| JENTADUETO 2.5 MG-850 MG TAB | 3 | HSA* |
| JENTADUETO XR 2.5 MG-1,000 MG | 3 | HSA* |
| JENTADUETO XR 5 MG-1,000 MG TB | 3 | HSA* |
| JEVANTIQUE LO 0.5 MG-2.5 MCG | NC | |
| JINTELI 1 MG-5 MCG TABLET | 2 | |
| JOLESSA 0.15 MG-0.03 MG TABLET | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| JOLIVETTE TABLET | \$0 | ACA* |
| JUBLIA 10% TOPICAL SOLUTION | NC | |
| JULEBER 28 DAY TABLET | \$0 | ACA* |
| JULUCA 50-25 MG TABLET | NC | |
| 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* |
| 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 | |

K

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|------------------------------|-----|----------------|
| K EFFERVESCENT 25 MEQ TABLET | 2 | |
| K-PHOS #2 TABLET | NC | |
| K-PHOS NEUTRAL TABLET | NC | |
| K-PHOS ORIGINAL TABLET | NC | |
| K-SOL 20% (40 MEQ/15 ML) LIQ | 2 | |
| K-TAB ER 10 MEQ TABLET | NC | |
| K-TAB ER 20 MEQ TABLET | NC | |
| K-TAB ER 8 MEQ TABLET | NC | |
| KADIAN ER 10 MG CAPSULE | NC | |
| KADIAN ER 100 MG CAPSULE | NC | |
| KADIAN ER 130 MG CAPSULE | 3 | Max. 2 per day |
| KADIAN ER 150 MG CAPSULE | 3 | Max. 2 per day |
| KADIAN ER 20 MG CAPSULE | NC | |
| KADIAN ER 200 MG CAPSULE | 3 | Max. 2 per day |
| KADIAN ER 30 MG CAPSULE | NC | |
| KADIAN ER 40 MG CAPSULE | 3 | Max. 2 per day |
| KADIAN ER 50 MG CAPSULE | NC | |
| KADIAN ER 60 MG CAPSULE | NC | |
| KADIAN ER 70 MG CAPSULE | 3 | Max. 2 per day |
| KADIAN ER 80 MG CAPSULE | NC | |
| KAITLIB FE CHEWABLE TABLET | \$0 | ACA* |
| KALETRA 100-25 MG TABLET | 3 | |
| KALETRA 200-50 MG TABLET | 3 | |
| KALETRA 80 MG-20 MG/ML SOLN | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| KALYDECO 150 MG TABLET | 5 | Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118 |
| KALYDECO 50 MG GRANULES PACKET | 5 | Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118 |
| KALYDECO 75 MG GRANULES PACKET | 5 | Prior Authorization required LDD*: Diplomat Pharmacy (877) 977-9118 |
| KAOCHLOR-EFF 20 MEQ TABLET | NC | |
| KAPVAY ER 0.1 MG TABLET | NC | |
| KARBINAL ER 4 MG/ 5 ML SUSP | NC | |
| KARIVA 28 DAY TABLET | \$0 | ACA* |
| KAYEXALATE POWDER | NC | |
| KAZANO 12.5-1,000 MG TABLET | NC | |
| KAZANO 12.5-500 MG TABLET | NC | |
| KEFLEX 250 MG CAPSULE | NC | |
| KEFLEX 500 MG CAPSULE | NC | |
| KEFLEX 750 MG CAPSULE | NC | |
| KELNOR 1-35 28 TABLET | \$0 | ACA* |
| KENALOG 0.147 MG/GRAM SPRAY | 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 | |
| KERAFOAM 30% FOAM | NC | |
| KERALYT 6% GEL | NC | |
| KERALYT SCALP COMPLETE KIT | NC | |
| KERYDIN 5% TOPICAL SOLUTION | 5 | Prior Authorization required |
| 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 | |
| KETEK 300 MG TABLET | 4 | |
| KETEK 400 MG TABLET | 4 | |
| KETO-DIASTIX REAGENT STRIPS | 3 | HSA* |
| KETOCONAZOLE 2% CREAM | 2 | |
| KETOCONAZOLE 2% FOAM | 2 | |
| KETOCONAZOLE 2% SHAMPOO | 2 | |
| KETOCONAZOLE 200 MG TABLET | 2 | |
| KETODAN 2% FOAM | 2 | |
| KETODAN 2% FOAM KIT | NC | |
| KETONE TEST STRIPS | 3 | |
| KETOPROFEN 50 MG CAPSULE | 1 | |
| KETOPROFEN 75 MG CAPSULE | 2 | |
| KETOPROFEN ER 200 MG CAPSULE | 2 | |
| KETOROLAC 0.4% OPTH SOLUTION | 2 | |
| KETOROLAC 0.5% OPTH SOLUTION | 2 | |
| KETOROLAC 10 MG TABLET | 2 | Max. 5 Days Supply;Max. quantity of 20 per fill |
| KETOSTIX REAGENT STRIPS | 3 | |
| KEVEYIS 50 MG TABLET | 5 | Prior Authorization required LDD*: Pantherx Specialty Pharmacy 1-855-726-8479 |
| KEVZARA 150 MG/1.14 ML SYRINGE | NC | |
| KEVZARA 200 MG/1.14 ML SYRINGE | NC | |
| KHEDEZLA ER 100 MG TABLET | NC | |
| KHEDEZLA ER 50 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| KIDS VITAMIN D3 TAB CHEW | NC | |
| KIMIDESS 28 DAY TABLET | \$0 | |
| KINERET 100 MG/0.67 ML SYRINGE | 5 | ACA* Prior Authorization required LDD*: Omnicare/RX Crossroads. 866-547-0644. |
| KINNEY BRAND 23G LANCETS | 3 | HSA* |
| KIONEX 15 GM/60 ML SUSPENSION | 2 | |
| KISQALI 200 MG DAILY DOSE | 5 | Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty |
| KISQALI 400 MG DAILY DOSE | 5 | Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty |
| KISQALI 600 MG DAILY DOSE | 5 | Prior Authorization required;Max. 63 per 28 days CH*; SPP*: CVS Specialty |
| KISQALI FEMARA 200 MG CO-PACK | 5 | Prior Authorization required CH*; SPP*: CVS Specialty |
| KISQALI FEMARA 400 MG CO-PACK | 5 | Prior Authorization required CH*; SPP*: CVS Specialty |
| KISQALI FEMARA 600 MG CO-PACK | 5 | Prior Authorization required CH*; SPP*: CVS Specialty |
| KITABIS PAK 300 MG/5 ML | 4 | SPP*: Must use CVS Specialty |
| KLARON 10% LOTION | NC | |
| KLONOPIN 0.5 MG TABLET | NC | |
| KLONOPIN 1 MG TABLET | NC | |
| KLONOPIN 2 MG TABLET | NC | |
| KLOR-CON 10 MEQ TABLET | 2 | |
| KLOR-CON 20 MEQ PACKET | NC | |
| KLOR-CON 25 MEQ PACKET | NC | |
| KLOR-CON 8 MEQ TABLET | NC | |
| KLOR-CON M10 TABLET | 2 | |
| KLOR-CON M15 TABLET | 2 | |
| KLOR-CON M20 TABLET | 2 | |
| KLOR-CON SPRINKLE ER 10 MEQ CP | 2 | |
| KLOR-CON SPRINKLE ER 8 MEQ CAP | 2 | |
| KLOR-CON-EF 25 MEQ TAB EFF | NC | |
| KOATE 250 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| KOGENATE FS 500 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| 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 | 5 | HSA*; LDD*; SPP*: Must use Dohmen Life Sciences. 1-800-305-7881. |
| KOVALTRY 3,000 UNIT KIT | MD | SPP*: Must use CVS Specialty |
| KRISTALOSE 10 GM PACKET | 3 | |
| KRISTALOSE 20 GM PACKET | 3 | |
| KRO PREMIUM BLOOD GLUCOSE TEST | NC | |
| KRO UNIVERSAL 1 THIN 26G LANCT | 3 | HSA* |
| KROGER SUPER THIN LANCETS | 3 | HSA* |
| KRYSTEXXA 8 MG/ML VIAL | MD | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| KURVELO TABLET | \$0 | ACA* |
| KUVAN 100 MG POWDER PACKET | 4 | SPP*: Must use CVS Specialty |
| KUVAN 100 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| KUVAN 500 MG POWDER PACKET | 4 | SPP*: Must use CVS Specialty |
| KYNAMRO 200 MG/ML SYRINGE | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
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| | | |
|---------------------------------|----|------|
| L-GLUTATHIONE REDUCED POWDER | NC | |
| LABETALOL HCL 100 MG TABLET | 2 | HSA* |
| LABETALOL HCL 200 MG TABLET | 2 | HSA* |
| LABETALOL HCL 300 MG TABLET | 2 | HSA* |
| LABSTIX REAGENT STRIPS | 3 | |
| LAC-HYDRIN 12% CREAM | NC | |
| LAC-HYDRIN 12% LOTION | NC | |
| LACRISERT 5 MG EYE INSERT | 4 | |
| LACTIC ACID 10% E CREAM | 2 | |
| LACTIC ACID 10% LOTION | 2 | |
| LACTIC ACID LIQUID | NC | |
| LACTULOSE 10 GM/15 ML SOLUTION | 2 | |
| LAMICTAL 100 MG TABLET | NC | |
| LAMICTAL 150 MG TABLET | NC | |
| LAMICTAL 2 MG DISPER TABLET | 4 | |
| 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 | 4 | |
| LAMICTAL ODT 200 MG TABLET | 4 | |
| LAMICTAL ODT 25 MG TABLET | 4 | |
| LAMICTAL ODT 50 MG TABLET | 4 | |
| LAMICTAL ODT START KIT (BLUE) | 4 | |
| LAMICTAL ODT START KIT (GREEN) | 4 | |
| LAMICTAL ODT START KIT (ORANGE) | 4 | |
| LAMICTAL TAB START KIT (BLUE) | 4 | |
| LAMICTAL TAB START KIT (GREEN) | 4 | |
| LAMICTAL TB START KIT (ORANGE) | 4 | |
| LAMICTAL XR 100 MG TABLET | 4 | |
| LAMICTAL XR 200 MG TABLET | 4 | |
| LAMICTAL XR 25 MG TABLET | 4 | |
| LAMICTAL XR 250 MG TABLET | 4 | |
| LAMICTAL XR 300 MG TABLET | 4 | |
| LAMICTAL XR 50 MG TABLET | 4 | |
| LAMICTAL XR START KIT (BLUE) | 4 | |
| LAMICTAL XR START KIT (GREEN) | 4 | |
| LAMICTAL XR START KIT (ORANGE) | 4 | |
| LAMISIL 125 MG GRANULES PACKET | NC | |
| LAMISIL 187.5 MG GRANULES PACK | NC | |
| LAMISIL 250 MG TABLET | NC | |
| LAMIVUDINE 10 MG/ML ORAL SOLN | 2 | |
| LAMIVUDINE 150 MG TABLET | 2 | |
| LAMIVUDINE 300 MG TABLET | 2 | |
| LAMIVUDINE HBV 100 MG TABLET | 2 | |
| LAMIVUDINE-ZIDOVUDINE TABLET | 2 | |
| LAMOTRIGINE 100 MG TABLET | 1 | |
| LAMOTRIGINE 150 MG TABLET | 1 | |
| LAMOTRIGINE 200 MG TABLET | 1 | |
| LAMOTRIGINE 25 MG DISPER TAB | 2 | |
| LAMOTRIGINE 25 MG TABLET | 2 | |
| LAMOTRIGINE 5 MG DISPER TABLET | 2 | |
| LAMOTRIGINE ER 100 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| LAMOTRIGINE ER 200 MG TABLET | 2 | |
| LAMOTRIGINE ER 25 MG TABLET | 2 | |
| LAMOTRIGINE ER 250 MG TABLET | 2 | |
| LAMOTRIGINE ER 300 MG TABLET | 2 | |
| LAMOTRIGINE ER 50 MG TABLET | 2 | |
| LAMOTRIGINE ODT 100 MG TABLET | 2 | |
| LAMOTRIGINE ODT 200 MG TABLET | 2 | |
| LAMOTRIGINE ODT 25 MG TABLET | 2 | |
| LAMOTRIGINE ODT 50 MG TABLET | 2 | |
| LAMOTRIGINE ODT KIT (BLUE) | 2 | |
| LAMOTRIGINE ODT KIT (GREEN) | 2 | |
| LAMOTRIGINE ODT KIT (ORANGE) | 2 | |
| LAMOTRIGINE TAB START KIT-BLUE | 3 | |
| LAMOTRIGINE TAB START KT-GREEN | 3 | |
| LAMOTRIGINE TAB START KT-ORANG | 3 | |
| LANCETS 33G | 3 | |
| LANCETS THIN 23G | 3 | HSA* |
| LANCETS ULTRA THIN 26G | 3 | HSA* |
| LANOXIN 125 MCG TABLET | NC | |
| LANOXIN 187.5 MCG TABLET | NC | |
| LANOXIN 250 MCG TABLET | NC | |
| LANOXIN 62.5 MCG TABLET | NC | |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 2 | |
| LANSOPRAZOLE DR 15 MG CAPSULE | 3 | |
| LANSOPRAZOLE DR 30 MG CAPSULE | 3 | |
| LANTHANUM CARB 1,000 MG TB CHW | 3 | |
| LANTHANUM CARB 500 MG TAB CHEW | 3 | |
| LANTHANUM CARB 750 MG TAB CHEW | 3 | |
| LANTUS 100 UNIT/ML VIAL | 3 | HSA* |
| LANTUS SOLOSTAR 100 UNIT/ML | 3 | HSA* |
| 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* |
| LASIX 20 MG TABLET | NC | |
| LASIX 40 MG TABLET | NC | |
| LASIX 80 MG TABLET | NC | |
| LASTACRAFT 0.25% EYE DROPS | 4 | |
| LATANOPROST 0.005% EYE DROPS | 2 | |
| LATRIX 50% TOPICAL SUSPENSION | 2 | |
| LATUDA 120 MG TABLET | 3 | |
| LATUDA 20 MG TABLET | 3 | |
| LATUDA 40 MG TABLET | 3 | |
| LATUDA 60 MG TABLET | 3 | |
| LATUDA 80 MG TABLET | 3 | |
| LAYOLIS FE CHEWABLE TABLET | \$0 | ACA* |
| LAZANDA 100 MCG NASAL SPRAY | 5 | Prior Authorization required;Max. 1 per 2 days |
| LAZANDA 300 MCG NASAL SPRAY | 5 | Prior Authorization required;Max. 1 per 2 days |
| LAZANDA 400 MCG NASAL SPRAY | 5 | Prior Authorization required;Max. 1 per 2 days |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-----------------------------------|
| LEENA 28 TABLET | \$0 | ACA* |
| LEFLUNOMIDE 10 MG TABLET | 2 | |
| LEFLUNOMIDE 20 MG TABLET | 2 | |
| LENVIMA 10 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LENVIMA 14 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LENVIMA 18 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LENVIMA 20 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LENVIMA 24 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LENVIMA 8 MG DAILY DOSE | 5 | CH*; LDD*: Accredo (866) 815-4717 |
| LESCOL 20 MG CAPSULE | NC | |
| LESCOL 40 MG CAPSULE | NC | |
| LESCOL XL 80 MG TABLET | NC | |
| LESSINA-28 TABLET | \$0 | ACA* |
| LETAIRIS 10 MG TABLET | 4 | SPP*: Must Use CVS Specialty |
| LETAIRIS 5 MG TABLET | 4 | SPP*: Must Use CVS Specialty |
| LETROZOLE 2.5 MG TABLET | 2 | CH*; HSA* |
| LEUCOVORIN CALCIUM 10 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 15 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 25 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 5 MG TAB | 2 | |
| LEUKERAN 2 MG TABLET | 3 | CH* |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 2 | Max. 30 Days Supply IVF* |
| LEVALBUTEROL 0.31 MG/3 ML SOL | 2 | HSA* |
| LEVALBUTEROL 0.63 MG/3 ML SOL | 2 | HSA* |
| LEVALBUTEROL 1.25 MG/3 ML SOL | 2 | HSA* |
| LEVALBUTEROL CONC 1.25 MG/0.5 | 2 | HSA* |
| LEVALBUTEROL TAR HFA 45MCG INH | 3 | HSA* |
| LEVAQUIN 25 MG/ML SOLUTION | NC | |
| LEVAQUIN 250 MG TABLET | NC | |
| LEVAQUIN 500 MG TABLET | NC | |
| LEVAQUIN 750 MG TABLET | NC | |
| LEVATOL 20 MG TABLET | 4 | HSA* |
| LEVEMIR 100 UNITS/ML VIAL | 3 | HSA* |
| LEVEMIR FLEXTOUCH 100 UNITS/ML | 3 | HSA* |
| LEVETIRACETAM 1,000 MG TABLET | 2 | |
| LEVETIRACETAM 100 MG/ML SOLN | 2 | |
| LEVETIRACETAM 250 MG TABLET | 2 | |
| LEVETIRACETAM 500 MG TABLET | 2 | |
| LEVETIRACETAM 750 MG TABLET | 2 | |
| LEVETIRACETAM ER 500 MG TABLET | 2 | |
| LEVETIRACETAM ER 750 MG TABLET | 2 | |
| LEVITRA 10 MG TABLET | NC | |
| LEVITRA 2.5 MG TABLET | NC | |
| LEVITRA 20 MG TABLET | NC | |
| LEVITRA 5 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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 | |
| LEVOBUNOLOL 0.5% EYE DROPS | 2 | |
| LEVOCARNITINE 1 G/10 ML SOLN | 2 | |
| LEVOCARNITINE 330 MG TABLET | 2 | |
| LEVOCETIRIZINE 2.5 MG/5 ML SOL | 2 | |
| LEVOCETIRIZINE 5 MG TABLET | 2 | |
| LEVOFLOXACIN 0.5% EYE DROPS | 2 | |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 2 | |
| LEVOFLOXACIN 250 MG TABLET | 1 | |
| LEVOFLOXACIN 500 MG TABLET | 1 | |
| LEVOFLOXACIN 750 MG TABLET | 1 | |
| 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* |
| LEVONOR-ETH ESTRAD 0.15-0.03 | \$0 | ACA* |
| LEVONOR-ETH ESTRAD TRIPHASIC | \$0 | Max. 91 Days Supply ACA* |
| LEVONORG 0.15MG-EE 20-25-30MCG | \$0 | Max. 91 Days Supply;Max. 1 per day 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* |
| LEVORPHANOL 2 MG TABLET | 4 | |
| LEVOTHYROXINE 100 MCG TABLET | 2 | |
| LEVOTHYROXINE 112 MCG TABLET | 2 | |
| LEVOTHYROXINE 125 MCG TABLET | 2 | |
| LEVOTHYROXINE 137 MCG TABLET | 2 | |
| LEVOTHYROXINE 150 MCG TABLET | 2 | |
| LEVOTHYROXINE 175 MCG TABLET | 2 | |
| LEVOTHYROXINE 200 MCG TABLET | 2 | |
| LEVOTHYROXINE 25 MCG TABLET | 2 | |
| LEVOTHYROXINE 300 MCG TABLET | 2 | |
| LEVOTHYROXINE 50 MCG TABLET | 2 | |
| LEVOTHYROXINE 75 MCG TABLET | 2 | |
| LEVOTHYROXINE 88 MCG TABLET | 2 | |
| LEVOXYL 100 MCG TABLET | 2 | |
| LEVOXYL 112 MCG TABLET | 2 | |
| LEVOXYL 125 MCG TABLET | 2 | |
| LEVOXYL 137 MCG TABLET | 2 | |
| LEVOXYL 150 MCG TABLET | 2 | |
| LEVOXYL 175 MCG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-----------------------------|------|-------------------------|
| LEVOXYL 200 MCG TABLET | 2 | |
| LEVOXYL 25 MCG TABLET | 2 | |
| LEVOXYL 50 MCG TABLET | 2 | |
| LEVOXYL 75 MCG TABLET | 2 | |
| LEVOXYL 88 MCG TABLET | 2 | |
| LEVULAN KERASTICK | NC | |
| LEXAPRO 10 MG TABLET | NC | |
| LEXAPRO 20 MG TABLET | NC | |
| LEXAPRO 5 MG TABLET | NC | |
| LEXAPRO 5 MG/5 ML SOLUTION | NC | |
| LEXIVA 50 MG/ML SUSPENSION | 4 | |
| LEXIVA 700 MG TABLET | 4 | |
| LIALDA DR 1.2 GM TABLET | 4 | |
| LIBERTY TEST STRIPS | NC | |
| LIBRAX CAPSULE | NC | |
| LIDO BDK KIT | 2 | |
| LIDOCAINE 2% VISCOUS SOLN | 1 | |
| LIDOCAINE 3% CREAM | 2 | |
| LIDOCAINE 5% OINTMENT | 1 | |
| LIDOCAINE 5% PATCH | 2 | |
| LIDOCAINE HCL 2% JELLY | 2 | |
| LIDOCAINE HCL 4% SOLUTION | 2 | |
| LIDOCAINE-HC 3-0.5% CREAM | 2 | |
| LIDOCAINE-HC 3-1% CREAM KIT | 2 | |
| LIDOCAINE-HC 3-2.5% GEL KIT | NC | |
| LIDOCAINE-PRILOCAINE CREAM | 2 | |
| LIDODERM 5% PATCH | NC | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LILLOW-28 TABLET | \$0 | ACA* |
| LINDANE 1% LOTION | 2 | |
| LINDANE 1% SHAMPOO | 2 | |
| LINEZOLID 100 MG/5 ML SUSP | 2 | |
| LINEZOLID 600 MG TABLET | 4 | |
| LINZESS 145 MCG CAPSULE | 3 | |
| LINZESS 290 MCG CAPSULE | 3 | |
| LINZESS 72 MCG CAPSULE | 3 | |
| LIOTHYRONINE SOD 25 MCG TAB | 2 | |
| LIOTHYRONINE SOD 5 MCG TAB | 2 | |
| LIOTHYRONINE SOD 50 MCG TAB | 2 | |
| 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 | |
| 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* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--------------------------|
| LISINAPRIL 40 MG TABLET | 1 | HSA* |
| LISINAPRIL 5 MG TABLET | 1 | HSA* |
| LISINAPRIL-HCTZ 10-12.5 MG TAB | 1 | HSA* |
| LISINAPRIL-HCTZ 20-12.5 MG TAB | 1 | HSA* |
| LISINAPRIL-HCTZ 20-25 MG TAB | 1 | HSA* |
| LITE TOUCH 30G LANCETS | 3 | HSA* |
| LITE TOUCH 33G LANCETS | 3 | HSA* |
| LITEAIRE MDI CHAMBER | MD | |
| LITETOUCH MEDIUM MASK | MD | |
| LITHIUM 8 MEQ/5 ML SOLUTION | 2 | |
| LITHIUM CARBONATE 150 MG CAP | 1 | |
| LITHIUM CARBONATE 300 MG CAP | 1 | |
| LITHIUM CARBONATE 300 MG TAB | 2 | |
| LITHIUM CARBONATE 600 MG CAP | 2 | |
| LITHIUM CARBONATE ER 300 MG TB | 2 | |
| LITHIUM CARBONATE ER 450 MG TB | 2 | |
| LITHOBID ER 300 MG TABLET | NC | |
| LITHOSTAT 250 MG TABLET | NC | |
| LIVALO 1 MG TABLET | 4 | HSA* |
| LIVALO 2 MG TABLET | 4 | HSA* |
| LIVALO 4 MG TABLET | 4 | HSA* |
| LO LOESTRIN FE 1-10 TABLET | \$0 | ACA* |
| LOCOID 0.1% CREAM | NC | |
| LOCOID 0.1% LOTION | NC | |
| LOCOID 0.1% OINTMENT | NC | |
| LOCOID 0.1% SOLUTION | NC | |
| LOCORT 11 DAY 1.5 MG TABLET | NC | |
| LOCORT 7 DAY 1.5 MG TABLET | NC | |
| LODINE 400 MG TABLET | NC | |
| LODOSYN 25 MG TABLET | NC | |
| LOESTRIN 21 1-20 TABLET | NC | |
| LOESTRIN 21 1.5-30 TABLET | NC | |
| LOESTRIN FE 1-20 TABLET | NC | |
| LOESTRIN FE 1.5-30 TABLET | NC | |
| LOFIBRA 134 MG CAPSULE | NC | |
| LOFIBRA 160 MG TABLET | NC | |
| LOFIBRA 200 MG CAPSULE | NC | |
| LOFIBRA 54 MG TABLET | NC | |
| LOFIBRA 67 MG CAPSULE | NC | |
| LOMEDIA 24 FE 1 MG-20 MCG TAB | \$0 | ACA* |
| LOMOTIL 2.5-0.025 MG TABLET | NC | |
| LOMUSTINE 10 MG CAPSULE | 2 | CH* |
| LOMUSTINE 100 MG CAPSULE | 2 | CH* |
| LOMUSTINE 40 MG CAPSULE | 2 | CH* |
| LONGS THIN LANCETS 26G | 3 | HSA* |
| LONSURF 15 MG-6.14 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| LONSURF 20 MG-8.19 MG TABLET | 4 | CH*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| LOPERAMIDE 2 MG CAPSULE | NC | |
| LOPID 600 MG TABLET | NC | |
| LOPINAVIR-RITONAVIR 80-20MG/ML | 3 | |
| LOPREEZA 0.5 MG-0.1 MG TABLET | 2 | |
| LOPREEZA 1 MG-0.5 MG TABLET | 2 | |
| LOPRESSOR 100 MG TABLET | NC | |
| LOPRESSOR 50 MG TABLET | NC | |
| LOPRESSOR HCT 50-25 TABLET | NC | |
| LOPROX 0.77% CREAM | NC | |
| LOPROX 0.77% GEL | NC | |
| LOPROX 0.77% TOPICAL SUSP | NC | |
| LOPROX 1% SHAMPOO | NC | |
| LORAZEPAM 0.5 MG TABLET | 1 | |
| LORAZEPAM 1 MG TABLET | 1 | |
| LORAZEPAM 2 MG TABLET | 1 | |
| LORAZEPAM 2 MG/ML ORAL CONCENT | 2 | |
| LORCET 10-650 TABLET | NC | |
| LORCET 5-325 MG TABLET | 2 | |
| LORCET HD 10-325 MG TABLET | 2 | |
| LORCET PLUS 7.5-325 MG TABLET | 2 | |
| LORCET PLUS TABLET | NC | |
| LORENZA 4%-1% PATCH | 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 7.5-325 MG TABLET | NC | |
| LORTAB 7.5-500 TABLET | NC | |
| LORTUSS EX LIQUID | NC | |
| LORYNA 3 MG-0.02 MG TABLET | \$0 | ACA* |
| LORZONE 375 MG TABLET | NC | |
| LORZONE 750 MG TABLET | NC | |
| 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* |
| LOSEASONIQUE TABLET | NC | |
| LOTEMAX 0.5% EYE DROPS | 3 | |
| LOTEMAX 0.5% EYE OINTMENT | 3 | |
| LOTEMAX 0.5% OPHTHALMIC GEL | 3 | |
| 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 | |
| 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 | |
| LOTRISONE CREAM | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| LOTRONEX 0.5 MG TABLET | NC | |
| LOTRONEX 1 MG TABLET | NC | |
| LOVASTATIN 10 MG TABLET | \$0 | ACA* |
| LOVASTATIN 20 MG TABLET | \$0 | ACA* |
| LOVASTATIN 40 MG TABLET | \$0 | ACA* |
| LOVAZA 1 GM CAPSULE | NC | |
| 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 | |
| LOW-OGESTREL-28 TABLET | \$0 | ACA* |
| LOXAPINE 10 MG CAPSULE | 2 | |
| LOXAPINE 25 MG CAPSULE | 2 | |
| LOXAPINE 5 MG CAPSULE | 2 | |
| LOXAPINE 50 MG CAPSULE | 2 | |
| LOXITANE 5 MG CAPSULE | NC | |
| LUER LOCK SYRINGE 30 ML | 3 | |
| LUER SLIP TIP SYR TRAY 1 ML | 4 | |
| LUER-LOCK SYRINGE 60 ML | 4 | |
| LUFYLLIN 200 MG TABLET | 4 | HSA* |
| LUFYLLIN-400 TABLET | 4 | HSA* |
| LUMIGAN 0.01% EYE DROPS | 3 | |
| LUNESTA 1 MG TABLET | NC | |
| LUNESTA 2 MG TABLET | NC | |
| LUNESTA 3 MG TABLET | NC | |
| LUPANETA PK 11.25-5 MG 3MO KIT | NC | |
| LUPANETA PK 3.75-5 MG 1MO KIT | NC | |
| 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 |
| 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 |
| LUTERA-28 TABLET | \$0 | ACA* |
| LUVOX CR 100 MG CAPSULE | NC | |
| LUVOX CR 150 MG CAPSULE | NC | |
| LUXAMEND WOUND CREAM | NC | |
| LUXIQ 0.12% FOAM | NC | |
| LUZU 1% CREAM | 5 | Prior Authorization required |
| LYCELLE HEAD LICE REMOVAL KIT | NC | |
| LYNPARZA 100 MG TABLET | NC | |

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|-------------------------------|-----|---|
| LYNPARZA 150 MG TABLET | NC | |
| LYNPARZA 50 MG CAPSULE | NC | |
| LYRICA 100 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 150 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 20 MG/ML ORAL SOLUTION | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 200 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 225 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 25 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 300 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 50 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYRICA 75 MG CAPSULE | 4 | Step Therapy required STA*: 18 and older |
| LYSIPLEX PLUS TABLET | NC | |
| LYSODREN 500 MG TABLET | 3 | CH* |
| LYSTEDA 650 MG TABLET | NC | |
| LYZA 0.35 MG TABLET | \$0 | ACA* |

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| | | |
|--------------------------------|-----|---|
| MACROBID 100 MG CAPSULE | NC | |
| MACRODANTIN 100 MG CAPSULE | NC | |
| MACRODANTIN 25 MG CAPSULE | NC | |
| MACRODANTIN 50 MG CAPSULE | NC | |
| MAFENIDE ACETATE 50 GM POWD PK | 2 | |
| MAGELLAN SAFETY 1 ML 23GX1" | 4 | |
| MAGELLAN TUBERCULIN SYR 1 ML | 3 | |
| MAGNACET 10 MG-400 MG TABLET | NC | |
| MAGNACET 5 MG-400 MG TABLET | NC | |
| MAGNACET 7.5 MG-400 MG TABLET | NC | |
| MAGNEBIND 400 RX TABLET | 2 | |
| MAKENA 250 MG/ML VIAL | MD | Prior Authorization required;Max. 4 ML(s) per 28 days IVF* |
| MALARONE 250-100 MG TABLET | NC | |
| MALARONE 62.5-25 MG PED TAB | NC | |
| MALATHION 0.5% LOTION | 2 | |
| MAPROTILINE 25 MG TABLET | 2 | |
| MAPROTILINE 50 MG TABLET | 2 | |
| MAPROTILINE 75 MG TABLET | 2 | |
| MARGESIC CAPSULE | 2 | |
| MARINOL 10 MG CAPSULE | NC | |
| MARINOL 2.5 MG CAPSULE | NC | |
| MARINOL 5 MG CAPSULE | NC | |
| MARLISSA-28 TABLET | \$0 | ACA* |
| MARPLAN 10 MG TABLET | 4 | |
| MARTEN-TAB 325-50 TABLET | 2 | |
| MATULANE 50 MG CAPSULE | 3 | CH*; LDD*: Walgreens Specialty (800) 424-9002 |
| MATZIM LA 180 MG TABLET | 2 | HSA* |
| MATZIM LA 240 MG TABLET | 2 | HSA* |
| MATZIM LA 300 MG TABLET | 2 | HSA* |
| MATZIM LA 360 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| MATZIM LA 420 MG TABLET | 2 | HSA* |
| MAVIK 1 MG TABLET | NC | |
| MAVIK 2 MG TABLET | NC | |
| MAVIK 4 MG TABLET | NC | |
| MAVYRET 100-40 MG TABLET | 4 | Prior Authorization required;Max. 84 per 28 days SPP*: Must use CVS Specialty |
| MAXAIR AUTOHALER 0.2 MG AERO | 4 | HSA* |
| MAXALT 10 MG TABLET | NC | |
| MAXALT 5 MG TABLET | NC | |
| MAXALT MLT 10 MG TABLET | NC | |
| MAXALT MLT 5 MG TABLET | NC | |
| MAXIDEX 0.1% EYE DROPS | 4 | |
| MAXIDONE 10-750 MG TABLET | NC | |
| MAXIFLU CD TABLET | NC | |
| MAXIFLU CDX TABLET | NC | |
| MAXIMA TEST STRIP | NC | |
| MAXITROL EYE DROPS | NC | |
| MAXITROL EYE OINTMENT | NC | |
| MAXZIDE 37.5 MG-25 MG TABLET | NC | |
| MAXZIDE 75 MG-50 MG TABLET | NC | |
| MB HYDROGEL KIT | NC | |
| MECLIZINE 12.5 MG TABLET | 2 | |
| MECLIZINE 25 MG TABLET | 2 | |
| MECLOFENAMATE 100 MG CAPSULE | 2 | |
| MECLOFENAMATE 50 MG CAPSULE | 2 | |
| MEDI-LANCE LANCETS | 3 | HSA* |
| MEDLANCE PLUS 21G LANCETS | 3 | HSA* |
| MEDLANCE PLUS 30G LANCETS | 3 | HSA* |
| MEDLANCE PLUS LITE 25G LANCETS | 3 | HSA* |
| MEDLANCE PLUS SPECIAL BLADE | 3 | HSA* |
| 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 | |
| MEDROXYPROGESTERONE 10 MG TAB | 1 | |
| MEDROXYPROGESTERONE 150 MG/ML | \$0 | Max. 90 Days Supply;Max. 1 ML(s) in 90 days ACA* |
| MEDROXYPROGESTERONE 150 MG/ML | \$0 | Max. 90 Days Supply;Max. 1 ML(s) in 60 days |
| MEDROXYPROGESTERONE 2.5 MG TAB | 1 | |
| MEDROXYPROGESTERONE 5 MG TAB | 1 | |
| MEFENAMIC ACID 250 MG CAPSULE | 2 | |
| MEFLOQUINE HCL 250 MG TABLET | 2 | |
| MEGACE 40 MG/ML ORAL SUSP | NC | |
| MEGACE ES 625 MG/5 ML SUSP | NC | |
| MEGESTROL 20 MG TABLET | 2 | CH* |
| MEGESTROL 40 MG TABLET | 2 | CH* |
| MEGESTROL 625 MG/5 ML SUSP | 2 | CH* |
| MEGESTROL ACET 40 MG/ML SUSP | 2 | CH* |
| MEKINIST 0.5 MG TABLET | 5 | CH*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| MEKINIST 2 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| MELODETTA 24 FE CHEWABLE TAB | \$0 | ACA* |
| MELOXICAM 15 MG TABLET | 1 | |
| MELOXICAM 7.5 MG TABLET | 1 | |
| MELOXICAM 7.5 MG/5 ML SUSP | 2 | |
| MELPHALAN 2 MG TABLET | 3 | CH* |
| MEMANTINE 5-10 MG TITRATION PK | 2 | |
| MEMANTINE HCL 10 MG TABLET | 2 | |
| MEMANTINE HCL 2 MG/ML SOLUTION | 2 | |
| MEMANTINE HCL 5 MG TABLET | 2 | |
| MENACTRA VIAL | MD | |
| MENEST 0.3 MG TABLET | 4 | |
| MENEST 0.625 MG TABLET | 4 | |
| MENEST 1.25 MG TABLET | 4 | |
| MENEST 2.5 MG TABLET | 4 | |
| MENOMUNE-A-C-Y-W-135 VIAL | MD | |
| MENOMUNE-A-C-Y-W-135 W-DILUENT | MD | |
| MENOPUR 75 UNIT VIAL | 4 | Max. 30 Days Supply IVF* |
| MENOSTAR 14 MCG/DAY PATCH | NC | |
| MENTAX 1% CREAM | 5 | Prior Authorization required |
| MEPERIDINE 100 MG TABLET | 2 | |
| MEPERIDINE 50 MG TABLET | 2 | |
| MEPERIDINE 50 MG/5 ML SOLUTION | 2 | |
| MEPERIDINE 550 MG/55 ML-NS SYR | 2 | |
| MEPHYTON 5 MG TABLET | 4 | HSA* |
| MEPROBAMATE 200 MG TABLET | 2 | |
| MEPROBAMATE 400 MG TABLET | 2 | |
| MEPRON 750 MG/5 ML SUSPENSION | NC | |
| MERCAPTOPYRINE 50 MG TABLET | 2 | CH* |
| MESALAMINE 4 GM/60 ML ENEMA | 2 | |
| MESALAMINE 800 MG DR TABLET | 3 | |
| MESALAMINE DR 1.2 GM TABLET | 3 | |
| MESNEX 400 MG TABLET | 4 | |
| MESTINON 180 MG TIMESPAN | NC | |
| MESTINON 60 MG TABLET | NC | |
| MESTINON 60 MG/5 ML SYRUP | 4 | |
| METADATE CD 10 MG CAPSULE | NC | |
| 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 | 2 | Max. 60 Days Supply |
| METAPROTERENOL 10 MG TABLET | 2 | HSA* |
| METAPROTERENOL 10 MG/5 ML SYR | 2 | HSA* |
| METAPROTERENOL 20 MG TABLET | 2 | HSA* |
| METAXALL 800 MG TABLET | 2 | |
| METAXALONE 400 MG TABLET | 2 | |
| METAXALONE 800 MG TABLET | 2 | |
| METFORMIN ER 1,000 MG OSM-TAB | 4 | HSA*; (generic Fortamet) |
| METFORMIN HCL 1,000 MG TABLET | 1 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| METFORMIN HCL 500 MG TABLET | 1 | HSA* |
| METFORMIN HCL 850 MG TABLET | 1 | HSA* |
| METFORMIN HCL ER 1,000 MG TAB | 4 | Prior Authorization required HSA*; (generic Glumetza) |
| METFORMIN HCL ER 500 MG OSM-TB | 2 | HSA*; (generic Fortamet) |
| METFORMIN HCL ER 500 MG TABLET | 1 | HSA* |
| METFORMIN HCL ER 500 MG TABLET | 4 | Prior Authorization required HSA*; (generic Glumetza) |
| METFORMIN HCL ER 750 MG TABLET | 2 | HSA* |
| METHADONE 10 MG/5 ML SOLUTION | 2 | |
| METHADONE 10 MG/ML ORAL CONC | 2 | |
| METHADONE 5 MG/5 ML SOLUTION | 2 | |
| METHADONE HCL 10 MG TABLET | 2 | |
| METHADONE HCL 5 MG TABLET | 2 | |
| METHADOSE 10 MG/ML ORAL CONC | NC | |
| METHADOSE 40 MG TABLET DISPR | 2 | |
| METHAMPHETAMINE 5 MG TABLET | 2 | Max. 60 Days Supply |
| METHAZOLAMIDE 25 MG TABLET | 2 | |
| METHAZOLAMIDE 50 MG TABLET | 2 | |
| METHENAMINE HIPP 1 GM TABLET | 2 | |
| METHENAMINE MD 1 GM TABLET | 2 | |
| METHENAMINE MD 500 MG TABLET | 2 | |
| METHERGINE 0.2 MG TABLET | NC | |
| METHIMAZOLE 10 MG TABLET | 2 | |
| METHIMAZOLE 5 MG TABLET | 2 | |
| METHITEST 10 MG TABLET | 4 | Max. 30 Days Supply;Prior Authorization required |
| METHOCARBAMOL 500 MG TABLET | 2 | |
| METHOCARBAMOL 750 MG TABLET | 2 | |
| METHOTREXATE 1 GM VIAL | MD | |
| METHOTREXATE 1 GRAM/40 ML VIAL | MD | |
| METHOTREXATE 100 MG/4 ML VIAL | MD | |
| METHOTREXATE 2.5 MG TABLET | 2 | |
| METHOTREXATE 50 MG/2 ML VIAL | MD | |
| METHOXSALLEN 10 MG CAPSULE | 2 | |
| METHSCOPOLAMINE BROM 2.5 MG TB | 2 | |
| METHSCOPOLAMINE BROM 5 MG TAB | 2 | |
| METHYCLOTHIAZIDE 5 MG TABLET | 2 | HSA* |
| METHYLDOPA 250 MG TABLET | 2 | HSA* |
| METHYLDOPA 500 MG TABLET | 2 | HSA* |
| METHYLDOPA-HCTZ 250-15 MG TAB | 2 | HSA* |
| METHYLDOPA-HCTZ 250-25 MG TAB | 1 | HSA* |
| METHYLERGONOVINE 0.2 MG TABLET | 2 | |
| 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 | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE 10 MG TABLET | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE 10 MG/5 ML SOL | 1 | Max. 60 Days Supply |
| METHYLPHENIDATE 2.5 MG CHEW TB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE 20 MG TABLET | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE 5 MG CHEW TAB | 2 | Max. 60 Days Supply |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| METHYLPHENIDATE 5 MG TABLET | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE 5 MG/5 ML SOLN | 1 | Max. 60 Days Supply |
| METHYLPHENIDATE CD 10 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE CD 20 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE CD 40 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE CD 50 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE CD 60 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 10 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 18 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 20 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 20 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 27 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 36 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 40 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE ER 54 MG TAB | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE LA 30 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPHENIDATE LA 60 MG CAP | 2 | Max. 60 Days Supply |
| METHYLPREDNISOLONE 16 MG TAB | 2 | |
| METHYLPREDNISOLONE 32 MG TAB | 2 | |
| METHYLPREDNISOLONE 4 MG DOSEPK | 2 | |
| METHYLPREDNISOLONE 4 MG TABLET | 2 | |
| METHYLPREDNISOLONE 8 MG TAB | 2 | |
| METHYLTESTOSTERONE 10 MG CAP | NC | |
| METIPRANOLOL 0.3% EYE DROPS | 2 | |
| METOCLOPRAMIDE 10 MG TABLET | 1 | |
| METOCLOPRAMIDE 5 MG TABLET | 1 | |
| METOCLOPRAMIDE 5 MG/5 ML SOLN | 2 | |
| METOCLOPRAMIDE HCL 10 MG ODT | 2 | |
| METOCLOPRAMIDE HCL 5 MG ODT | 2 | |
| METOLAZONE 10 MG TABLET | 2 | HSA* |
| METOLAZONE 2.5 MG TABLET | 2 | HSA* |
| METOLAZONE 5 MG TABLET | 2 | HSA* |
| METOPIRONE 250 MG CAPSULE | 4 | |
| METOPROLOL ER-HCTZ 100-12.5 MG | 3 | HSA* |
| METOPROLOL ER-HCTZ 25-12.5 MG | 3 | HSA* |
| METOPROLOL ER-HCTZ 50-12.5 MG | 3 | HSA* |
| METOPROLOL SUCC ER 100 MG TAB | 2 | HSA* |
| METOPROLOL SUCC ER 200 MG TAB | 2 | HSA* |
| METOPROLOL SUCC ER 25 MG TAB | 2 | HSA* |
| METOPROLOL SUCC ER 50 MG TAB | 2 | HSA* |
| METOPROLOL TARTRATE 100 MG TAB | 1 | HSA* |
| METOPROLOL TARTRATE 25 MG TAB | 1 | HSA* |
| METOPROLOL TARTRATE 37.5 MG TB | 2 | HSA* |
| METOPROLOL TARTRATE 50 MG TAB | 1 | HSA* |
| METOPROLOL TARTRATE 75 MG TAB | 2 | HSA* |
| METOPROLOL-HCTZ 100-25 MG TAB | 2 | HSA* |
| METOPROLOL-HCTZ 100-50 MG TAB | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| METOPROLOL-HCTZ 50-25 MG TAB | 2 | HSA* |
| METOZOLV ODT 5 MG TABLET | NC | |
| METROCREAM 0.75% CREAM | NC | |
| METROGEL TOPICAL 1% GEL | NC | |
| METROGEL-VAGINAL 0.75% GEL | NC | |
| METROLOTION TOPICAL 0.75% | NC | |
| METRONIDAZOLE 0.75% CREAM | 2 | |
| METRONIDAZOLE 0.75% LOTION | 2 | |
| METRONIDAZOLE 250 MG TABLET | 2 | |
| METRONIDAZOLE 375 MG CAPSULE | 2 | |
| METRONIDAZOLE 500 MG TABLET | 2 | |
| METRONIDAZOLE TOPICAL 0.75% GL | 2 | |
| METRONIDAZOLE TOPICAL 1% GEL | 2 | |
| METRONIDAZOLE VAGINAL 0.75% GL | 2 | |
| MEVACOR 20 MG TABLET | NC | |
| MEXILETINE 150 MG CAPSULE | 2 | |
| MEXILETINE 200 MG CAPSULE | 2 | |
| MEXILETINE 250 MG CAPSULE | 2 | |
| MEZPAROX-HC 2.5%-1% CREAM | NC | |
| MIACALCIN 200 UNIT NASAL SPRAY | NC | |
| MIBELAS 24 FE CHEWABLE TABLET | \$0 | ACA* |
| 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 | |
| MICONAZOLE 3 200 MG VAG SUPP | NC | |
| MICORT HC 2.5% CREAM | NC | |
| MICRHOGAM ULTRA-FILTD PLUS SYR | MD | SPP*: Must use CVS Specialty |
| MICRO THIN 33G LANCETS | 3 | HSA* |
| MICROCHAMBER | MD | |
| MICROCRYSTAL CELLULOSE POWDER | NC | |
| MICROCYN SKIN-WOUND CARE SPRAY | NC | |
| MICROCYN SKIN-WOUND HYDROGEL | NC | |
| MICRODOT TEST STRIPS | NC | |
| MICRODOT XTRA TEST STRIPS | NC | |
| MICROGESTIN 21 1-20 TABLET | \$0 | ACA* |
| MICROGESTIN 21 1.5-30 TAB | \$0 | ACA* |
| MICROGESTIN 24 FE 1 MG-20 MCG | \$0 | ACA* |
| MICROGESTIN FE 1-20 TABLET | \$0 | ACA* |
| MICROGESTIN FE 1.5-30 TAB | \$0 | ACA* |
| MICROLET LANCETS | 3 | HSA* |
| MICROLIFE PEAK FLOW METER | MD | |
| MICROSPACER FOR AEROSOL DEVICE | MD | |
| MICROZIDE 12.5 MG CAPSULE | NC | |
| MIDAZOLAM HCL 2 MG/ML SYRUP | 1 | |
| MIDODRINE HCL 10 MG TABLET | 2 | HSA* |
| MIDODRINE HCL 2.5 MG TABLET | 2 | HSA* |
| MIDODRINE HCL 5 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|--------------------------------------|
| MIFEPREX 200 MG TABLET | NC | |
| MIGERGOT SUPPOSITORY | NC | |
| MIGLITOL 100 MG TABLET | 2 | HSA* |
| MIGLITOL 25 MG TABLET | 2 | HSA* |
| MIGLITOL 50 MG TABLET | 2 | HSA* |
| MIGRANAL NASAL SPRAY | NC | |
| 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 | |
| MIMVEY 1-0.5 MG TABLET | 2 | |
| MIMVEY LO 0.5-0.1 MG TABLET | 2 | |
| MINASTRIN 24 FE CHEWABLE TAB | NC | |
| MINI WRIGHT PEAK FLOW METER | MD | |
| MINIMED INFUSION SET | MD | |
| MINIMED RESERVOIR 3 ML | MD | |
| MINIPRESS 1 MG CAPSULE | NC | |
| MINIPRESS 2 MG CAPSULE | NC | |
| MINIPRESS 5 MG CAPSULE | NC | |
| MINIPRIN EC 81 MG TABLET | \$0 | ACA* |
| MINITRAN 0.1 MG/HR PATCH | 4 | Prior Authorization required HSA* |
| MINITRAN 0.2 MG/HR PATCH | 4 | Prior Authorization required HSA* |
| MINITRAN 0.4 MG/HR PATCH | 4 | Prior Authorization required HSA* |
| MINITRAN 0.6 MG/HR PATCH | 4 | Prior Authorization required HSA* |
| MINIVELLE 0.025 MG PATCH | 4 | |
| MINIVELLE 0.0375 MG PATCH | 4 | |
| MINIVELLE 0.05 MG PATCH | 4 | |
| MINIVELLE 0.075 MG PATCH | 4 | |
| MINIVELLE 0.1 MG PATCH | 4 | |
| MINOCIN 100 MG PELLETIZED CAP | NC | |
| MINOCIN 50 MG PELLETIZED CAP | NC | |
| MINOCIN 75 MG PELLETIZED CAP | NC | |
| MINOCIN KIT 100 MG COMBO | NC | |
| MINOCIN KIT 50 MG COMBO | NC | |
| MINOCYCLINE 100 MG CAPSULE | 2 | |
| MINOCYCLINE 50 MG CAPSULE | 2 | |
| MINOCYCLINE 75 MG CAPSULE | 2 | |
| MINOCYCLINE ER 135 MG TABLET | 2 | Prior Authorization required |
| MINOCYCLINE ER 45 MG TABLET | 2 | Prior Authorization required |
| MINOCYCLINE ER 90 MG TABLET | 2 | Prior Authorization required |
| MINOCYCLINE HCL 100 MG TABLET | 2 | |
| MINOCYCLINE HCL 50 MG TABLET | 2 | |
| MINOCYCLINE HCL 75 MG TABLET | 2 | |
| MINOXIDIL 10 MG TABLET | 2 | HSA* |
| MINOXIDIL 2.5 MG TABLET | 2 | HSA* |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| 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 | |
| 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 | |
| MIRCETTE 28 DAY TABLET | NC | |
| MIRTAZAPINE 15 MG ODT | 2 | |
| MIRTAZAPINE 15 MG TABLET | 1 | |
| MIRTAZAPINE 30 MG ODT | 2 | |
| MIRTAZAPINE 30 MG TABLET | 2 | |
| MIRTAZAPINE 45 MG ODT | 2 | |
| MIRTAZAPINE 45 MG TABLET | 2 | |
| MIRTAZAPINE 7.5 MG TABLET | 2 | |
| MIRVASO 0.33% GEL PUMP | 5 | Prior Authorization required |
| MISOPROSTOL 100 MCG TABLET | 2 | |
| MISOPROSTOL 200 MCG TABLET | 1 | |
| MISTASSIST IFCD | MD | |
| MITIGARE 0.6 MG CAPSULE | NC | |
| MOBIC 15 MG TABLET | NC | |
| MOBIC 7.5 MG TABLET | NC | |
| MOBIC 7.5 MG/5 ML SUSPENSION | NC | |
| MODAFINIL 100 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| MODAFINIL 200 MG TABLET | 3 | Prior Authorization required;Max. 1 per day |
| 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 | |
| MODICON 28 TABLET | NC | |
| MOEXIPRIL HCL 15 MG TABLET | 2 | HSA* |
| MOEXIPRIL HCL 7.5 MG TABLET | 2 | HSA* |
| MOEXIPRIL-HCTZ 15-12.5 MG TAB | 2 | HSA* |
| MOEXIPRIL-HCTZ 15-25 MG TABLET | 2 | HSA* |
| MOEXIPRIL-HCTZ 7.5-12.5 MG TAB | 2 | HSA* |
| MOLINDONE HCL 10 MG TABLET | 2 | |
| MOLINDONE HCL 25 MG TABLET | 2 | |
| MOLINDONE HCL 5 MG TABLET | 2 | |
| MOMETASONE FUROATE 0.1% CREAM | 2 | |
| MOMETASONE FUROATE 0.1% OINT | 2 | |
| MOMETASONE FUROATE 0.1% SOLN | 2 | |
| MOMETASONE FUROATE 50 MCG SPRY | 2 | |
| MOMEXIN COMBO PACK | NC | |
| MONAGHAN Z STAT CHAMBER-MD MSK | MD | |
| MONDOXYNE NL 100 MG CAPSULE | NC | |
| MONDOXYNE NL 50 MG CAPSULE | NC | |
| MONDOXYNE NL 75 MG CAPSULE | NC | |
| MONO-LINYAH 28 TABLET | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| MONOCLATE-P 1,000 UNIT KIT | MD | SPP*: Must use CVS Specialty |
| MONODOX 100 MG CAPSULE | NC | |
| MONODOX 50 MG CAPSULE | NC | |
| MONODOX 75 MG CAPSULE | NC | |
| MONOJECT 1 ML SYRN 28GX1/2" | 3 | HSA* |
| MONOJECT 12 ML SYRINGE 18GX1" | 3 | |
| MONOJECT 12 ML SYRN 20GX1.25 | 3 | |
| MONOJECT 12 ML SYRN 21GX1" | 3 | |
| MONOJECT 12 ML SYRN 21GX1.5" | 3 | |
| MONOJECT 3 ML SYRINGE | 3 | |
| MONOJECT 3 ML SYRINGE 21GX1" | 3 | |
| MONOJECT 3 ML SYRINGE 23GX1" | 3 | |
| MONOJECT 3 ML SYRINGE 25GX1" | 3 | |
| MONOJECT 3 ML SYRN 21GX1-1/2" | 3 | |
| MONOJECT 3 ML SYRN 22GX1-1/2" | 3 | |
| MONOJECT 3 ML SYRN 25GX1" | 3 | |
| MONOJECT 3 ML SYRN 25GX1.25" | 3 | |
| MONOJECT 3 ML SYRN 25GX5/8" | 3 | |
| MONOJECT 3 ML SYRN 27GX1.25" | 3 | |
| MONOJECT 6 ML SYRN 20GX11/2" | 3 | |
| MONOJECT 6 ML SYRN 21GX1" | 3 | |
| MONOJECT 6 ML SYRN 21GX11/2" | 3 | |
| MONOJECT 6 ML SYRN 22GX11/2" | 3 | |
| MONOJECT 6CC SAFETY SYRINGE | 3 | |
| MONOJECT CONTROL SYRINGE 12ML | 3 | |
| MONOJECT DISP SYRINGE 20 ML | 3 | |
| 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 | 3 | |
| MONOJECT HYPO NEEDLE 22X1.5 | 3 | |
| MONOJECT HYPO NEEDLE 23X0.5 | 3 | |
| MONOJECT HYPO NEEDLE 23X1 | 3 | |
| MONOJECT HYPO NEEDLE 25X1 | 3 | |
| MONOJECT HYPO NEEDLE 25X1.5 | 3 | |
| MONOJECT HYPO NEEDLE 25X5/8 | 3 | |
| MONOJECT HYPO NEEDLE 26X1.5 | 3 | |
| MONOJECT HYPO NEEDLE 27X0.5 | 3 | |
| MONOJECT HYPO NEEDLE 30X3/4 | 3 | |
| MONOJECT LUER LOCK TB SYR 1 ML | 3 | |
| MONOJECT MAGELLAN SYRINGE | 3 | |
| MONOJECT MAGELLAN SYRINGE 1 ML | 3 | |
| MONOJECT MAGELLAN SYRINGE 3 ML | 4 | |
| MONOJECT MEGELLAN TB SYR 1 ML | 4 | |
| MONOJECT PHARMACY TRAY | 3 | |
| MONOJECT SAFETY SYRINGE | 3 | |
| MONOJECT SAFETY SYRINGE | 3 | |
| MONOJECT SAFETY SYRINGE | 3 | |
| MONOJECT SAFETY SYRINGE | 3 | |
| MONOJECT SAFETY SYRINGE | 3 | |
| MONOJECT SMARTIP CANNULA 12 ML | 3 | |
| MONOJECT SMARTIP CANNULA 3 ML | 3 | |
| MONOJECT SMARTIP CANNULA 6 ML | 3 | |
| MONOJECT SYR PHARM TRAY PK | 3 | |
| MONOJECT SYR PHARM TRAY PK | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| MONOJECT SYRINGE 1 ML | 3 | HSA* |
| MONOJECT SYRINGE 12 ML | 3 | |
| MONOJECT SYRINGE 140 ML | 3 | |
| MONOJECT SYRINGE 3 ML | 3 | |
| MONOJECT SYRINGE 3 ML 20GX1 | 3 | |
| MONOJECT SYRINGE 3 ML 22GX1" | NC | |
| MONOJECT SYRINGE 35 ML | 3 | |
| MONOJECT SYRINGE 6 ML | 3 | |
| MONOJECT SYRINGE 60 ML | 3 | |
| MONOJECT SYRN 3 ML 20GX1-1/2" | 3 | |
| MONOJECT SYRN 3 ML 20GX3/4" | 3 | |
| MONOJECT TB 1 ML SYRN 26X3/8" | 3 | |
| MONOJECT TB 1 ML SYRN 28GX1/2 | 3 | |
| MONOJECT TB SAFETY SYRINGE | 4 | |
| MONOJECT TB SYRN 25GX5/8" | 3 | |
| MONOJECT TB SYRN 27GX1/2" | 3 | |
| MONOJECT TUBERCULIN SYR 1 ML | 3 | |
| MONOLET 21G LANCETS | 3 | HSA* |
| MONOLET THIN 28G LANCETS | 3 | HSA* |
| MONONESSA 28 TABLET | \$0 | ACA* |
| MONONINE 1,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| MONTELUKAST SOD 10 MG TABLET | 1 | HSA* |
| MONTELUKAST SOD 4 MG GRANULES | 2 | HSA* |
| MONTELUKAST SOD 4 MG TAB CHEW | 2 | HSA* |
| MONTELUKAST SOD 5 MG TAB CHEW | 2 | HSA* |
| MONUROL 3 GM SACHET | 4 | |
| MORGIDOX 100 MG CAPSULE | NC | |
| MORGIDOX 1X100 MG KIT | NC | |
| MORPHABOND ER 100 MG TABLET | 2 | Max. 2 per day |
| MORPHABOND ER 15 MG TABLET | 2 | Max. 2 per day |
| MORPHABOND ER 30 MG TABLET | 2 | Max. 2 per day |
| MORPHABOND ER 60 MG TABLET | 2 | Max. 2 per day |
| MORPHINE 2 MG/ML CARPUJECT | NC | |
| MORPHINE 50 MG/50 ML-0.9% NACL | 2 | |
| MORPHINE SULF 10 MG SUPPOS | 2 | |
| MORPHINE SULF 10 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 100 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 20 MG SUPPOS | 2 | |
| MORPHINE SULF 20 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 30 MG SUPPOS | 2 | |
| MORPHINE SULF 5 MG SUPPOS | 2 | |
| MORPHINE SULF ER 100 MG TABLET | 2 | Max. 90 per 30 days |
| MORPHINE SULF ER 15 MG TABLET | 2 | Max. 90 per 30 days |
| MORPHINE SULF ER 200 MG TABLET | 2 | Max. 90 per 30 days |
| MORPHINE SULF ER 30 MG TABLET | 2 | Max. 90 per 30 days |
| MORPHINE SULF ER 60 MG TABLET | 2 | Max. 90 per 30 days |
| MORPHINE SULFATE ER 10 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 100 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 120 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 20 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 30 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 45 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 50 MG CAP | 2 | Max. 2 per day |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| MORPHINE SULFATE ER 60 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 75 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 80 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE ER 90 MG CAP | 2 | Max. 2 per day |
| MORPHINE SULFATE IR 15 MG TAB | 4 | |
| MORPHINE SULFATE IR 30 MG TAB | 4 | |
| MOTOFEN 1-0.025 MG TABLET | 4 | |
| MOVANTIK 12.5 MG TABLET | 3 | |
| MOVANTIK 25 MG TABLET | 3 | |
| MOVIPREP POWDER PACKET | 3 | |
| MOXATAG ER 775 MG TABLET | NC | |
| MOXEZA 0.5% EYE DROPS | 4 | |
| MOXIFLOXACIN 0.5% EYE DROPS | 3 | |
| MOXIFLOXACIN HCL 400 MG TABLET | 2 | |
| 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 | |
| MUGARD ORAL WOUND RINSE | 3 | |
| MULTAQ 400 MG TABLET | 3 | |
| MULTICHEW CHEWABLE TABLET | NC | |
| MULTISTIX 10 SG REAGENT STRIPS | 3 | |
| MULTISTIX 5 STRIPS | 3 | |
| MULTISTIX 7 REAGENT STRIPS | 3 | |
| MULTISTIX 8 SG REAGENT STRIPS | 3 | |
| MULTISTIX 9 REAGENT STRIPS | 3 | |
| MULTISTIX 9 SG REAGENT STRIPS | 3 | |
| MULTISTIX REAGENT STRIPS | 3 | |
| MULTIVITAMINS CHEWABLES TABLET | 2 | |
| MULTIVITAMINS PEDIATRIC DROPS | 2 | |
| MUPIROCIN 2% CREAM | 2 | |
| MUPIROCIN 2% OINTMENT | 2 | |
| MUSE 1,000 MCG URETHRAL SUPP | 3 | Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days |
| MUSE 125 MCG URETHRAL SUPPOS | 3 | Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days |
| MUSE 250 MCG URETHRAL SUPPOS | 3 | Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days |
| MUSE 500 MCG URETHRAL SUPPOS | 3 | Covered for males only;Not covered for members 17 and younger; Max. 6 in 30 days |
| MY WAY 1.5 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| MYALEPT 11.3 MG (5 MG/ML) VIAL | 5 | LDD*: Accredo (866) 815-4717 |
| MYAMBUTOL 400 MG TABLET | NC | |
| MYCOBUTIN 150 MG CAPSULE | NC | |
| MYCOPHENOLATE 200 MG/ML SUSP | 2 | |
| MYCOPHENOLATE 250 MG CAPSULE | 2 | |
| MYCOPHENOLATE 500 MG TABLET | 2 | |
| MYCOPHENOLIC ACID DR 180 MG TB | 2 | |
| MYCOPHENOLIC ACID DR 360 MG TB | 2 | |
| 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 | |
| MYDFRIN 2.5% EYE DROPS | NC | |
| MYDRIACYL 1% EYE DROPS | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| MYFERON-150 FORTE CAPSULE | NC | |
| MYFORTIC 180 MG TABLET | NC | |
| MYFORTIC 360 MG TABLET | NC | |
| MYGLUCOHEALTH 30G LANCETS | 3 | HSA* |
| MYGLUCOHEALTH TEST STRIPS | NC | |
| MYLERAN 2 MG TABLET | 3 | CH* |
| MYNEPHROCAPS SOFTGEL | 2 | |
| MYNEPHRON CAPSULE | NC | |
| 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 |
| MYORISAN 10 MG CAPSULE | 2 | |
| MYORISAN 20 MG CAPSULE | 2 | |
| MYORISAN 30 MG CAPSULE | 2 | |
| MYORISAN 40 MG CAPSULE | 2 | |
| MYRBETRIQ ER 25 MG TABLET | 3 | |
| MYRBETRIQ ER 50 MG TABLET | 3 | |
| MYSOLINE 250 MG TABLET | NC | |
| MYSOLINE 50 MG TABLET | NC | |
| MYTESI 125 MG DR TABLET | 4 | Step Therapy required |
| MYZILRA-28 TABLET | \$0 | ACA* |

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|-------------------------------|----|---|
| NABUMETONE 500 MG TABLET | 2 | |
| NABUMETONE 750 MG TABLET | 2 | |
| NADOLOL 20 MG TABLET | 2 | HSA* |
| NADOLOL 40 MG TABLET | 2 | HSA* |
| NADOLOL 80 MG TABLET | 2 | HSA* |
| NADOLOL-BENDROFLU 40-5 MG TAB | 2 | HSA* |
| NADOLOL-BENDROFLU 80-5 MG TAB | 2 | HSA* |
| NAFTIFINE HCL 1% CREAM | 2 | |
| NAFTIFINE HCL 2% CREAM | 2 | |
| NAFTIN 1% CREAM | NC | |
| NAFTIN 1% GEL | 4 | |
| NAFTIN 2% CREAM | NC | |
| NAFTIN 2% GEL | 4 | |
| NALFON 400 MG CAPSULE | NC | |
| NALOXONE 0.4 MG/ML CARPUJECT | MD | Max. 2 ML(s) per 15 days \$0 copayment |
| NALOXONE 0.4 MG/ML VIAL | MD | Max. 2 ML(s) per 15 days \$0 copayment |
| NALOXONE 2 MG/2 ML SYRINGE | MD | Max. 2 ML(s) per 15 days \$0 copayment |
| NALTREXONE 50 MG TABLET | 2 | |
| 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 | 4 | |
| NAMENDA XR 21 MG CAPSULE | 4 | |
| NAMENDA XR 28 MG CAPSULE | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| NAMENDA XR 7 MG CAPSULE | 4 | |
| NAMENDA XR TITRATION PACK | 4 | |
| 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 | |
| NAPHAZOLINE 0.1% EYE DROPS | 1 | |
| 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 | 2 | |
| NAPROXEN 250 MG TABLET | 1 | |
| NAPROXEN 375 MG TABLET | 1 | |
| NAPROXEN 500 MG TABLET | 1 | |
| NAPROXEN DR 375 MG TABLET | 2 | |
| NAPROXEN DR 500 MG TABLET | 2 | |
| NAPROXEN SOD CR 375 MG TABLET | 4 | |
| NAPROXEN SOD CR 500 MG TABLET | 4 | |
| NAPROXEN SODIUM 275 MG TAB | 2 | |
| NAPROXEN SODIUM 550 MG TAB | 2 | |
| NARATRIPTAN HCL 1 MG TABLET | 2 | Max. quantity of 15 per fill MQC*: 15 tabs/copay |
| NARATRIPTAN HCL 2.5 MG TABLET | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| NARCAN 4 MG NASAL SPRAY | MD | Max. 2 per 15 days \$0 copayment |
| NARDIL 15 MG TABLET | NC | |
| NASACORT AQ NASAL SPRAY | NC | |
| NASCOBAL 500 MCG NASAL SPRAY | NC | |
| NASONEX 50 MCG NASAL SPRAY | NC | |
| NATACYN EYE DROPS | 4 | |
| NATAZIA 28 TABLET | \$0 | ACA* |
| NATEGLINIDE 120 MG TABLET | 2 | HSA* |
| NATEGLINIDE 60 MG TABLET | 2 | HSA* |
| NATESTO NASAL 5.5 MG/0.122 GM | 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 | |
| NATROBA 0.9% TOPICAL SUSP | NC | |
| NATURE-THROID 113.75 MG TABLET | 2 | |
| NATURE-THROID 130 MG TABLET | 2 | |
| NATURE-THROID 146.25 MG TABLET | 2 | |
| NATURE-THROID 16.25 MG TABLET | 2 | |
| NATURE-THROID 162.5 MG TABLET | 2 | |
| NATURE-THROID 195 MG TABLET | 2 | |
| NATURE-THROID 260 MG TABLET | 2 | |
| NATURE-THROID 32.5 MG TABLET | 2 | |
| NATURE-THROID 325 MG TABLET | 2 | |
| NATURE-THROID 48.75 MG TABLET | 2 | |
| NATURE-THROID 65 MG TABLET | 2 | |
| NATURE-THROID 81.25 MG TABLET | 2 | |
| NATURE-THROID 97.5 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| NEBUPENT 300 MG INHAL POWDER | 4 | |
| NEBUSAL 3% VIAL | 2 | |
| NEBUSAL 6% VIAL | 4 | |
| 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* |
| NEFAZODONE HCL 100 MG TABLET | 2 | |
| NEFAZODONE HCL 150 MG TABLET | 2 | |
| NEFAZODONE HCL 200 MG TABLET | 2 | |
| NEFAZODONE HCL 250 MG TABLET | 2 | |
| NEFAZODONE HCL 50 MG TABLET | 2 | |
| NEO-BACIT-POLY-HC EYE OINTMENT | 2 | |
| NEO-POLYCIN EYE OINTMENT | 2 | |
| NEO-POLYCIN HC EYE OINTMENT | 2 | |
| NEO-SYNALAR 0.5%-0.025% CREAM | 5 | Prior Authorization required |
| NEO-SYNALAR 0.5-0.025% CRM KIT | NC | |
| NEOMYC-BACIT-POLYMIX EYE OINT | 2 | |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 2 | |
| NEOMYC-POLYM-DEXAMETH EYE DROP | 2 | |
| NEOMYC-POLYM-GRAMICID EYE DROP | 2 | |
| NEOMYCIN 500 MG TABLET | 2 | |
| NEOMYCIN-POLY-HC EYE DROPS | 2 | |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 2 | |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 2 | |
| NEORAL 100 MG GELATIN CAPSULE | NC | |
| NEORAL 100 MG/ML SOLUTION | NC | |
| NEORAL 25 MG GELATIN CAPSULE | NC | |
| NEOSALUS CP CREAM | NC | |
| NEOSALUS CREAM | NC | |
| NEOSALUS FOAM | NC | |
| NEOSALUS LOTION | NC | |
| NEOSPORIN EYE DROPS | NC | |
| NEPHRO-VITE RX TABLET | NC | |
| NEPHROCAPS QT TABLET | NC | |
| NEPHROCAPS SOFTGEL | 2 | |
| NEPHRON FA TABLET | NC | |
| NEPTAZANE 25 MG TABLET | NC | |
| NEPTAZANE 50 MG TABLET | NC | |
| NERLYNX 40 MG TABLET | NC | |
| NESINA 12.5 MG TABLET | NC | |
| NESINA 25 MG TABLET | NC | |
| NESINA 6.25 MG TABLET | NC | |
| NESSI SPACER | MD | |
| NEUAC 1.2-5% KIT | NC | |
| NEUAC GEL | 2 | |
| NEULASTA 6 MG/0.6 ML SYRINGE | 5 | Prior Authorization required;Max. 1.2 ML(s) per 28 days SPP*: CVS Specialty |
| NEUMEGA 5 MG VIAL | 4 | SPP*: Must use CVS Specialty |
| NEUPOGEN 300 MCG/0.5 ML SYR | 5 | Prior Authorization required SPP*: CVS Specialty |
| NEUPOGEN 300 MCG/ML VIAL | 5 | Prior Authorization required SPP*: CVS Specialty |
| NEUPOGEN 480 MCG/0.8 ML SYR | 5 | Prior Authorization required SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| NEUPOGEN 480 MCG/1.6 ML VIAL | 5 | Prior Authorization required SPP*: CVS Specialty |
| 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 | |
| NEURIN-SL TABLET SL | 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 | |
| NEUTEK 2TEK TEST STRIPS | NC | |
| NEUTRAL SODIUM FLUORIDE | 2 | ACA*: Children through age 5; HSA |
| NEUTRASAL 538 MG POWDER PACKET | NC | |
| NEUTRASAL POWDER PACKET | NC | |
| NEVANAC 0.1% DROPTAINER | 4 | |
| NEVIRAPINE 200 MG TABLET | 2 | |
| NEVIRAPINE 50 MG/5 ML SUSP | 2 | |
| NEVIRAPINE ER 100 MG TABLET | 2 | |
| NEVIRAPINE ER 400 MG TABLET | 2 | |
| NEXAVAR 200 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| NEXIUM 24HR 20 MG CAPSULE | 1 | |
| NEXIUM 24HR 20 MG TABLET | 1 | |
| NEXIUM DR 10 MG PACKET | 4 | |
| NEXIUM DR 2.5 MG PACKET | 4 | |
| NEXIUM DR 20 MG CAPSULE | NC | |
| NEXIUM DR 20 MG PACKET | 4 | |
| NEXIUM DR 40 MG CAPSULE | NC | |
| NEXIUM DR 40 MG PACKET | 4 | |
| NEXIUM DR 5 MG PACKET | 4 | |
| NEXPLANON 68 MG IMPLANT | \$0 | SPP*: Must use CVS Specialty |
| NEXT CHOICE ONE DOSE 1.5 MG TB | \$0 | Max. quantity of 1 per fill ACA* |
| NIACIN ER 1,000 MG TABLET | 2 | HSA* |
| NIACIN ER 500 MG TABLET | 2 | HSA* |
| NIACIN ER 750 MG TABLET | 2 | HSA* |
| NIACOR 500 MG TABLET | 2 | HSA* |
| NIASPAN ER 1,000 MG TABLET | NC | |
| NIASPAN ER 500 MG TABLET | NC | |
| NIASPAN ER 750 MG TABLET | NC | |
| NICARDIPINE 20 MG CAPSULE | 2 | HSA* |
| NICARDIPINE 30 MG CAPSULE | 2 | HSA* |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|---|
| 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 |
| NIFEDICAL XL 30 MG TABLET | 2 | HSA* |
| NIFEDICAL XL 60 MG TABLET | 2 | HSA* |
| NIFEDIPINE 10 MG CAPSULE | 2 | HSA* |
| NIFEDIPINE 20 MG CAPSULE | 2 | HSA* |
| NIFEDIPINE ER 30 MG TABLET | 2 | |
| NIFEDIPINE ER 30 MG TABLET | 2 | HSA* |
| NIFEDIPINE ER 60 MG TABLET | 2 | HSA* |
| NIFEDIPINE ER 60 MG TABLET | 2 | |
| NIFEDIPINE ER 90 MG TABLET | 2 | |
| NIFEDIPINE ER 90 MG TABLET | 2 | HSA* |
| NIKKI 3 MG-0.02 MG TABLET | \$0 | ACA* |
| NILANDRON 150 MG TABLET | 4 | CH* |
| NILUTAMIDE 150 MG TABLET | 3 | CH* |
| NIMODIPINE 30 MG CAPSULE | 2 | HSA* |
| NINLARO 2.3 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| NINLARO 3 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| NINLARO 4 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| NIRAVAM 0.25 MG ODT | NC | |
| NIRAVAM 0.5 MG ODT | NC | |
| NIRAVAM 1 MG ODT | NC | |
| NIRAVAM 2 MG ODT | NC | |
| NISOLDIPINE ER 17 MG TABLET | 2 | HSA* |
| NISOLDIPINE ER 20 MG TABLET | 2 | HSA* |
| NISOLDIPINE ER 25.5 MG TABLET | 2 | HSA* |
| NISOLDIPINE ER 30 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| NISOLDIPINE ER 34 MG TABLET | 2 | HSA* |
| NISOLDIPINE ER 40 MG TABLET | 2 | HSA* |
| NISOLDIPINE ER 8.5 MG TABLET | 2 | HSA* |
| NITRO-BID 2% OINTMENT | 3 | HSA* |
| NITRO-DUR 0.1 MG/HR PATCH | NC | |
| NITRO-DUR 0.2 MG/HR PATCH | NC | |
| NITRO-DUR 0.3 MG/HR PATCH | 4 | HSA* |
| NITRO-DUR 0.4 MG/HR PATCH | NC | |
| NITRO-DUR 0.6 MG/HR PATCH | NC | |
| NITRO-DUR 0.8 MG/HR PATCH | 4 | HSA* |
| NITROFURANTOIN 25 MG/5 ML SUSP | 2 | |
| NITROFURANTOIN MCR 100 MG CAP | 2 | |
| NITROFURANTOIN MCR 25 MG CAP | 2 | |
| NITROFURANTOIN MCR 50 MG CAP | 2 | |
| NITROFURANTOIN MONO-MCR 100 MG | 2 | |
| NITROGLYCERIN 0.1 MG/HR PATCH | 2 | HSA* |
| NITROGLYCERIN 0.2 MG/HR PATCH | 2 | HSA* |
| NITROGLYCERIN 0.3 MG TABLET SL | 3 | HSA* |
| NITROGLYCERIN 0.4 MG TABLET SL | 3 | HSA* |
| NITROGLYCERIN 0.4 MG/HR PATCH | 2 | HSA* |
| NITROGLYCERIN 0.6 MG TABLET SL | 3 | HSA* |
| NITROGLYCERIN 0.6 MG/HR PATCH | 2 | HSA* |
| NITROGLYCERIN ER 2.5 MG CAP | 2 | HSA* |
| NITROGLYCERIN ER 6.5 MG CAP | 2 | HSA* |
| NITROGLYCERIN ER 9 MG CAPSULE | 2 | HSA* |
| NITROGLYCERIN LINGUAL 0.4 MG | 2 | HSA* |
| NITROLINGUAL 0.4 MG SPRAY | NC | |
| NITROMIST 400 MCG SPRAY | NC | |
| NITROSTAT 0.3 MG TABLET SL | 4 | HSA* |
| NITROSTAT 0.4 MG TABLET SL | 4 | HSA* |
| NITROSTAT 0.6 MG TABLET SL | 4 | HSA* |
| NITYR 10 MG TABLET | NC | |
| NITYR 2 MG TABLET | NC | |
| NITYR 5 MG TABLET | NC | |
| NIVATOPIC PLUS CREAM | 4 | |
| NIZATIDINE 15 MG/ML SOLUTION | 2 | |
| NIZATIDINE 150 MG CAPSULE | 2 | |
| NIZATIDINE 300 MG CAPSULE | 2 | |
| NIZORAL 2% SHAMPOO | NC | |
| NO-STICK GLUCOSE TEST STRIPS | 3 | HSA* |
| NODOLOR CAPSULE | 2 | |
| NOLIX 0.05% LOTION | NC | |
| NOR-Q-D TABLET | NC | |
| NORA-BE TABLET | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| NORCO 10-325 TABLET | NC | |
| NORCO 5-325 TABLET | NC | |
| NORCO 7.5-325 TABLET | NC | |
| 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 | |
| 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* |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 2 | |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 2 | |
| NORETHIND-ETH ESTRAD 1-0.02 MG | \$0 | ACA* |
| NORETHINDRONE 0.35 MG TABLET | \$0 | ACA* |
| NORETHINDRONE 5 MG TABLET | 2 | |
| NORG-EE 0.18-0.215-0.25/0.025 | \$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* |
| NORITATE 1% CREAM | NC | |
| NORLYDA 0.35 MG TABLET | \$0 | ACA* |
| NORLYROC 0.35 MG TABLET | \$0 | ACA* |
| NORM-JECT 1 ML SYRINGE | 3 | |
| NORMLGEL AG 0.11% WOUND GEL | NC | |
| NOROXIN 400 MG TABLET | 4 | |
| NORPACE 100 MG CAPSULE | NC | |
| NORPACE 150 MG CAPSULE | NC | |
| NORPACE CR 100 MG CAPSULE | 4 | |
| NORPACE CR 150 MG CAPSULE | 4 | |
| 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 | |
| NORTHERA 100 MG CAPSULE | NC | |
| NORTHERA 200 MG CAPSULE | NC | |
| NORTHERA 300 MG CAPSULE | NC | |
| 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* |
| NORTRIPTYLINE 10 MG/5 ML SOL | 2 | |
| NORTRIPTYLINE HCL 10 MG CAP | 2 | |
| NORTRIPTYLINE HCL 25 MG CAP | 2 | |
| NORTRIPTYLINE HCL 50 MG CAP | 2 | |
| NORTRIPTYLINE HCL 75 MG CAP | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--------------------------------------|
| NORVASC 10 MG TABLET | NC | |
| NORVASC 2.5 MG TABLET | NC | |
| NORVASC 5 MG TABLET | NC | |
| NORVIR 100 MG SOFTGEL CAP | 4 | |
| NORVIR 100 MG TABLET | 4 | |
| NORVIR 80 MG/ML SOLUTION | 4 | |
| NOVA MAX GLUCOSE TEST STRIP | NC | |
| NOVA SAFETY 23G LANCETS | 3 | HSA* |
| NOVA SAFETY 28G LANCETS | 3 | HSA* |
| NOVA SUREFLEX THIN LANCETS | 3 | HSA* |
| NOVAMAX PLUS KETONE TEST STRIP | NC | |
| NOVAREL 10,000 UNITS VIAL | 3 | Max. 30 Days Supply IVF* |
| NOVAREL 5,000 UNIT VIAL | 3 | Max. 30 Days Supply IVF* |
| NOVOEIGHT 1,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| NOVOLIN 70-30 100 UNIT/ML VIAL | 4 | Prior Authorization required HSA* |
| NOVOLIN N 100 UNITS/ML VIAL | 4 | Prior Authorization required HSA* |
| NOVOLIN R 100 UNITS/ML VIAL | 4 | Prior Authorization required HSA* |
| NOVOLOG 100 UNIT/ML CARTRIDGE | 4 | Prior Authorization required HSA* |
| NOVOLOG 100 UNIT/ML VIAL | 4 | Prior Authorization required HSA* |
| NOVOLOG 100 UNITS/ML FLEXPEN | 4 | Prior Authorization required HSA* |
| NOVOLOG MIX 70-30 FLEXPEN SYRN | 4 | Prior Authorization required HSA* |
| NOVOLOG MIX 70-30 VIAL | 4 | Prior Authorization required HSA* |
| NOVOSEVEN RT 2 MG VIAL | MD | SPP*: Must use CVS Specialty |
| NOXAFIL 40 MG/ML SUSPENSION | 5 | |
| NOXAFIL DR 100 MG TABLET | NC | |
| NOXIFOL-D3 2,500 UNIT-1 MG TAB | NC | |
| NP THYROID 120 MG TABLET | 2 | |
| NP THYROID 15 MG TABLET | 2 | |
| NP THYROID 30 MG TABLET | 2 | |
| NP THYROID 60 MG TABLET | 2 | |
| NP THYROID 90 MG TABLET | 2 | |
| NUCORT LOTION | NC | |
| NUCYNTA 100 MG TABLET | 3 | |
| NUCYNTA 50 MG TABLET | 3 | |
| NUCYNTA 75 MG TABLET | 3 | |
| NUCYNTA ER 100 MG TABLET | 3 | Max. 2 per day |
| NUCYNTA ER 150 MG TABLET | 3 | Max. 2 per day |
| NUCYNTA ER 200 MG TABLET | 3 | Max. 2 per day |
| NUCYNTA ER 250 MG TABLET | 3 | Max. 2 per day |
| NUCYNTA ER 50 MG TABLET | 3 | Max. 2 per day |
| NUEDEXTA 20-10 MG CAPSULE | 4 | |
| NULOJIX 250 MG VIAL | MD | SPP*: Must use CVS Specialty |
| NULYTELY WITH FLAVOR PACKS SOL | NC | |
| NUPLAZID 17 MG TABLET | NC | |
| NUTRICAP CAPLET | NC | |
| NUTROPIN AQ 20 MG/2ML PEN CART | NC | |
| NUTROPIN AQ NUSPIN 10 INJECTOR | NC | |
| NUTROPIN AQ NUSPIN 20 INJECTOR | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| NUTROPIN AQ NUSPIN 5 INJECTOR | NC | |
| NUTROPIN AQ PEN CARTRIDGE | NC | |
| NUVAIL NAIL 16% SOLUTION | NC | |
| NUVARING VAGINAL RING | \$0 | ACA* |
| NUVESSA VAGINAL 1.3% GEL | NC | |
| NUVIGIL 150 MG TABLET | NC | |
| NUVIGIL 200 MG TABLET | NC | |
| NUVIGIL 250 MG TABLET | NC | |
| NUVIGIL 50 MG TABLET | NC | |
| NUWIQ 250 UNIT VIAL PACK | MD | SPP*: Must use CVS Specialty |
| NYAMYC 100,000 UNITS/GM POWDER | 2 | |
| NYATA 100,000 UNIT/GM POWDER | 2 | |
| NYLIDRIN HCL POWDER | NC | |
| NYMALIZE 60 MG/20 ML SOLUTION | 5 | HSA* |
| NYSTATIN 100,000 UNIT/GM CREAM | 2 | |
| NYSTATIN 100,000 UNIT/GM POWD | 2 | |
| NYSTATIN 100,000 UNIT/ML SUSP | 2 | |
| NYSTATIN 100,000 UNITS/GM OINT | 2 | |
| NYSTATIN 150,000,000 UNITS PWD | 2 | |
| NYSTATIN 500,000 UNIT ORAL TAB | 2 | |
| NYSTATIN-TRIAMCINOLONE CREAM | 2 | |
| NYSTATIN-TRIAMCINOLONE OINTM | 2 | |
| NYSTOP 100,000 UNITS/GM POWDER | 2 | |
| O | | |
| OBREDON 2.5-200 MG/5 ML SOLN | NC | |
| OCALIVA 10 MG TABLET | NC | |
| OCALIVA 5 MG TABLET | NC | |
| OCELLA 3 MG-0.03 MG TABLET | \$0 | ACA* |
| 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 |
| OCUDOX CONVENIENCE KIT | NC | |
| OCUFEN 0.03% EYE DROPS | NC | |
| OCUFLOX 0.3% EYE DROPS | NC | |
| ODACTRA 12 SQ-HDM SL TABLET | NC | |
| ODEFSEY TABLET | 5 | |
| ODOMZO 200 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| OFEV 100 MG CAPSULE | 3 | Max. 2 per day SPP*: Must use CVS Specialty |
| OFEV 150 MG CAPSULE | 3 | Max. 2 per day SPP*: Must use CVS Specialty |
| OFLOXACIN 0.3% EAR DROPS | 2 | |
| OFLOXACIN 0.3% EYE DROPS | 2 | |
| OFLOXACIN 200 MG TABLET | 2 | |
| OFLOXACIN 300 MG TABLET | 2 | |
| OFLOXACIN 400 MG TABLET | 2 | |
| OGESTREL TABLET | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| OLANZAPINE 10 MG TABLET | 2 | |
| OLANZAPINE 10 MG VIAL | MD | SPP*: Must use CVS Specialty |
| OLANZAPINE 15 MG TABLET | 2 | |
| OLANZAPINE 2.5 MG TABLET | 2 | |
| OLANZAPINE 20 MG TABLET | 2 | |
| OLANZAPINE 5 MG TABLET | 2 | |
| OLANZAPINE 7.5 MG TABLET | 2 | |
| OLANZAPINE ODT 10 MG TABLET | 2 | |
| OLANZAPINE ODT 15 MG TABLET | 2 | |
| OLANZAPINE ODT 20 MG TABLET | 2 | |
| OLANZAPINE ODT 5 MG TABLET | 2 | |
| OLANZAPINE-FLUOXETINE 12-25 MG | 2 | |
| OLANZAPINE-FLUOXETINE 12-50 MG | 2 | |
| OLANZAPINE-FLUOXETINE 3-25 MG | 2 | |
| OLANZAPINE-FLUOXETINE 6-25 MG | 2 | |
| OLANZAPINE-FLUOXETINE 6-50 MG | 2 | |
| OLEPTRO ER 150 MG TABLET | 4 | |
| OLEPTRO ER 300 MG TABLET | 4 | |
| OLMESARTAN MEDOXOMIL 20 MG TAB | 3 | HSA* |
| OLMESARTAN MEDOXOMIL 40 MG TAB | 3 | HSA* |
| OLMESARTAN MEDOXOMIL 5 MG TAB | 3 | HSA* |
| OLMESARTAN-HCTZ 20-12.5 MG TAB | 3 | HSA* |
| OLMESARTAN-HCTZ 40-12.5 MG TAB | 3 | HSA* |
| OLMESARTAN-HCTZ 40-25 MG TAB | 3 | HSA* |
| OLMSRTN-AMLDPN-HCTZ 20-5-12.5 | 3 | HSA* |
| OLMSRTN-AMLDPN-HCTZ 40-10-12.5 | 3 | HSA* |
| OLMSRTN-AMLDPN-HCTZ 40-10-25MG | 3 | HSA* |
| OLMSRTN-AMLDPN-HCTZ 40-5-12.5 | 3 | HSA* |
| OLMSRTN-AMLDPN-HCTZ 40-5-25 MG | 3 | HSA* |
| OLOPATADINE 665 MCG NASAL SPRY | 2 | |
| OLOPATADINE HCL 0.1% EYE DROPS | 2 | |
| OLOPATADINE HCL 0.2% EYE DROP | 2 | |
| OLUX-E 0.05% FOAM | NC | |
| OLYSIO 150 MG CAPSULE | NC | |
| OMECLAMOX-PAK COMBO PACK | NC | |
| OMEGA-3 ETHYL ESTERS 1 GM CAP | 2 | HSA* |
| OMEPRAZOLE DR 10 MG CAPSULE | 2 | |
| OMEPRAZOLE DR 20 MG CAPSULE | 1 | |
| OMEPRAZOLE DR 40 MG CAPSULE | 2 | |
| OMEPRAZOLE+SYRSPEND SF ALKA KT | 4 | |
| 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 | |
| OMNARIS 50 MCG NASAL SPRAY | NC | |
| OMNIPRED 1% EYE DROPS | NC | |
| OMNITROPE 10 MG/1.5 ML CRTG | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| OMNITROPE 5 MG/1.5 ML CRTG | 4 | Prior Authorization required SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| OMNITROPE 5.8 MG VIAL | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| ON CALL 30G LANCET | 3 | HSA* |
| ON CALL EXPRESS TEST STRIP | NC | |
| ON CALL PLUS 30G LANCET | 3 | HSA* |
| ON CALL PLUS TEST STRIP | NC | |
| ON CALL VIVID TEST STRIP | NC | |
| ON-THE-GO 30G LANCETS | 3 | HSA* |
| ONDANSETRON 4 MG/5 ML SOLUTION | 2 | Max. quantity of 100 per fill MQC*: 100mL (2 bottles)/copay |
| ONDANSETRON HCL 24 MG TABLET | 2 | 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 | 2 | Max. quantity of 9 per fill MQC*: 9 tabs/copay |
| ONDANSETRON ODT 4 MG TABLET | 2 | Max. quantity of 18 per fill MQC*: 18 tabs/copay |
| ONDANSETRON ODT 8 MG TABLET | 2 | Max. quantity of 9 per fill MQC*: 9 tabs/copay |
| ONE TOUCH DELICA 33G LANCETS | 3 | HSA* |
| ONE WAY VALVED MOUTHPIECE | MD | |
| ONETOUCH DELICA 30G LANCETS | 3 | HSA* |
| ONETOUCH DELICA 33G LANCETS | 3 | HSA* |
| ONETOUCH FINEPOINT 25G LANCETS | 3 | HSA* |
| ONETOUCH SURESOFT LANCING DEV | NC | |
| ONETOUCH ULTRA TEST STRIPS | NC | |
| ONETOUCH ULTRASOFT LANCETS | 3 | HSA* |
| ONETOUCH VERIO TEST STRIP | NC | |
| ONEXTON GEL PUMP | NC | |
| ONFI 10 MG TABLET | 3 | Prior Authorization required for members 18 and older |
| ONFI 2.5 MG/ML SUSPENSION | 3 | Prior Authorization required for members 18 and older |
| ONFI 20 MG TABLET | 3 | Prior Authorization required for members 18 and older |
| ONGLYZA 2.5 MG TABLET | 5 | Prior Authorization required HSA* |
| ONGLYZA 5 MG TABLET | 5 | Prior Authorization required HSA* |
| ONIVYDE 43 MG/10 ML VIAL | NC | |
| ONMEL 200 MG TABLET | NC | |
| ONZETRA XSAIL 11 MG | NC | |
| 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 | |
| OPCICON ONE-STEP 1.5 MG TABLET | \$0 | Max. quantity of 1 per fill ACA* |
| OPIUM TINCTURE 10 MG/ML | 2 | |
| OPSUMIT 10 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| OPTICHAMBER ADULT MASK-LARGE | MD | |
| OPTICHAMBER DIAMOND VHC | MD | |
| OPTIUM EZ TEST STRIP | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| OPTIUM TEST STRIP | NC | |
| OPTIVAR 0.05% DROPS | NC | |
| OPTUMRX TEST STRIP | NC | |
| ORACEA 40 MG CAPSULE | NC | |
| ORACIT ORAL SOLUTION | 3 | |
| ORAFATE 1 GM/10 ML PASTE | NC | |
| ORALAIR 100 IR STARTER PACK | NC | |
| ORALAIR 100-300 IR CHILD SAMPL | NC | |
| ORALAIR 300 IR SUBLINGUAL TAB | NC | |
| ORALONE 0.1% PASTE | 2 | |
| ORAMAGICRX ORAL RINSE | NC | |
| ORAP 1 MG TABLET | NC | |
| ORAP 2 MG TABLET | 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 | |
| ORAVIG 50 MG BUCCAL TABLET | 4 | |
| ORENCIA 125 MG/ML SYRINGE | 5 | Prior Authorization required;Max. 1 ML(s) per 7 days SPP*: Must use CVS Specialty |
| ORENCIA 50 MG/0.4 ML SYRINGE | 5 | Prior Authorization required;Max. 0.4 ML(s) per 7 days SPP*: Must use CVS Specialty |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | 5 | Prior Authorization required;Max. 0.7 ML(s) per 7 days SPP*: Must use CVS Specialty |
| ORENCIA CLICKJECT 125 MG/ML | NC | |
| ORENITRAM ER 0.125 MG TABLET | 5 | |
| ORENITRAM ER 0.25 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| ORENITRAM ER 1 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| ORENITRAM ER 2.5 MG TABLET | 5 | SPP*: Must use CVS Specialty |
| ORENITRAM ER 5 MG TABLET | 5 | SPP*: Must Use CVS Specialty |
| ORFADIN 10 MG CAPSULE | 5 | LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| ORFADIN 2 MG CAPSULE | 5 | LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| ORFADIN 20 MG CAPSULE | 5 | LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| ORFADIN 4 MG/ML SUSPENSION | 5 | LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| ORFADIN 5 MG CAPSULE | 5 | LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| ORKAMBI 100 MG-125 MG TABLET | 5 | Prior Authorization required;Max. 112 per 28 days LDD*: Diplomat Pharmacy (877) 977-9118 |
| ORKAMBI 200 MG-125 MG TABLET | 5 | Prior Authorization required;Max. 112 per 28 days LDD*: Diplomat Pharmacy (877) 977-9118 |
| ORPHENADRINE COMP FORTE TAB | 2 | |
| ORPHENADRINE ER 100 MG TABLET | 2 | |
| 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 ALL-FLEX FITTING SET | \$0 | ACA* |
| ORTHO EVRA PATCH | NC | |
| ORTHO MICRONOR 0.35 MG TABLET | NC | |
| ORTHO TRI-CYCLEN 28 TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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 | |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 3 | Max. 240 ML(s) in 180 days |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 3 | Max. 10 Days Supply;Max. 20 in 180 days |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 3 | Max. 10 Days Supply;Max. 20 in 180 days |
| OSELTAMIVIR PHOS 75 MG CAPSULE | 3 | Max. 10 Days Supply;Max. 10 in 180 days |
| 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 | |
| OSMOPREP TABLET | 4 | |
| OSPHENA 60 MG TABLET | 4 | |
| OTEZLA 28 DAY STARTER PACK | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| OTEZLA 30 MG TABLET | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| OTEZLA STARTER PACK | 5 | Prior Authorization required SPP*: Must use CVS Specialty |
| OTIC CARE OTIC SOLUTION | 2 | |
| OTICIN DROPS | 2 | |
| OTICIN HC DROPS | NC | |
| OTIPRIO 6% VIAL | NC | |
| OTO-END 10 EAR DROPS | 2 | |
| OTOMAX-HC EAR DROPS | 2 | |
| OTOVEL 0.3%-0.025% EAR DROPS | NC | |
| OTREXUP 10 MG/0.4 ML AUTO-INJ | 3 | |
| OTREXUP 12.5 MG/0.4 ML AUTOINJ | 3 | |
| OTREXUP 15 MG/0.4 ML AUTO-INJ | 3 | |
| OTREXUP 17.5 MG/0.4 ML AUTOINJ | 3 | |
| OTREXUP 20 MG/0.4 ML AUTO-INJ | 3 | |
| OTREXUP 22.5 MG/0.4 ML AUTOINJ | 3 | |
| OTREXUP 25 MG/0.4 ML AUTO-INJ | 3 | |
| OTREXUP 7.5 MG/0.4 ML AUTO-INJ | 3 | |
| OVACE PLUS 10% SHAMPOO | NC | |
| OVACE PLUS WASH 10% CLNSNG GEL | NC | |
| OVCON-35 28 TABLET | NC | |
| OVIDE 0.5% LOTION | NC | |
| OVIDREL 250 MCG/0.5 ML SYRG | 4 | Max. 30 Days Supply IVF* |
| OXALIS OINTMENT | NC | |
| OXANDRIN 10 MG TABLET | NC | |
| OXANDRIN 2.5 MG TABLET | NC | |
| OXANDROLONE 10 MG TABLET | 2 | Max. 30 Days Supply |
| OXANDROLONE 2.5 MG TABLET | 2 | Max. 30 Days Supply |
| OXAPROZIN 600 MG TABLET | 2 | |
| OXAYDO 5 MG TABLET | 4 | |
| OXAYDO 7.5 MG TABLET | 4 | |
| OXAZEPAM 10 MG CAPSULE | 2 | |
| OXAZEPAM 15 MG CAPSULE | 2 | |
| OXAZEPAM 30 MG CAPSULE | 2 | |
| OXCARBAZEPINE 150 MG TABLET | 2 | |
| OXCARBAZEPINE 300 MG TABLET | 2 | |
| OXCARBAZEPINE 300 MG/5 ML SUSP | 2 | |
| OXCARBAZEPINE 600 MG TABLET | 2 | |
| OXECTA 5 MG TABLET | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------------|
| OXECTA 7.5 MG TABLET | 4 | |
| OXICONAZOLE NITRATE 1% CREAM | 2 | |
| OXISTAT 1% CREAM | NC | |
| OXISTAT 1% LOTION | 4 | |
| OXSORALEN 1% LOTION | 5 | |
| OXSORALEN-ULTRA 10 MG CAP | NC | |
| OXTELLAR XR 150 MG TABLET | NC | |
| OXTELLAR XR 300 MG TABLET | NC | |
| OXTELLAR XR 600 MG TABLET | NC | |
| OXYBUTYNIN 5 MG TABLET | 2 | |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 2 | |
| OXYBUTYNIN CL ER 10 MG TABLET | 2 | |
| OXYBUTYNIN CL ER 15 MG TABLET | 2 | |
| OXYBUTYNIN CL ER 5 MG TABLET | 2 | |
| OXYCODON-ACETAMINOPHEN 2.5-325 | 2 | |
| OXYCODON-ACETAMINOPHEN 7.5-300 | 2 | |
| OXYCODON-ACETAMINOPHEN 7.5-325 | 2 | |
| OXYCODON-ACETAMINOPHEN 7.5-500 | 2 | |
| OXYCODONE HCL 10 MG TABLET | 2 | |
| OXYCODONE HCL 100 MG/5 ML SOLN | 2 | |
| OXYCODONE HCL 15 MG TABLET | 2 | |
| OXYCODONE HCL 20 MG TABLET | 2 | |
| OXYCODONE HCL 30 MG TABLET | 2 | |
| OXYCODONE HCL 5 MG CAPSULE | 2 | |
| OXYCODONE HCL 5 MG TABLET | 2 | |
| OXYCODONE HCL 5 MG/5 ML SOLN | 2 | |
| OXYCODONE HCL ER 10 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 15 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 20 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 30 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 40 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 60 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE HCL ER 80 MG TABLET | 2 | Max. 4 per day;Max. 180 in 30 days |
| OXYCODONE-ACETAMINOPHEN 10-300 | 2 | |
| OXYCODONE-ACETAMINOPHEN 10-325 | 2 | |
| OXYCODONE-ACETAMINOPHEN 10-650 | 2 | |
| OXYCODONE-ACETAMINOPHEN 5-300 | 2 | |
| OXYCODONE-ACETAMINOPHEN 5-325 | 2 | |
| OXYCODONE-ACETAMINOPHEN 5-500 | 2 | |
| OXYCODONE-ACETAMINOPHN 5-325/5 | 2 | |
| OXYCODONE-ASPIRIN 4.8355-325 | 2 | |
| OXYCODONE-IBUPROFEN 5-400 TAB | 2 | |
| OXYCONTIN 10 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 15 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 20 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 30 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 40 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 60 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYCONTIN 80 MG TABLET | 3 | Max. 4 per day;Max. 180 in 30 days |
| OXYMORPHONE HCL 10 MG TABLET | 2 | |
| OXYMORPHONE HCL 5 MG TABLET | 2 | |
| OXYMORPHONE HCL ER 10 MG TAB | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 15 MG TAB | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 20 MG TAB | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 30 MG TAB | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 40 MG TAB | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 5 MG TABLET | 2 | Max. 3 per day |
| OXYMORPHONE HCL ER 7.5 MG TAB | 2 | Max. 3 per day |
| OXYTROL 3.9 MG/24HR PATCH | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|------------------------------|------|------------------------------|
| OZEMPIC 0.25-0.5 MG DOSE PEN | NC | |
| OZURDEX 0.7 MG IMPLANT | MD | SPP*: Must use CVS Specialty |

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|--------------------------------|----|--|
| PACERONE 100 MG TABLET | 2 | |
| PACERONE 200 MG TABLET | 2 | |
| PACERONE 400 MG TABLET | 2 | |
| PAIN EASE SPRAY | NC | |
| PAIN RELIEF COLLECTION KIT | NC | |
| PALGIC 4 MG TABLET | NC | |
| PALGIC 4 MG/5 ML LIQUID | 2 | |
| PALIPERIDONE ER 1.5 MG TABLET | 2 | |
| PALIPERIDONE ER 3 MG TABLET | 2 | |
| PALIPERIDONE ER 6 MG TABLET | 2 | |
| PALIPERIDONE ER 9 MG TABLET | 2 | |
| PAMELOR 10 MG CAPSULE | NC | |
| PAMELOR 25 MG CAPSULE | NC | |
| PAMELOR 50 MG CAPSULE | NC | |
| PAMELOR 75 MG CAPSULE | NC | |
| PAMINE 2.5 MG TABLET | NC | |
| PANCREAZE DR 10,500 UNIT CAP | 3 | |
| PANCREAZE DR 16,800 UNIT CAP | 3 | |
| PANCREAZE DR 2,600 UNIT CAP | 3 | |
| PANCREAZE DR 21,000 UNIT CAP | 3 | |
| PANCREAZE DR 4,200 UNIT CAP | 3 | |
| PANCRELIPASE DR 5,000 UNIT CAP | 2 | |
| PANDA MASK SMALL | MD | |
| PANDEL 0.1% CREAM | NC | |
| PANRETIN 0.1% GEL | 4 | |
| PANTOPRAZOLE SOD DR 20 MG TAB | 1 | |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1 | |
| PAPAVERINE 150 MG CAPSULE SA | 2 | |
| PARADIGM INFUSION 24" SET | MD | |
| PARADIGM INSULIN PUMP | MD | |
| PARADIGM RESERVOIR 1.8 ML | MD | |
| PARADIGM RESERVOIR 3 ML | MD | |
| PARAFON FORTE DSC 500 MG CAPLT | NC | |
| PARCOPA 10 MG-100 MG ODT | NC | |
| PARCOPA 25 MG-100 MG ODT | NC | |
| PARCOPA 25 MG-250 MG ODT | NC | |
| PAREGORIC LIQUID | 2 | |
| PAREMYD EYE DROPS | NC | |
| PARICALCITOL 1 MCG CAPSULE | 2 | |
| PARICALCITOL 2 MCG CAPSULE | 2 | |
| PARICALCITOL 4 MCG CAPSULE | 2 | |
| PARLODEL 2.5 MG TABLET | NC | |
| PARLODEL 5 MG CAPSULE | NC | |
| PARNATE 10 MG TABLET | NC | |
| PAROEX 0.12% ORAL RINSE | 2 | |
| PAROMOMYCIN 250 MG CAPSULE | 2 | |
| PAROXETINE ER 12.5 MG TABLET | 2 | |
| PAROXETINE ER 25 MG TABLET | 2 | |
| PAROXETINE ER 37.5 MG TABLET | 2 | |
| PAROXETINE HCL 10 MG TABLET | 1 | |
| PAROXETINE HCL 20 MG TABLET | 1 | |
| PAROXETINE HCL 30 MG TABLET | 1 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| PAROXETINE HCL 40 MG TABLET | 1 | |
| PAROXETINE MESYLATE 7.5 MG CAP | 3 | |
| PASER GRANULES 4 GM PACKET | 4 | |
| PATADAY 0.2% EYE DROPS | 4 | |
| PATANASE 665 MCG NASAL SPRAY | NC | |
| PATANOL 0.1% EYE DROPS | NC | |
| PAXIL 10 MG TABLET | NC | |
| PAXIL 10 MG/5 ML SUSPENSION | 3 | 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 | |
| PAZEO 0.7% EYE DROPS | NC | |
| PCE 333 MG TABLET | 4 | |
| PCE 500 MG TABLET | 4 | |
| PEAK-AIR PEAK FLOW METER | MD | |
| PEDI-DRI TOPICAL POWDER | 2 | |
| PEDIADERM AF KIT | NC | |
| PEDIADERM TA 0.1% KIT | NC | |
| PEDIAPRED 5 MG/5 ML SOLN | NC | |
| PEDIATRIC MOUTHPIECE | MD | |
| PEDIATRIC PANDA MASK | MD | |
| PEDIATRIC SMALL MASK | MD | |
| PEDIPIROX-4 NAIL KIT | NC | |
| PEG 3350 ELECTROLYTE SOLN | \$0 | ACA* |
| PEG 3350-ELECTROLYTE SOLUTION | \$0 | ACA* |
| PEG-3350 AND ELECTROLYTES SOLN | \$0 | ACA* |
| PEG-PREP KIT | \$0 | ACA* |
| PEGANONE 250 MG TABLET | 4 | |
| PEGASYS 180 MCG/0.5 ML SYRINGE | 4 | SPP*: Must use CVS Specialty |
| PEGASYS 180 MCG/ML VIAL | 4 | SPP*: Must use CVS Specialty |
| PEGASYS PROCLICK 135 MCG/0.5 | 4 | SPP*: Must use CVS Specialty |
| PEGASYS PROCLICK 180 MCG/0.5 | 4 | SPP*: Must use CVS Specialty |
| PEGINTRON 120 MCG KIT | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON 150 MCG KIT | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON 50 MCG KIT | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON 80 MCG KIT | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON REDIPEN 120 MCG | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON REDIPEN 150 MCG | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON REDIPEN 50 MCG | 5 | SPP*: Must use CVS Specialty |
| PEGINTRON REDIPEN 80 MCG | 5 | SPP*: Must use CVS Specialty |
| PENICILLIN VK 125 MG/5 ML SOLN | 1 | |
| PENICILLIN VK 250 MG TABLET | 1 | |
| PENICILLIN VK 250 MG/5 ML SOLN | 2 | |
| PENICILLIN VK 500 MG TABLET | 2 | |
| PENLAC 8% SOLUTION | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| PENNSAID 1.5% SOLUTION | NC | |
| PENNSAID 2% PUMP | NC | |
| PENTASA 250 MG CAPSULE | 3 | |
| PENTASA 500 MG CAPSULE | 3 | |
| PENTAZOCIN-ACETAMINOPHN 25-650 | 2 | |
| PENTAZOCINE-NALOXONE TABLET | 2 | |
| PENTOXIFYLLINE ER 400 MG TAB | 2 | HSA* |
| PEPCID 20 MG TABLET | NC | |
| PEPCID 40 MG TABLET | NC | |
| PEPCID 40 MG/5 ML ORAL SUSP | NC | |
| 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 | |
| PERFOROMIST 20 MCG/2 ML SOLN | 3 | HSA* |
| PERIDEX 0.12% ORAL RINSE | NC | |
| PERINDOPRIL ERBUMINE 2 MG TAB | 2 | HSA* |
| PERINDOPRIL ERBUMINE 4 MG TAB | 2 | HSA* |
| PERINDOPRIL ERBUMINE 8 MG TAB | 2 | HSA* |
| PERIOGARD 0.12% ORAL RINSE | 1 | |
| PERMETHRIN 5% CREAM | 2 | |
| PERPHEN-AMITRIP 2 MG-10 MG TAB | 2 | |
| PERPHEN-AMITRIP 2 MG-25 MG TAB | 2 | |
| PERPHEN-AMITRIP 4 MG-10 MG TAB | 2 | |
| PERPHEN-AMITRIP 4 MG-25 MG TAB | 2 | |
| PERPHEN-AMITRIP 4 MG-50 MG TAB | 2 | |
| PERPHENAZINE 16 MG TABLET | 2 | |
| PERPHENAZINE 2 MG TABLET | 2 | |
| PERPHENAZINE 4 MG TABLET | 2 | |
| PERPHENAZINE 8 MG TABLET | 2 | |
| PERSANTINE 25 MG TABLET | NC | |
| PERSANTINE 50 MG TABLET | NC | |
| PERSANTINE 75 MG TABLET | NC | |
| PERSONAL BEST PEAK FLOW MTR | MD | |
| PERTZYE DR 16,000 UNIT CAPSULE | 4 | |
| PERTZYE DR 24,000 UNIT CAPSULE | 4 | |
| PERTZYE DR 4,000 UNIT CAPSULE | 4 | |
| PERTZYE DR 8,000 UNIT CAPSULE | 4 | |
| PEXEVA 10 MG TABLET | NC | |
| PEXEVA 20 MG TABLET | NC | |
| PEXEVA 30 MG TABLET | NC | |
| PEXEVA 40 MG TABLET | NC | |
| PFLEX INSPIRATORY TRAINER | MD | |
| PHARMACIST CHOICE 30G LANCETS | 3 | HSA* |
| PHARMACIST CHOICE TEST STRIPS | NC | |
| PHARMACIST CHOICE TEST STRIPS | NC | |
| PHENADOZ 12.5 MG SUPPOSITORY | 2 | |
| PHENADOZ 25 MG SUPPOSITORY | 2 | |
| PHENAZOPYRIDINE 100 MG TAB | 2 | |
| PHENAZOPYRIDINE 200 MG TAB | 2 | |
| PHENELZINE SULFATE 15 MG TAB | 2 | |
| PHENERGAN 12.5 MG SUPPOSITORY | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| PHENERGAN 25 MG SUPPOSITORY | NC | |
| PHENERGAN 50 MG SUPPOSITORY | NC | |
| PHENFLU CD TABLET | NC | |
| PHENFLU CDX TABLET | NC | |
| PHENOBARBITAL 100 MG TABLET | 1 | |
| PHENOBARBITAL 15 MG TABLET | 1 | |
| PHENOBARBITAL 16.2 MG TABLET | 1 | |
| PHENOBARBITAL 20 MG/5 ML ELIX | 2 | |
| PHENOBARBITAL 30 MG TABLET | 2 | |
| PHENOBARBITAL 32.4 MG TABLET | 2 | |
| PHENOBARBITAL 60 MG TABLET | 2 | |
| PHENOBARBITAL 64.8 MG TABLET | 2 | |
| PHENOBARBITAL 97.2 MG TABLET | 1 | |
| PHENOXYBENZAMINE HCL 10 MG CAP | 2 | HSA* |
| PHENTO 0.5MG-ALPRSTDL 20MCG/ML | 2 | |
| PHEHTOLAMINE 5 MG VIAL | NC | |
| PHEHTOLAMINE 5 MG/ML VIAL | NC | |
| PHENYLEPHRINE 10% EYE DROPS | 2 | |
| PHENYLEPHRINE 2.5% EYE DROP | 2 | |
| PHENYLHISTINE DH LIQUID | NC | |
| PHENYTEK 200 MG CAPSULE | 4 | |
| PHENYTEK 300 MG CAPSULE | 4 | |
| PHENYTOIN 125 MG/5 ML SUSP | 2 | |
| PHENYTOIN 50 MG INFATAB | 2 | |
| PHENYTOIN SOD EXT 100 MG CAP | 2 | |
| PHENYTOIN SOD EXT 200 MG CAP | 2 | |
| PHENYTOIN SOD EXT 300 MG CAP | 2 | |
| PHILITH 0.4-0.035 MG TABLET | \$0 | ACA* |
| PHOSLO 667 MG GELCAP | NC | |
| PHOSLYRA 667 MG/5 ML SOLUTION | 3 | |
| PHOSPHA 250 NEUTRAL TABLET | 2 | |
| PHOSPHOLINE IODIDE 0.125% | 4 | |
| PHRENILIN FORTE CAPSULE | NC | |
| PHYSICIANS EZ USE B-12 KIT | 2 | |
| PICATO 0.015% GEL | 4 | Max. 30 Days Supply;Step Therapy required |
| PICATO 0.05% GEL | 4 | Max. 30 Days Supply;Step Therapy required |
| PIKO 1 FLOW METER | MD | |
| PILOCARPINE 1% EYE DROPS | 2 | |
| PILOCARPINE 2% EYE DROPS | 2 | |
| PILOCARPINE 4% EYE DROPS | 2 | |
| PILOCARPINE HCL 5 MG TABLET | 2 | |
| PILOCARPINE HCL 7.5 MG TABLET | 2 | |
| PIMOZIDE 1 MG TABLET | 2 | |
| PIMOZIDE 2 MG TABLET | 2 | |
| PIMTREA 28 DAY TABLET | \$0 | ACA* |
| PINDOLOL 10 MG TABLET | 2 | HSA* |
| PINDOLOL 5 MG TABLET | 2 | HSA* |
| PINNACAIN 20% OTIC DROPS | 2 | |
| PIOGLITAZONE HCL 15 MG TABLET | 2 | HSA* |
| PIOGLITAZONE HCL 30 MG TABLET | 2 | HSA* |
| PIOGLITAZONE HCL 45 MG TABLET | 2 | HSA* |
| PIOGLITAZONE-GLIMEPIRIDE 30-2 | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| PIOGLITAZONE-GLIMEPIRIDE 30-4 | 2 | HSA* |
| PIOGLITAZONE-METFORMIN 15-500 | 2 | HSA* |
| PIOGLITAZONE-METFORMIN 15-850 | 2 | HSA* |
| PIRMELLA 1-35-28 TABLET | \$0 | ACA* |
| PIRMELLA 7-7-7-28 TABLET | \$0 | ACA* |
| PIROXICAM 10 MG CAPSULE | 2 | |
| PIROXICAM 20 MG CAPSULE | 2 | |
| PLAN B ONE-STEP 1.5 MG TABLET | NC | |
| PLAQUENIL 200 MG TABLET | NC | |
| PLAVIX 300 MG TABLET | NC | |
| PLAVIX 75 MG TABLET | NC | |
| PLEGRIDY 125 MCG/0.5 ML PEN | 5 | Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PLEGRIDY 125 MCG/0.5 ML SYRING | 5 | Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PLEGRIDY PEN INJ STARTER PACK | 5 | Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PLEGRIDY SYRINGE STARTER PACK | 5 | Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PLETAL 100 MG TABLET | NC | |
| PLETAL 50 MG TABLET | NC | |
| PLEXION 9.8-4.8% CLEANSER | NC | |
| PNV PRENATAL PLUS MULTIVIT TAB | 2 | HSA* |
| POCKET CHAMBER | MD | |
| POCKET PEAK FLOW METER | MD | |
| PODOCON-25 LIQUID | 2 | |
| PODOFILOX 0.5% TOPICAL SOLN | 2 | |
| POLY-IRON 150 FORTE CAPSULE | NC | |
| POLY-TUSSIN AC LIQUID | NC | |
| POLY-VI-FLOR FS 0.25 MG FILM | NC | |
| POLYCIN EYE OINTMENT | 2 | |
| POLYETHYLENE GLYCOL 3350 POWD | 2 | |
| POLYFIN QR INFUSION SET | MD | |
| POLYMYXIN B-TMP EYE DROPS | 2 | |
| POLYTRIM EYE DROPS | NC | |
| POMALYST 1 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| POMALYST 2 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| POMALYST 3 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| POMALYST 4 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| PONSTEL 250 MG KAPSEALS | NC | |
| PONTOCAINE 2% SOLUTION | NC | |
| PORTIA-28 TABLET | \$0 | ACA* |
| POT CITRATE-CITRIC ACID PACKET | 2 | |
| POTABA 500 MG CAPSULE | NC | |
| POTASS CIT-SOD CIT-CITRIC SOLN | 2 | |
| POTASSIUM 25 MEQ TABLET EFF | 2 | |
| POTASSIUM CIT-CITRIC ACID SOLN | 2 | |
| POTASSIUM CITRATE ER 10 MEQ TB | 2 | |
| POTASSIUM CITRATE ER 15 MEQ TB | 2 | |
| POTASSIUM CITRATE ER 5 MEQ TAB | 2 | |
| POTASSIUM CL 10% (20 MEQ/15 ML | 2 | |
| POTASSIUM CL 20 MEQ PACKET | 2 | |
| POTASSIUM CL 20% (40 MEQ/15 ML | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| POTASSIUM CL 25 MEQ TAB EFF | 2 | |
| POTASSIUM CL ER 10 MEQ CAPSULE | 2 | |
| POTASSIUM CL ER 10 MEQ TABLET | 2 | |
| POTASSIUM CL ER 20 MEQ TABLET | 2 | |
| POTASSIUM CL ER 8 MEQ CAPSULE | 2 | |
| POTASSIUM CL ER 8 MEQ TABLET | 2 | |
| POTASSIUM HYDROXIDE 5% SOLN | 2 | |
| POTIGA 200 MG TABLET | 4 | |
| POTIGA 300 MG TABLET | 4 | |
| POTIGA 400 MG TABLET | 4 | |
| POTIGA 50 MG TABLET | 4 | |
| PR CREAM KIT | 2 | |
| PRADAXA 110 MG CAPSULE | 4 | |
| PRADAXA 150 MG CAPSULE | 4 | HSA* |
| PRADAXA 75 MG CAPSULE | 4 | HSA* |
| PRALUENT 150 MG/ML PEN | 5 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PRALUENT 150 MG/ML SYRINGE | 5 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PRALUENT 75 MG/ML PEN | 5 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PRALUENT 75 MG/ML SYRINGE | 5 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| PRAMCORT 1% CREAM | NC | |
| PRAMIPEXOLE 0.125 MG TABLET | 2 | |
| PRAMIPEXOLE 0.25 MG TABLET | 2 | |
| PRAMIPEXOLE 0.5 MG TABLET | 2 | |
| PRAMIPEXOLE 0.75 MG TABLET | 2 | |
| PRAMIPEXOLE 1 MG TABLET | 2 | |
| PRAMIPEXOLE 1.5 MG TABLET | 2 | |
| PRAMIPEXOLE ER 0.375 MG TABLET | 2 | |
| PRAMIPEXOLE ER 0.75 MG TABLET | 2 | |
| PRAMIPEXOLE ER 1.5 MG TABLET | 2 | |
| PRAMIPEXOLE ER 2.25 MG TABLET | 2 | |
| PRAMIPEXOLE ER 3 MG TABLET | 2 | |
| PRAMIPEXOLE ER 3.75 MG TABLET | 2 | |
| PRAMIPEXOLE ER 4.5 MG TABLET | 2 | |
| PRAMOSONE 1% LOTION | 3 | |
| PRAMOSONE 1%-1% CREAM | NC | |
| PRAMOSONE 1%-1% OINTMENT | 3 | |
| PRAMOSONE 2.5%-1% CREAM | NC | |
| PRAMOSONE 2.5%-1% LOTION | 3 | |
| PRAMOSONE 2.5%-1% OINTMENT | NC | |
| PRAMOSONE E 2.5%-1% CREAM | NC | |
| PRAMOXINE-HC OTIC DROPS | 2 | |
| 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 | |
| PRASUGREL 10 MG TABLET | 3 | HSA* |
| PRASUGREL 5 MG TABLET | 3 | HSA* |
| PRAVACHOL 20 MG TABLET | NC | |
| PRAVACHOL 40 MG TABLET | NC | |
| PRAVACHOL 80 MG TABLET | NC | |
| PRAVASTATIN SODIUM 10 MG TAB | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|----------------------------------|------|------------------------------|
| PRAVASTATIN SODIUM 20 MG TAB | 2 | HSA* |
| PRAVASTATIN SODIUM 40 MG TAB | 2 | HSA* |
| PRAVASTATIN SODIUM 80 MG TAB | 2 | HSA* |
| PRAZOSIN 1 MG CAPSULE | 2 | HSA* |
| PRAZOSIN 2 MG CAPSULE | 2 | HSA* |
| PRAZOSIN 5 MG CAPSULE | 2 | HSA* |
| PRE-ATTACHED LTA KIT | NC | |
| PRECISION XTR B-KETONE STRIP | 3 | Max. 204 per 30 days HSA* |
| PRECISION XTRA MONITOR | MD | Max. 1 in 365 days HSA* |
| PRECISION XTRA TEST STRIPS | 3 | Max. 204 per 30 days HSA* |
| PRECOSE 100 MG TABLET | NC | |
| PRECOSE 25 MG TABLET | NC | |
| PRECOSE 50 MG TABLET | NC | |
| PRED 1%-GATI 0.5%-NEPAF 0.1% | 3 | |
| PRED FORTE 1% EYE DROPS | NC | |
| PRED MILD 0.12% EYE DROPS | 4 | |
| PRED-G 1% EYE DROPS | NC | |
| PRED-G S.O.P. EYE OINTMENT | NC | |
| PREDNICARBATE 0.1% CREAM | 2 | |
| PREDNICARBATE 0.1% OINTMENT | 2 | |
| PREDNISOLONE 1%-GATIFLOX 0.5% | 3 | |
| PREDNISOLONE 1%-NEPAFENAC 0.1% | 3 | |
| PREDNISOLONE 10 MG/5 ML SOLN | 2 | |
| PREDNISOLONE 15 MG/5 ML SOLN | 2 | |
| PREDNISOLONE 20 MG/5 ML SOLN | 2 | |
| PREDNISOLONE 5 MG/5 ML SOLN | 2 | |
| PREDNISOLONE AC 1% EYE DROP | 2 | |
| PREDNISOLONE ODT 10 MG TABLET | 2 | |
| PREDNISOLONE ODT 15 MG TABLET | 2 | |
| PREDNISOLONE ODT 30 MG TABLET | 2 | |
| PREDNISOLONE SOD 1% EYE DROP | 2 | |
| PREDNISOLONE SOD PH 25 MG/5 ML | 2 | |
| PREDNISONONE 1 MG TABLET | 2 | |
| PREDNISONONE 10 MG TAB DOSE PACK | 2 | |
| PREDNISONONE 10 MG TABLET | 1 | |
| PREDNISONONE 2.5 MG TABLET | 2 | |
| PREDNISONONE 20 MG TABLET | 1 | |
| PREDNISONONE 5 MG TAB DOSE PACK | 2 | |
| PREDNISONONE 5 MG TABLET | 2 | |
| PREDNISONONE 5 MG/5 ML SOLUTION | 2 | |
| PREDNISONONE 5 MG/ML SOLUTION | 4 | |
| PREDNISONONE 50 MG TABLET | 1 | |
| PREFEST TABLET | NC | |
| PREGNYL 10,000 UNITS VIAL | 3 | Max. 30 Days Supply IVF* |
| PRELONE 15 MG/5 ML SYRUP | 1 | |
| PREMARIN 0.3 MG TABLET | 3 | |
| PREMARIN 0.45 MG TABLET | 3 | |
| PREMARIN 0.625 MG TABLET | 3 | |
| PREMARIN 0.9 MG TABLET | 3 | |
| PREMARIN 1.25 MG TABLET | 3 | |
| PREMARIN VAGINAL CREAM-APPL | 3 | |
| PREMIUM V10 GLUCOSE TEST STRIP | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| PREMPHASE 0.625-5 MG TABLET | 3 | |
| PREMPRO 0.3 MG-1.5 MG TABLET | 3 | |
| PREMPRO 0.45-1.5 MG TABLET | 3 | |
| PREMPRO 0.625-2.5 MG TABLET | 3 | |
| PREMPRO 0.625-5 MG TABLET | 3 | |
| PRENA1 PEARL SOFTGEL | 3 | HSA* |
| PREPOPIK POWDER PACKET | 3 | |
| PRESERA FOAM | NC | |
| PRESSURE ACTIVATED 21G LANCETS | 3 | HSA* |
| PRESSURE ACTIVATED 28G LANCETS | 3 | HSA* |
| PRESTALIA 14 MG-10 MG TABLET | NC | |
| PRESTALIA 3.5 MG-2.5 MG TABLET | NC | |
| PRESTALIA 7 MG-5 MG TABLET | NC | |
| PREVACID 15 MG SOLUTAB | 3 | |
| PREVACID 30 MG SOLUTAB | 3 | |
| PREVACID DR 15 MG CAPSULE | NC | |
| PREVACID DR 30 MG CAPSULE | NC | |
| PREVALITE PACKET | 2 | HSA* |
| PREVIDENT 0.2% RINSE | NC | |
| PREVIDENT 5000 BOOSTER PLUS | NC | |
| PREVIDENT 5000 SENSITIVE PASTE | NC | |
| PREVIFEM TABLET | \$0 | ACA* |
| PREVPAC PATIENT PACK | NC | |
| PREVYMIS 240 MG TABLET | NC | |
| PREVYMIS 480 MG TABLET | NC | |
| PREZCOBIX 800 MG-150 MG TABLET | 4 | |
| PREZISTA 100 MG/ML SUSPENSION | 3 | |
| PREZISTA 150 MG TABLET | 3 | |
| PREZISTA 400 MG TABLET | 3 | |
| PREZISTA 600 MG TABLET | 3 | |
| PREZISTA 75 MG TABLET | 3 | |
| PREZISTA 800 MG TABLET | 3 | |
| PRIFTIN 150 MG TABLET | 4 | |
| PRILOSEC DR 10 MG CAPSULE | NC | |
| PRILOSEC DR 10 MG SUSPENSION | 4 | |
| PRILOSEC DR 2.5 MG SUSPENSION | 4 | |
| PRILOSEC DR 20 MG CAPSULE | NC | |
| PRILOSEC DR 40 MG CAPSULE | NC | |
| PRIMAQUINE 26.3 MG TABLET | 3 | |
| PRIMEAIRE CHAMBER | MD | |
| PRIMIDONE 250 MG TABLET | 2 | |
| PRIMIDONE 50 MG TABLET | 2 | |
| PRIMLEV 10-300 MG TABLET | NC | |
| PRIMLEV 5-300 MG TABLET | NC | |
| PRIMLEV 7.5-300 MG TABLET | NC | |
| PRIMSOL 50 MG/5 ML ORAL SOLN | 4 | |
| PRINIVIL 10 MG TABLET | NC | |
| PRINIVIL 20 MG TABLET | NC | |
| PRINIVIL 5 MG TABLET | NC | |
| PRISTIQ ER 100 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| PRISTIQ ER 25 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| PRISTIQ ER 50 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| PRO COMFORT 30G LANCETS | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| PRO COMFORT 31G LANCET | 3 | HSA* |
| PROAIR HFA 90 MCG INHALER | 3 | HSA* |
| PROAIR RESPICLICK INHAL POWDER | 3 | HSA* |
| PROBENECID 500 MG TABLET | 2 | |
| PROBENECID-COLCHICINE TABS | 2 | |
| PROCARDIA 10 MG CAPSULE | NC | |
| PROCARDIA XL 30 MG TABLET | NC | |
| PROCARDIA XL 60 MG TABLET | NC | |
| PROCARDIA XL 90 MG TABLET | NC | |
| PROCENTRA 5 MG/5 ML SOLUTION | NC | |
| PROCHAMBER HOLDING CHAMBER | MD | |
| PROCHLORPERAZINE 10 MG TAB | 1 | |
| PROCHLORPERAZINE 25 MG SUPP | 2 | |
| PROCHLORPERAZINE 5 MG TABLET | 1 | |
| PROCRIT 10,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| PROCRIT 2,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| PROCRIT 20,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| PROCRIT 3,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| PROCRIT 4,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 12 per fill SPP*: CVS Specialty |
| PROCRIT 40,000 UNITS/ML VIAL | 4 | Prior Authorization required;Max. quantity of 4 per fill SPP*: CVS Specialty |
| PROCTO-MED HC 2.5% CREAM | 2 | |
| PROCTO-PAK 1% CREAM | NC | |
| PROCTOCORT 1% CREAM | NC | |
| PROCTOCORT 30 MG SUPPOSITORY | NC | |
| PROCTOFOAM-HC 1%-1% FOAM | 3 | |
| PROCTOSOL-HC 2.5% CREAM | 2 | |
| PROCTOZONE-HC 2.5% CREAM | 2 | |
| PROCYSBI DR 25 MG CAPSULE | NC | |
| PROCYSBI DR 75 MG CAPSULE | NC | |
| PRODIGY NO CODING TEST STRIPS | NC | |
| PRODIGY PRESSURE ACTIVATED 28G | 3 | HSA* |
| PRODIGY SAFETY 26G LANCETS | 3 | HSA* |
| PRODIGY TWIST TOP 28G LANCET | 3 | HSA* |
| PROFENO 600 MG TABLET | NC | |
| PROFERRIN-FORTE TABLET | NC | |
| PROFILNINE 500 UNITS VIAL | MD | SPP*: Must use CVS Specialty |
| PROGESTERONE 100 MG CAPSULE | 2 | HSA* |
| PROGESTERONE 200 MG CAPSULE | 2 | HSA* |
| PROGESTERONE OIL 50 MG/ML VL | 2 | Max. 30 Days Supply IVF* |
| PROGLYCEM 50 MG/ML ORAL SUSP | 4 | HSA* |
| PROGRAF 0.5 MG CAPSULE | NC | |
| PROGRAF 1 MG CAPSULE | NC | |
| PROGRAF 5 MG CAPSULE | NC | |
| PROLASTIN C 1,000 MG VIAL | MD | Prior Authorization required LDD*: Dohmen Life Sciences. 1-800-305-7881. |
| PROLENSA 0.07% EYE DROPS | NC | |
| PROLIA 60 MG/ML SYRINGE | MD | Prior Authorization required;Max. 1 ML(s) in 180 days SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------------|
| PROMACET 50-650 MG TABLET | 2 | |
| PROMACTA 12.5 MG TABLET | 5 | HSA*; SPP*: Must use CVS Specialty |
| PROMACTA 25 MG TABLET | 5 | HSA*; SPP*: Must use CVS Specialty |
| PROMACTA 50 MG TABLET | 5 | HSA*; SPP*: Must use CVS Specialty |
| PROMACTA 75 MG TABLET | 5 | HSA*; SPP*: Must use CVS Specialty |
| PROMETHAZINE 12.5 MG SUPPOS | 2 | |
| PROMETHAZINE 12.5 MG TABLET | 1 | |
| PROMETHAZINE 25 MG SUPPOSITORY | 2 | |
| PROMETHAZINE 25 MG TABLET | 1 | |
| PROMETHAZINE 50 MG SUPPOSITORY | 2 | |
| PROMETHAZINE 50 MG TABLET | 2 | |
| PROMETHAZINE 6.25 MG/5 ML SYRP | 1 | |
| PROMETHAZINE VC SYRUP | 2 | |
| PROMETHAZINE VC-CODEINE SYRUP | 2 | |
| PROMETHAZINE-CODEINE SYRUP | 2 | |
| PROMETHAZINE-DM SYRUP | 1 | |
| PROMETHEGAN 12.5 MG SUPPOS | 2 | |
| PROMETHEGAN 25 MG SUPPOSITORY | 2 | |
| PROMETHEGAN 50 MG SUPPOSITORY | 2 | |
| PROMETRIUM 100 MG CAPSULE | NC | |
| PROMETRIUM 200 MG CAPSULE | NC | |
| PROMISEB COMPLETE KIT | NC | |
| PROMISEB TOPICAL CREAM | NC | |
| PROPAFENONE HCL 150 MG TABLET | 2 | |
| PROPAFENONE HCL 225 MG TAB | 2 | |
| PROPAFENONE HCL 300 MG TAB | 2 | |
| PROPAFENONE HCL ER 225 MG CAP | 2 | |
| PROPAFENONE HCL ER 325 MG CAP | 2 | |
| PROPAFENONE HCL ER 425 MG CAP | 2 | |
| PROPANTHELINE 15 MG TABLET | 2 | |
| PROPARACAINE 0.5% EYE DROPS | 2 | |
| PROPRANOLOL 10 MG TABLET | 2 | HSA* |
| PROPRANOLOL 20 MG TABLET | 2 | HSA* |
| PROPRANOLOL 20 MG/5 ML SOLN | 2 | HSA* |
| PROPRANOLOL 40 MG TABLET | 2 | HSA* |
| PROPRANOLOL 40 MG/5 ML SOLN | 2 | HSA* |
| PROPRANOLOL 60 MG TABLET | 2 | HSA* |
| PROPRANOLOL 80 MG TABLET | 2 | HSA* |
| PROPRANOLOL ER 120 MG CAPSULE | 2 | HSA* |
| PROPRANOLOL ER 160 MG CAPSULE | 2 | HSA* |
| PROPRANOLOL ER 60 MG CAPSULE | 2 | HSA* |
| PROPRANOLOL ER 80 MG CAPSULE | 2 | HSA* |
| PROPRANOLOL-HCTZ 40-25 MG TAB | 2 | HSA* |
| PROPRANOLOL-HCTZ 80-25 MG TAB | 2 | HSA* |
| PROPYLENE GLYCOL LIQUID | NC | |
| PROPYLTHIOURACIL 50 MG TABLET | 2 | |
| PROSCAR 5 MG TABLET | NC | |
| PROSTIGMIN 15 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--------------------------------------|
| PROTHELIAL 1 GM/10 ML PASTE | NC | |
| PROTONIX 40 MG SUSPENSION | 4 | |
| PROTONIX DR 20 MG TABLET | NC | |
| PROTONIX DR 40 MG TABLET | NC | |
| PROTOPIC 0.03% OINTMENT | NC | |
| PROTOPIC 0.1% OINTMENT | NC | |
| PROTRIPTYLINE HCL 10 MG TABLET | 2 | |
| PROTRIPTYLINE HCL 5 MG TABLET | 2 | |
| PROVENTIL HFA 90 MCG INHALER | NC | |
| PROVERA 10 MG TABLET | NC | |
| PROVERA 2.5 MG TABLET | NC | |
| PROVERA 5 MG TABLET | NC | |
| PROVIGIL 100 MG TABLET | NC | |
| PROVIGIL 200 MG TABLET | NC | |
| PROZAC 10 MG PULVULE | NC | |
| PROZAC 20 MG PULVULE | NC | |
| PROZAC 40 MG PULVULE | NC | |
| PROZAC WEEKLY 90 MG CAPSULE | NC | |
| PRUCLAIR NONSTEROIDAL CREAM | 2 | |
| PRUDOXIN 5% CREAM | 4 | |
| PRUMYX CREAM | 2 | |
| PRUTECT TOPICAL EMULSION | 2 | |
| PSORCON 0.05% CREAM | NC | |
| 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 | 3 | HSA* |
| PULMICORT 90 MCG FLEXHALER | 3 | HSA* |
| PULMOSAL 7% VIAL | NC | |
| PULMOZYME 1 MG/ML AMPUL | 4 | SPP*: Must use CVS Specialty |
| PURINETHOL 50 MG TABLET | NC | |
| PURIXAN 20 MG/ML ORAL SUSP | 4 | CH* |
| PUSH BUTTON SAFETY 21G LANCET | 3 | HSA* |
| PUSH BUTTON SAFETY 28G LANCET | 3 | HSA* |
| PV TRUETRACK SMART SYS STRIPS | NC | |
| PYLERA CAPSULE | NC | |
| PYRAZINAMIDE 500 MG TABLET | 2 | |
| PYRIDIUM 100 MG TABLET | NC | |
| PYRIDIUM 200 MG TABLET | NC | |
| PYRIDOSTIGMINE BR 60 MG TABLET | 2 | |
| PYRIDOSTIGMINE ER 180 MG TAB | 2 | |
| PYROGALLIC ACID 25% OINTMENT | NC | |
| Q | | |
| QBRELIS 1MG/ML SOLUTION | NC | |
| QC CHILD ASPIRIN 81 MG CHW TAB | \$0 | ACA* |
| QNASL 80 MCG NASAL SPRAY | NC | |
| QNASL CHILDREN'S 40 MCG SPRAY | 4 | |
| QTERN 10 MG-5 MG TABLET | 5 | Prior Authorization required HSA* |
| QUALAQUIN 324 MG CAPSULE | NC | |
| QUARTETTE TABLET | 4 | Max. 91 Days Supply;Max. 1 per day |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| QUASENSE 0.15-0.03 MG TABLET | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| QUAZEPAM 15 MG TABLET | 2 | |
| 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 | |
| QUESTRAN LIGHT POWDER | NC | |
| QUESTRAN PACKET | NC | |
| QUETIAPINE ER 150 MG TABLET | 3 | |
| QUETIAPINE ER 200 MG TABLET | 3 | |
| QUETIAPINE ER 300 MG TABLET | 3 | |
| QUETIAPINE ER 400 MG TABLET | 3 | |
| QUETIAPINE ER 50 MG TABLET | 3 | |
| QUETIAPINE FUMARATE 100 MG TAB | 2 | |
| QUETIAPINE FUMARATE 200 MG TAB | 2 | |
| QUETIAPINE FUMARATE 25 MG TAB | 2 | |
| QUETIAPINE FUMARATE 300 MG TAB | 2 | |
| QUETIAPINE FUMARATE 400 MG TAB | 2 | |
| QUETIAPINE FUMARATE 50 MG TAB | 2 | |
| QUICK RELEASE TEFLN CANNULA | MD | |
| 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 | 4 | Max. 60 Days Supply |
| QUINAPRIL 10 MG TABLET | 2 | HSA* |
| QUINAPRIL 20 MG TABLET | 2 | HSA* |
| QUINAPRIL 40 MG TABLET | 2 | HSA* |
| QUINAPRIL 5 MG TABLET | 2 | HSA* |
| QUINAPRIL-HCTZ 10-12.5 MG TAB | 2 | HSA* |
| QUINAPRIL-HCTZ 20-12.5 MG TAB | 2 | HSA* |
| QUINAPRIL-HCTZ 20-25 MG TAB | 2 | HSA* |
| QUINIDINE GLUC ER 324 MG TAB | 2 | |
| QUINIDINE SULF ER 300 MG TAB | 2 | |
| QUINIDINE SULFATE 200 MG TAB | 2 | |
| QUINIDINE SULFATE 300 MG TAB | 2 | |
| QUININE SULFATE 324 MG CAPSULE | 2 | |
| QUINTET AC GLUCOSE TEST STRIPS | NC | |
| QUINTET GLUCOSE TEST STRIPS | NC | |
| QVAR 40 MCG ORAL INHALER | 3 | HSA* |
| QVAR 80 MCG ORAL INHALER | 3 | HSA* |
| R | | |
| RA ASPIRIN 325 MG TABLET | \$0 | ACA* |
| RA E-ZJECT 26G LANCETS | 3 | HSA* |
| RA E-ZJECT 28G LANCETS | 3 | HSA* |
| RA NICOTINE 14 MG/24HR PATCH | \$0 | Max. 180 Days Supply;Max. 1 per day ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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* |
| RABAVERT RABIES VACC W-DILUENT | MD | |
| RABEPRAZOLE SOD DR 20 MG TAB | 3 | |
| RADIAGEL | NC | |
| RADIAPLEXRX GEL | NC | |
| RAGWITEK SUBLINGUAL TABLET | NC | |
| RAJANI 28 TABLET | \$0 | ACA* |
| RALOXIFENE HCL 60 MG TABLET | 2 | HSA*; ACA* |
| RAMIPRIL 1.25 MG CAPSULE | 2 | HSA* |
| RAMIPRIL 10 MG CAPSULE | 1 | HSA* |
| RAMIPRIL 2.5 MG CAPSULE | 1 | HSA* |
| RAMIPRIL 5 MG CAPSULE | 1 | HSA* |
| RANEXA ER 1,000 MG TABLET | 3 | HSA* |
| RANEXA ER 500 MG TABLET | 3 | HSA* |
| RANITIDINE 15 MG/ML SYRUP | 2 | |
| RANITIDINE 150 MG CAPSULE | 2 | |
| RANITIDINE 150 MG TABLET | 1 | |
| RANITIDINE 300 MG CAPSULE | 2 | |
| RANITIDINE 300 MG TABLET | 1 | |
| RAPAFLO 4 MG CAPSULE | 4 | |
| RAPAFLO 8 MG CAPSULE | 4 | |
| RAPAMUNE 0.5 MG TABLET | 4 | |
| RAPAMUNE 1 MG TABLET | 4 | |
| RAPAMUNE 1 MG/ML ORAL SOLN | 4 | |
| RAPAMUNE 2 MG TABLET | 4 | |
| RASAGILINE MESYLATE 0.5 MG TAB | 3 | |
| RASAGILINE MESYLATE 1 MG TAB | 3 | |
| RASUVO 10 MG/0.2 ML AUTOINJ | 3 | Max. 0.8 ML(s) in 30 days |
| RASUVO 12.5 MG/0.25 ML AUTOINJ | 3 | Max. 1 ML(s) in 30 days |
| RASUVO 15 MG/0.3 ML AUTOINJ | 3 | Max. 1.2 ML(s) in 30 days |
| RASUVO 17.5 MG/0.35 ML AUTOINJ | 3 | Max. 1.4 ML(s) in 30 days |
| RASUVO 20 MG/0.4 ML AUTOINJ | 3 | Max. 1.6 ML(s) in 30 days |
| RASUVO 22.5 MG/0.45 ML AUTOINJ | 3 | Max. 1.8 ML(s) in 30 days |
| RASUVO 25 MG/0.5 ML AUTOINJ | 3 | Max. 2 ML(s) in 30 days |
| RASUVO 27.5 MG/0.55 ML AUTOINJ | 3 | Max. 2.2 ML(s) in 30 days |
| RASUVO 30 MG/0.6 ML AUTOINJ | 3 | Max. 2.4 ML(s) in 30 days |
| RASUVO 7.5 MG/0.15 ML AUTOINJ | 3 | Max. 0.6 ML(s) in 30 days |
| RAVICTI 1.1 GRAM/ML LIQUID | NC | |
| RAYALDEE ER 30 MCG CAPSULE | NC | |
| RAYOS DR 1 MG TABLET | NC | |
| RAYOS DR 2 MG TABLET | NC | |
| RAYOS DR 5 MG TABLET | 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 | |
| REA LO 39 CREAM | NC | |
| REA LO 40 CREAM | NC | |

| | | |
|--------------------------------|-----|---|
| REA LO 40 LOTION | NC | |
| READYLANCE 21G SAFETY LANCETS | 3 | HSA* |
| READYLANCE 23G SAFETY LANCETS | 3 | HSA* |
| READYLANCE 26G SAFETY LANCETS | 3 | HSA* |
| READYLANCE 28G SAFETY LANCETS | 3 | HSA* |
| READYLANCE 30G SAFETY LANCETS | 3 | HSA* |
| REBETOL 200 MG CAPSULE | NC | |
| REBETOL 40 MG/ML SOLUTION | 4 | |
| REBIF 22 MCG/0.5 ML SYRINGE | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBIF 44 MCG/0.5 ML SYRINGE | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBIF REBIDOSE 22 MCG/0.5 ML | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBIF REBIDOSE 44 MCG/0.5 ML | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBIF REBIDOSE TITRATION PACK | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBIF TITRATION PACK | 5 | SPP*: Must use CVS Specialty Max. 30 Days Supply |
| REBINYN 1,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| REBINYN 2,000 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| REBINYN 500 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| RECLIPSEN 28 DAY TABLET | \$0 | ACA* |
| RECOMBINATE 1,241-1,800 UNIT V | MD | SPP*: Must use CVS Specialty |
| RECOMBIVAX HB 10 MCG/ML SYR | MD | Not covered for members 17 and younger |
| RECOMBIVAX HB 10 MCG/ML VIAL | MD | Not covered for members 17 and younger |
| 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 |
| RECTACORT-HC 25 MG SUPPOSITORY | NC | |
| RECTIV 0.4% OINTMENT | 4 | |
| REFUAH PLUS TEST STRIPS | NC | |
| REGENECARE 2% WOUND GEL | NC | |
| REGLAN 10 MG TABLET | NC | |
| REGLAN 5 MG TABLET | NC | |
| REGRANEX 0.01% GEL | 5 | Limit fills to 3 in 365 days;Max. 15 GM(s) in 30 days |
| RELAGARD VAGINAL GEL | NC | |
| RELAGESIC 650-50 MG TABLET | NC | |
| RELENZA 5 MG DISKHALER | 4 | Max. quantity of 20 per fill |
| RELIAMED 30G LANCETS | 3 | HSA* |
| RELIAMED SAFETY 23G LANCETS | 3 | HSA* |
| RELIAMED SAFETY 28G LANCETS | 3 | HSA* |
| RELIAMED SAFETY SEAL 28G LANCT | 3 | HSA* |
| RELIAMED SAFETY SEAL 30G LANCT | 3 | HSA* |
| RELION CONFIRM-MICRO TEST STRP | NC | |
| RELION MICRO TEST STRIPS | NC | |
| RELION PRIME TEST STRIPS | NC | |
| RELION THIN 26G LANCETS | 3 | HSA* |
| RELION ULTIMA TEST STRIPS | NC | |
| RELION ULTRA THIN PLUS 33G | 3 | HSA* |
| RELION ULTRA THIN PLUS LANCETS | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| RELISTOR 12 MG/0.6 ML SYRINGE | 3 | |
| RELISTOR 12 MG/0.6 ML VIAL | 3 | |
| RELISTOR 150 MG TABLET | NC | |
| RELISTOR 8 MG/0.4 ML SYRINGE | 3 | |
| RELPAK 20 MG TABLET | 4 | Max. quantity of 12 per fill;Step Therapy required MQC*: 12 tabs per copay |
| RELPAK 40 MG TABLET | 4 | Max. quantity of 6 per fill;Step Therapy required MQC*: 6 tabs/copay |
| 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 | |
| REMEVEN 50% CREAM | 2 | |
| RENA-VITE RX TABLET | NC | |
| RENACIDIN IRRIGATION SOLUTION | NC | |
| RENAGEL 400 MG TABLET | NC | |
| RENAGEL 800 MG TABLET | NC | |
| RENAL CAPS SOFTGEL | 2 | |
| RENEW ADVANCED MICRO-LANCETS | 3 | HSA* |
| RENO CAPS SOFTGEL | 2 | |
| REVELA 0.8 GM POWDER PACKET | 3 | |
| REVELA 2.4 GM POWDER PACKET | 3 | |
| REVELA 800 MG TABLET | 3 | |
| REPAGLINIDE 0.5 MG TABLET | 2 | HSA* |
| REPAGLINIDE 1 MG TABLET | 2 | HSA* |
| REPAGLINIDE 2 MG TABLET | 2 | HSA* |
| REPAGLINIDE-METFORMIN 1-500 MG | 2 | HSA* |
| REPAGLINIDE-METFORMIN 2-500 MG | 2 | HSA* |
| REPATHA 140 MG/ML SURECLICK | 4 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| REPATHA 140 MG/ML SYRINGE | 4 | Prior Authorization required;Max. 2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| REPATHA 420 MG/3.5ML PUSHTRONX | 4 | Prior Authorization required;Max. 3.5 ML(s) per 30 days SPP*: Must use CVS Specialty |
| REPREXAIN 10-200 MG TABLET | 2 | |
| REPREXAIN 2.5-200 MG TABLET | 2 | |
| REPREXAIN 5-200 MG TABLET | 2 | |
| REPRONEX 75 UNIT VIAL | 4 | Max. 30 Days Supply IVF* |
| 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 | |
| RESCRIPTOR 100 MG TABLET | 3 | |
| RESCRIPTOR 200 MG TABLET | 3 | |
| RESERPINE 0.1 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| RESERPINE 0.25 MG TABLET | 2 | HSA* |
| RESPA A.R. TABLET SA | NC | |
| RESTASIS 0.05% EYE EMULSION | 3 | Max. 2 per day |
| RESTIZAN GEL | NC | |
| RESTORIL 15 MG CAPSULE | NC | |
| RESTORIL 22.5 MG CAPSULE | NC | |
| RESTORIL 30 MG CAPSULE | NC | |
| RESTORIL 7.5 MG CAPSULE | NC | |
| 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 0.06% GEL | NC | |
| RETIN-A MICRO PUMP 0.08% GEL | NC | |
| RETROVIR 10 MG/ML SYRUP | NC | |
| RETROVIR 100 MG CAPSULE | NC | |
| REVIATIO 10 MG/ML ORAL SUSP | NC | |
| REVIATIO 20 MG TABLET | NC | |
| REVEAL TEST STRIP | NC | |
| REVIA 50 MG TABLET | NC | |
| REVLIMID 10 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| REVLIMID 15 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| REVLIMID 2.5 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| REVLIMID 20 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| REVLIMID 25 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| REVLIMID 5 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| 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 | |
| REYATAZ 150 MG CAPSULE | 3 | |
| REYATAZ 200 MG CAPSULE | 3 | |
| REYATAZ 300 MG CAPSULE | 3 | |
| REYATAZ 50 MG POWDER PACKET | 3 | |
| REZIRA SOLUTION | NC | |
| RHEUMATREX 2.5 MG TABLET | NC | |
| RHINOCORT AQUA NASAL SPRAY | NC | |
| RHINOFLEX-650 TABLET | 2 | |
| RHOFADE 1% CREAM | NC | |
| RHOGAM ULTRA-FILTERED PLUS SYR | MD | SPP*: Must use CVS Specialty |
| RIASTAP VIAL | MD | SPP*: Must use CVS Specialty |
| RIBASPHERE 200 MG CAPSULE | 2 | SPP*: Must use CVS Specialty |
| RIBASPHERE 200 MG TABLET | 2 | SPP*: Must use CVS Specialty |
| RIBASPHERE 400 MG TABLET | 2 | SPP*: Must use CVS Specialty |
| RIBASPHERE 600 MG TABLET | 2 | SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| RIBASPHERE RIBAPAK 200-400 MG | 2 | |
| RIBASPHERE RIBAPAK 400-400 MG | 2 | |
| RIBASPHERE RIBAPAK 600-400 MG | 2 | |
| RIBASPHERE RIBAPAK 600-600 MG | 2 | |
| RIBATAB 400-400 MG DOSEPACK | NC | |
| RIBATAB 400-600 MG DOSEPACK | NC | |
| RIBAVIRIN 200 MG CAPSULE | 2 | SPP*: Must use CVS Specialty |
| RIBAVIRIN 200 MG TABLET | 2 | SPP*: Must use CVS Specialty |
| RIBAVIRIN 6 GM INHALATION VIAL | 3 | |
| RIDAURA 3 MG CAPSULE | 4 | |
| RIFABUTIN 150 MG CAPSULE | 2 | |
| RIFADIN 150 MG CAPSULE | NC | |
| RIFADIN 300 MG CAPSULE | NC | |
| RIFAMATE CAPSULE | 4 | |
| RIFAMPIN 150 MG CAPSULE | 2 | |
| RIFAMPIN 300 MG CAPSULE | 2 | |
| RIFATER TABLET | 4 | |
| RIGHTEST GL300 30G LANCETS | 3 | 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 | |
| RILUTEK 50 MG TABLET | NC | |
| RILUZOLE 50 MG TABLET | 2 | |
| RIMANTADINE HCL 100 MG TABLET | 2 | |
| RIOMET 500 MG/5 ML SOLUTION | 4 | HSA* |
| RISEDRONATE SOD DR 35 MG TAB | 2 | Max. 4 per 28 days HSA* |
| RISEDRONATE SODIUM 150 MG TAB | 2 | Max. 1 in 30 days HSA* |
| RISEDRONATE SODIUM 30 MG TAB | 2 | Max. 1 per day HSA* |
| RISEDRONATE SODIUM 35 MG TAB | 2 | Max. 4 per 28 days HSA* |
| RISEDRONATE SODIUM 5 MG TABLET | 2 | Max. 1 per day HSA* |
| 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 | |
| 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 | 2 | |
| RISPERIDONE 0.25 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| RISPERIDONE 0.5 MG ODT | 2 | |
| RISPERIDONE 0.5 MG TABLET | 1 | |
| RISPERIDONE 1 MG ODT | 2 | |
| RISPERIDONE 1 MG TABLET | 1 | |
| RISPERIDONE 1 MG/ML SOLUTION | 2 | |
| RISPERIDONE 2 MG ODT | 2 | |
| RISPERIDONE 2 MG TABLET | 2 | |
| RISPERIDONE 3 MG ODT | 2 | |
| RISPERIDONE 3 MG TABLET | 2 | |
| RISPERIDONE 4 MG ODT | 2 | |
| RISPERIDONE 4 MG TABLET | 2 | |
| RITALIN 10 MG TABLET | NC | |
| RITALIN 20 MG TABLET | NC | |
| RITALIN 5 MG TABLET | NC | |
| RITALIN LA 10 MG CAPSULE | 4 | 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 | 4 | Max. 60 Days Supply |
| RITALIN SR 20 MG TABLET | 4 | Max. 60 Days Supply |
| RITEFLO SPACER | MD | |
| RIVASTIGMINE 1.5 MG CAPSULE | 2 | |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 2 | |
| RIVASTIGMINE 3 MG CAPSULE | 2 | |
| RIVASTIGMINE 4.5 MG CAPSULE | 2 | |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 2 | |
| RIVASTIGMINE 6 MG CAPSULE | 2 | |
| RIVASTIGMINE 9.5 MG/24HR PATCH | 2 | |
| RIVELSA TABLET | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| RIXUBIS 250 UNIT NOMINAL | MD | SPP*: Must use CVS Specialty |
| RIZATRIPTAN 10 MG ODT | 2 | Max. quantity of 9 per fill MQC*: 9 tabs/copay |
| RIZATRIPTAN 10 MG TABLET | 2 | Max. quantity of 9 per fill MQC*: 9 tabs/copay |
| RIZATRIPTAN 5 MG ODT | 2 | Max. quantity of 18 per fill MQC*: 4 patches/copay |
| RIZATRIPTAN 5 MG TABLET | 2 | Max. quantity of 18 per fill MQC*: 18 tabs/copay |
| ROBAXIN 500 MG TABLET | NC | |
| ROBAXIN-750 TABLET | NC | |
| ROBINUL 1 MG TABLET | NC | |
| ROBINUL FORTE 2 MG TABLET | NC | |
| ROCALTROL 0.25 MCG CAPSULE | NC | |
| ROCALTROL 0.5 MCG CAPSULE | NC | |
| ROCALTROL 1 MCG/ML ORAL SOLN | NC | |
| ROPINIROLE HCL 0.25 MG TABLET | 2 | |
| ROPINIROLE HCL 0.5 MG TABLET | 2 | |
| ROPINIROLE HCL 1 MG TABLET | 2 | |
| ROPINIROLE HCL 2 MG TABLET | 2 | |
| ROPINIROLE HCL 3 MG TABLET | 2 | |
| ROPINIROLE HCL 4 MG TABLET | 2 | |
| ROPINIROLE HCL 5 MG TABLET | 2 | |
| ROPINIROLE HCL ER 12 MG TABLET | 2 | |
| ROPINIROLE HCL ER 2 MG TABLET | 2 | |
| ROPINIROLE HCL ER 4 MG TABLET | 2 | |
| ROPINIROLE HCL ER 6 MG TABLET | 2 | |
| ROPINIROLE HCL ER 8 MG TABLET | 2 | |
| ROSADAN 0.75% CREAM | 2 | |
| ROSADAN 0.75% CREAM KIT | NC | |

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| ROSADAN 0.75% GEL | NC | |
| ROSANIL CLEANSER LOTION | NC | |
| ROSULA 10%-5% CLOTHS | NC | |
| ROSUVASTATIN CALCIUM 10 MG TAB | 2 | HSA* |
| ROSUVASTATIN CALCIUM 20 MG TAB | 2 | HSA* |
| ROSUVASTATIN CALCIUM 40 MG TAB | 2 | HSA* |
| ROSUVASTATIN CALCIUM 5 MG TAB | 2 | HSA* |
| ROWASA 4 GM/60 ML ENEMA KIT | NC | |
| ROWEEPRA 1,000 MG TABLET | NC | |
| ROWEEPRA 500 MG TABLET | NC | |
| ROWEEPRA 750 MG TABLET | NC | |
| ROXICET 5-325 ORAL SOLUTION | 2 | |
| ROXICET 5-325 TABLET | 2 | |
| ROXICODONE 15 MG TABLET | NC | |
| ROXICODONE 30 MG TABLET | NC | |
| ROXICODONE 5 MG TABLET | NC | |
| ROXIFOL-D TABLET | NC | |
| ROZEREM 8 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| RUBRACA 200 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| RUBRACA 250 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| RUBRACA 300 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| RYDAPT 25 MG CAPSULE | 5 | Prior Authorization required;Max. 8 per day CH*; SPP*: CVS Specialty |
| 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 | |
| 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 | |
| RYVENT 6 MG TABLET | NC | |

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| SABRIL 500 MG POWDER PACKET | 4 | SPP*: Must use CVS Specialty |
| SABRIL 500 MG TABLET | 3 | SPP*: Must use CVS Specialty |
| SACCHARIN POWDER | NC | |
| SAFESNAP ALLERGY SYRINGE 1 ML | 3 | |
| SAFESNAP SYRINGE 10 ML | 3 | |
| SAFESNAP SYRINGE 10 ML | 3 | |
| SAFESNAP SYRINGE 3 ML | 3 | |
| SAFESNAP SYRINGE 3 ML | 3 | |
| SAFESNAP SYRINGE 5 ML | 3 | |
| SAFESNAP SYRINGE 5 ML | 3 | |
| SAFESNAP TUBERCULIN SYR 1 ML | 3 | |
| SAFETY 21G LANCETS | 3 | HSA* |
| SAFETY 28G LANCETS | 3 | HSA* |
| SAFETY LANCETS 26G | 3 | HSA* |
| SAFETY SEAL 28G LANCETS | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| SAFETY SEAL 30G LANCETS | 3 | HSA* |
| SAFETY SYRINGE W-SHIELD 3 ML | 3 | |
| SAFETY-LET 30G LANCETS | 3 | HSA* |
| SAFETY-LOK 1 ML TB SYRINGE | 4 | |
| SAFETY-LOK 10 ML SYRINGE | 3 | |
| SAFETY-LOK 10 ML SYRINGE | 3 | |
| SAFETY-LOK 3 ML SYRINGE | 3 | |
| SAFETY-LOK 3 ML SYRINGE | 3 | |
| SAFETY-LOK 3 ML SYRINGE | 3 | |
| SAFETY-LOK 5 ML SYRINGE | 3 | |
| SAFETY-LOK 5 ML SYRINGE | 3 | |
| SAFYRAL TABLET | \$0 | ACA* |
| SAIZEN 5 MG VIAL | NC | |
| SAIZEN 8.8 MG CLICK.EASY CARTG | NC | |
| SAIZEN 8.8 MG VIAL | NC | |
| SALACYN 6% CREAM | NC | |
| SALACYN 6% LOTION | 2 | |
| SALAGEN 5 MG TABLET | NC | |
| SALAGEN 7.5 MG TABLET | NC | |
| SALEX 6% CREAM KIT | NC | |
| SALEX 6% LOTION KIT | NC | |
| SALEX 6% SHAMPOO | NC | |
| SALICYLIC ACID 26% LIQUID | 2 | |
| SALICYLIC ACID 27.5% LIQUID | 2 | |
| SALICYLIC ACID 6% CREAM | 2 | |
| SALICYLIC ACID 6% GEL | 2 | |
| SALICYLIC ACID 6% LOTION KIT | NC | |
| SALICYLIC ACID 6% SHAMPOO | 2 | |
| SALIMEZ 6% CREAM | NC | |
| SALIMEZ FORTE 10% CREAM | NC | |
| SALIVAMAX POWDER PACKET | NC | |
| SALSALATE 500 MG TABLET | 2 | |
| SALSALATE 750 MG TABLET | 2 | |
| SAMSCA 15 MG TABLET | 5 | |
| SAMSCA 30 MG TABLET | 5 | |
| SANCTURA 20 MG TABLET | NC | |
| SANCTURA XR 60 MG CAPSULE | NC | |
| SANCUSO 3.1 MG/24 HR PATCH | 4 | Max. quantity of 4 per fill MQC*: 4 patches/copay |
| SANDIMMUNE 100 MG CAPSULE | 4 | |
| SANDIMMUNE 100 MG/ML SOLN | 3 | |
| SANDIMMUNE 25 MG CAPSULE | 4 | |
| 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 |
| SANTYL OINTMENT | 4 | |
| SAPHRIS 10 MG TAB SL BLK CHERY | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| SAPHRIS 2.5 MG TAB SL BLK CHRY | 4 | |
| SAPHRIS 5 MG TAB SL BLK CHERRY | 4 | |
| SARAFEM 10 MG TABLET | NC | |
| SARAFEM 20 MG TABLET | NC | |
| SAVAYSA 15 MG TABLET | NC | |
| SAVAYSA 30 MG TABLET | NC | |
| SAVAYSA 60 MG TABLET | NC | |
| SAVELLA 100 MG TABLET | 3 | Step Therapy required STA*: 18 and older |
| SAVELLA 12.5 MG TABLET | 3 | Step Therapy required STA*: 18 and older |
| SAVELLA 25 MG TABLET | 3 | Step Therapy required STA*: 18 and older |
| SAVELLA 50 MG TABLET | 3 | Step Therapy required STA*: 18 and older |
| SAVELLA TITRATION PACK | 3 | Step Therapy required STA*: 18 and older |
| SB LANCETS THIN 28G | 3 | HSA* |
| SB LANCETS ULTRA THIN 30G | 3 | HSA* |
| SCALACORT 2% LOTION | NC | |
| SCOPOLAMINE 1 MG/3 DAY PATCH | 3 | Max. quantity of 4 per fill MQC*: 1 box (4 patches)/copay |
| SEASONIQUE 0.15-0.03-0.01 TAB | NC | |
| SEB-PREV 10% WASH | 2 | |
| SECONAL SODIUM 100 MG CAPSULE | NC | |
| SECTRAL 200 MG CAPSULE | NC | |
| SECTRAL 400 MG CAPSULE | NC | |
| SEEBRI NEOHALER 15.6 MCG INHAL | NC | |
| SELEGILINE HCL 5 MG CAPSULE | 2 | |
| SELEGILINE HCL 5 MG TABLET | 2 | |
| SELENIUM SULFIDE 2.25% SHAMPOO | 2 | |
| SELENIUM SULFIDE 2.5% LOTION | 2 | |
| SELZENTRY 150 MG TABLET | 3 | |
| SELZENTRY 20 MG/ML ORAL SOLN | 3 | |
| SELZENTRY 25 MG TABLET | 3 | |
| SELZENTRY 300 MG TABLET | 3 | |
| SELZENTRY 75 MG TABLET | 3 | |
| SEMPREX-D 8 MG-60 MG CAPSULE | NC | |
| SENSIPAR 30 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| SENSIPAR 60 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| SENSIPAR 90 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| SEREVENT DISKUS 50 MCG | 3 | Max. 60 in 30 days HSA* |
| SERNIVO 0.05% SPRAY | NC | |
| SEROPHENE 50 MG TABLET | NC | |
| 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 | 4 | |
| SEROQUEL XR 200 MG TABLET | 4 | |
| SEROQUEL XR 300 MG TABLET | 4 | |
| SEROQUEL XR 400 MG TABLET | 4 | |
| SEROQUEL XR 50 MG TABLET | 4 | |
| SEROQUEL XR SAMPLE KIT | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| SEROSTIM 4 MG VIAL | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| SEROSTIM 5 MG VIAL | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| SEROSTIM 6 MG VIAL | 4 | Prior Authorization required SPP*: Must use CVS Specialty |
| SERTRALINE 20 MG/ML ORAL CONC | 2 | |
| SERTRALINE HCL 100 MG TABLET | 1 | |
| SERTRALINE HCL 25 MG TABLET | 1 | |
| SERTRALINE HCL 50 MG TABLET | 1 | |
| SETLAKIN 0.15 MG-0.03 MG TAB | \$0 | Max. 91 Days Supply;Max. 1 per day ACA* |
| SEVELAMER 0.8 GM POWDER PACKET | 3 | |
| SEVELAMER 2.4 GM POWDER PACKET | 3 | |
| SEVELAMER CARBONATE 800 MG TAB | 2 | |
| SF 5000 PLUS CREAM | 1 | |
| SHAROBEL 0.35 MG TABLET | \$0 | ACA* |
| SHINGRIX ADJUVANT COMPONENT | \$0 | Not covered for members 49 and younger ACA*, Covered ages 50 and older |
| SHINGRIX VIAL KIT | \$0 | Not covered for members 49 and younger |
| SHOHL'S MODIFIED SOLUTION | NC | |
| SIDEROL LIQUID | 2 | |
| SIDESTREAM PEDIATRIC FACE MASK | MD | |
| SIGNIFOR 0.3 MG/ML AMPULE | 4 | LDD*: Accredo (866) 815-4717 |
| SIGNIFOR 0.6 MG/ML AMPULE | 4 | LDD*: Accredo (866) 815-4717 |
| SIGNIFOR 0.9 MG/ML AMPULE | 4 | LDD*: Accredo (866) 815-4717 |
| SILDENAFIL 100 MG TABLET | 3 | Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| SILDENAFIL 20 MG TABLET | 2 | Prior Authorization required SPP*: Must use CVS Specialty |
| SILDENAFIL 25 MG TABLET | 3 | Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| SILDENAFIL 50 MG TABLET | 3 | Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| SILENOR 3 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| SILENOR 6 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| SILHOUETTE INFUSION SET 43" | MD | |
| SILICONE MASK-INFANT | MD | |
| SILICONE MASK-PEDIATRIC | MD | |
| SILIQ 210 MG/1.5 ML SYRINGE | NC | |
| SILVADENE 1% CREAM | NC | |
| SILVER NITRATE 0.5% SOLN | 2 | |
| SILVER NITRATE 10% OINTMENT | 2 | |
| SILVER NITRATE 10% SOLUTION | 2 | |
| SILVER NITRATE 25% SOLUTION | 2 | |
| SILVER NITRATE 50% SOLUTION | 2 | |
| SILVER NITRATE APPLICATOR | 2 | |
| SILVER SULFADIAZINE 1% CREAM | 2 | |
| SILVRSTAT DRESSING GEL | NC | |
| SIMBRINZA 1%-0.2% EYE DROPS | 3 | |
| SIMCOR 1,000-20 MG TABLET | 3 | HSA* |
| SIMCOR 1,000-40 MG TABLET | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| SIMCOR 500-20 MG TABLET | 3 | HSA* |
| SIMCOR 500-40 MG TABLET | 3 | HSA* |
| SIMCOR 750-20 MG TABLET | 3 | HSA* |
| SIMPONI 100 MG/ML PEN INJECTOR | 5 | Prior Authorization required;Max. 1 ML(s) per 30 days SPP*: Must use CVS Specialty |
| SIMPONI 100 MG/ML SYRINGE | 5 | Prior Authorization required;Max. 1 ML(s) per 30 days SPP*: Must use CVS Specialty |
| SIMPONI 50 MG/0.5 ML PEN INJEC | 5 | Prior Authorization required;Max. 0.5 ML(s) per 30 days SPP*: Must use CVS Specialty |
| SIMPONI 50 MG/0.5 ML SYRINGE | 5 | Prior Authorization required;Max. 0.5 ML(s) per 30 days SPP*: Must use CVS Specialty |
| SIMVASTATIN 10 MG TABLET | \$0 | ACA* |
| SIMVASTATIN 20 MG TABLET | \$0 | ACA* |
| SIMVASTATIN 40 MG TABLET | \$0 | ACA* |
| SIMVASTATIN 5 MG TABLET | \$0 | ACA* |
| SIMVASTATIN 80 MG TABLET | \$0 | ACA* |
| 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 | |
| SINGLE-LET LANCETS | 3 | HSA* |
| SINGULAIR 10 MG TABLET | NC | |
| SINGULAIR 4 MG GRANULES | NC | |
| SINGULAIR 4 MG TABLET CHEW | NC | |
| SINGULAIR 5 MG TABLET CHEW | NC | |
| SIROLIMUS 0.5 MG TABLET | 2 | |
| SIROLIMUS 1 MG TABLET | 2 | |
| SIROLIMUS 2 MG TABLET | 2 | |
| SIRTURO 100 MG TABLET | 5 | Prior Authorization required;Max. quantity of 32 per fill |
| SITAVIG 50 MG BUCCAL TABLET | NC | |
| SIVEXTRO 200 MG TABLET | 5 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| SKELAXIN 800 MG TABLET | NC | |
| SKLICE 0.5% LOTION | 4 | |
| SM BUFF ASPIRIN 325 MG TAB | \$0 | ACA* |
| SM COLOR LANCETS 21G | 3 | HSA* |
| SM LANCETS 21G | 3 | HSA* |
| SM THIN LANCETS 26G | 3 | HSA* |
| SMART CARESENS N TEST STRIPS | NC | |
| SMART SENSE COLOR 33G LANCETS | 3 | HSA* |
| SMART SENSE STANDARD 21G | 3 | HSA* |
| SMART SENSE TEST STRIPS | NC | |
| SMART SENSE THIN 26G LANCETS | 3 | HSA* |
| SMARTDIABETES VANTAGE 30G | 3 | HSA* |
| SMARTDIABETES XPRES TEST STRIP | NC | |
| SMARTTEST LANCET | 3 | HSA* |
| SMARTTEST TEST STRIPS | NC | |
| SMARTRX GABA-V KIT | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| SOD CITRATE-CITRIC ACID SOLN | 2 | |
| SOD POLYSTYREN SULF 15 G/60 ML | 2 | |
| SOD SULFACE-SULF 9.8-4.8% CLSR | 2 | |
| SOD SULFACE-SULFUR 10-5% CLOTH | 2 | |
| SOD SULFACET-SULFUR 10-2% CLSR | 2 | |
| SOD SULFACET-SULFUR 10-5% CLSR | 2 | |
| SOD SULFACETAMIDE 10% SHAMPOO | 2 | |
| SOD SULFACETAMIDE-SULFUR LOTN | NC | |
| SODIUM CHLORIDE 0.9% INHAL VL | 2 | |
| SODIUM CHLORIDE 0.9% IRRIG. | 2 | |
| SODIUM CHLORIDE 10% VIAL | 2 | |
| SODIUM CHLORIDE 3% VIAL | 2 | |
| SODIUM CHLORIDE 7% VIAL | 2 | |
| SODIUM CITRATE 4% SOLN | NC | |
| SODIUM FLUORIDE 0.5 MG/ML DROP | 2 | ACA*: Children through age 5; HSA* |
| SODIUM PHENYLBUTYRATE 500MG TB | 3 | |
| SODIUM PHENYLBUTYRATE POWDER | 2 | |
| SODIUM SUCCINATE POWDER | NC | |
| SODIUM SULFACETAMIDE 10% WASH | 2 | |
| SOF-SET MICRO INFUSION SET | MD | |
| SOF-SET ULTIMATE QR SET | MD | |
| SOFT TOUCH LANCETS | 3 | HSA* |
| SOLARAZE 3% GEL | NC | |
| SOLIQUA 100 UNIT-33 MCG/ML PEN | NC | |
| SOLODYN ER 105 MG TABLET | 5 | Prior Authorization required |
| SOLODYN ER 115 MG TABLET | NC | |
| SOLODYN ER 55 MG TABLET | 5 | Prior Authorization required |
| SOLODYN ER 65 MG TABLET | NC | |
| SOLODYN ER 80 MG TABLET | 5 | Prior Authorization required |
| SOLTAMOX 10 MG/5 ML SOLN | 4 | CH*; HSA* |
| SOLUS V2 28G LANCETS | 3 | HSA* |
| SOLUS V2 30G TWIST LANCETS | 3 | HSA* |
| SOLUS V2 AUDIBLE TEST STRIPS | NC | |
| SOMA 250 MG TABLET | NC | |
| SOMA 350 MG TABLET | NC | |
| SOMATULINE DEPOT 120 MG/0.5 ML | 4 | Prior Authorization required;Max. 0.5 ML(s) per 28 days SPP*: Must use CVS Specialty |
| SOMATULINE DEPOT 60 MG/0.2 ML | 4 | Prior Authorization required;Max. 0.2 ML(s) per 28 days SPP*: Must use CVS Specialty |
| SOMATULINE DEPOT 90 MG/0.3 ML | 4 | Prior Authorization required;Max. 0.3 ML(s) per 28 days SPP*: Must use CVS Specialty |
| SOMAVERT 10 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| SOMAVERT 15 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| SOMAVERT 20 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| SOMAVERT 25 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| SOMAVERT 30 MG VIAL | 5 | SPP*: Must use CVS Specialty |
| SONAFINE TOPICAL EMULSION | 2 | |
| SONATA 10 MG CAPSULE | NC | |
| SONATA 5 MG CAPSULE | NC | |
| SOOLANTRA 1% CREAM | NC | |
| SORBITOL 70% SOLUTION | NC | |
| SORIATANE 10 MG CAPSULE | NC | |
| SORIATANE 17.5 MG CAPSULE | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| SORIATANE 25 MG CAPSULE | NC | |
| SORILUX 0.005% FOAM | NC | |
| SORINE 120 MG TABLET | 2 | HSA* |
| SORINE 160 MG TABLET | 2 | HSA* |
| SORINE 240 MG TABLET | 2 | HSA* |
| SORINE 80 MG TABLET | 2 | HSA* |
| SOTALOL 120 MG TABLET | 2 | HSA* |
| SOTALOL 160 MG TABLET | 2 | HSA* |
| SOTALOL 240 MG TABLET | 2 | HSA* |
| SOTALOL 80 MG TABLET | 2 | HSA* |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | NC | |
| SOVALDI 400 MG TABLET | 4 | Prior Authorization required;Max. 1 per day SPP*: Must use CVS Specialty |
| SPACE CHAMBER PLUS | MD | |
| SPECTRACEF 400 MG DOSE PACK TB | NC | |
| SPINOSAD 0.9% TOPICAL SUSP | 2 | |
| SPIRIVA 18 MCG CP-HANDIHALER | 3 | Max. 1 per day HSA*; Max 1 inhaler/30 days supply |
| SPIRIVA RESPIMAT 1.25 MCG INH | 3 | Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply |
| SPIRIVA RESPIMAT 2.5 MCG INH | 3 | Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply |
| SPIRONOLACTONE 100 MG TABLET | 2 | HSA* |
| SPIRONOLACTONE 25 MG TABLET | 1 | HSA* |
| SPIRONOLACTONE 50 MG TABLET | 2 | HSA* |
| SPIRONOLACTONE-HCTZ 25-25 TAB | 2 | HSA* |
| SPORANOX 10 MG/ML SOLUTION | 4 | |
| SPORANOX 100 MG CAPSULE | NC | |
| SPRAY AND STRETCH SPRAY | NC | |
| SPRINTEC 28 DAY TABLET | \$0 | ACA* |
| SPRITAM 1,000 MG TABLET | NC | |
| SPRITAM 250 MG TABLET | NC | |
| SPRITAM 500 MG TABLET | NC | |
| SPRITAM 750 MG TABLET | NC | |
| SPRIX 15.75 MG NASAL SPRAY | 4 | Max. quantity of 5 per fill |
| SPRYCEL 100 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPRYCEL 140 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPRYCEL 20 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPRYCEL 50 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPRYCEL 70 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPRYCEL 80 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| SPS 15 GM/60 ML SUSPENSION | 2 | |
| SRONYX 0.10-0.02 MG TABLET | \$0 | ACA* |
| SSD 1% CREAM | 2 | |
| SSKI 1 GM/ML SOLUTION | 2 | |
| ST. JOSEPH ASPIRIN 81 MG CHEW | \$0 | ACA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| ST. JOSEPH ASPIRIN EC 81 MG TB | \$0 | ACA* |
| STALEVO 100 TABLET | NC | |
| STALEVO 125 TABLET | NC | |
| STALEVO 150 TABLET | NC | |
| STALEVO 200 TABLET | NC | |
| STALEVO 50 TABLET | NC | |
| STALEVO 75 TABLET | NC | |
| STANNOUS FLUOR 0.63% RINSE | 2 | |
| STARLIX 120 MG TABLET | NC | |
| STARLIX 60 MG TABLET | NC | |
| STAVUDINE 1 MG/ML SOLUTION | 2 | |
| STAVUDINE 15 MG CAPSULE | 2 | |
| STAVUDINE 20 MG CAPSULE | 2 | |
| STAVUDINE 30 MG CAPSULE | 2 | |
| STAVUDINE 40 MG CAPSULE | 2 | |
| STAVZOR DR 125 MG CAPSULE | 4 | |
| STAVZOR DR 250 MG CAPSULE | 4 | |
| STAVZOR DR 500 MG CAPSULE | 4 | |
| STAXYN 10 MG ODT | NC | |
| 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 |
| STENDRA 100 MG TABLET | NC | |
| STENDRA 200 MG TABLET | NC | |
| STENDRA 50 MG TABLET | NC | |
| STERILANCE TL TWIST 30G LANCET | 3 | |
| STERILANCE TL TWIST 32G LANCET | 3 | HSA* |
| STIMATE 1.5 MG/ML NASAL SPRAY | 4 | |
| STIOLTO RESPIMAT INHAL SPRAY | NC | |
| STIVARGA 40 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| STRATTERA 10 MG CAPSULE | 4 | |
| STRATTERA 100 MG CAPSULE | 4 | |
| STRATTERA 18 MG CAPSULE | 4 | |
| STRATTERA 25 MG CAPSULE | 4 | |
| STRATTERA 40 MG CAPSULE | 4 | |
| STRATTERA 60 MG CAPSULE | 4 | |
| STRATTERA 80 MG CAPSULE | 4 | |
| 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 | |
| STRIANT 30 MG MUCOADHESIVE | 4 | Max. 30 Days Supply; Prior Authorization required for members 18 and older; Max. 2 per day |
| STRIBILD TABLET | 4 | |
| STRIVERDI RESPIMAT INHAL SPRAY | 5 | Prior Authorization required; Max. 4 GM(s) per 30 days HSA*; Max 1 inhaler/30 days supply |
| STROMECTOL 3 MG TABLET | NC | |
| STRONG IODINE SOLUTION | 2 | |
| STROVITE FORTE CAPLET | NC | |
| STROVITE ONE CAPLET | NC | |
| STROVITE PLUS CAPLET | NC | |
| SUBOXONE 12 MG-3 MG SL FILM | 3 | |
| SUBOXONE 2 MG-0.5 MG SL FILM | 3 | |
| SUBOXONE 4 MG-1 MG SL FILM | 3 | |
| SUBOXONE 8 MG-2 MG SL FILM | 3 | |
| SUBSYS 1,200 MCG SPRAY | 5 | Prior Authorization required; Max. 120 per 30 days |
| SUBSYS 1,600 MCG SPRAY | 5 | Prior Authorization required; Max. 120 per 30 days |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| SUBSYS 100 MCG SPRAY | 5 | Prior Authorization required;Max. 120 per 30 days |
| SUBSYS 200 MCG SPRAY | 5 | Prior Authorization required;Max. 120 per 30 days |
| SUBSYS 400 MCG SPRAY | 5 | Prior Authorization required;Max. 120 per 30 days |
| SUBSYS 600 MCG SPRAY | 5 | Prior Authorization required;Max. 120 per 30 days |
| SUBSYS 800 MCG SPRAY | 5 | Prior Authorization required;Max. 120 per 30 days |
| SUCLEAR BOWEL PREP KIT | NC | |
| SUCRAID 8,500 UNITS/ML SOLN | 5 | LDD*: Accredo (866) 815-4717 |
| SUCRALFATE 1 GM TABLET | 2 | |
| SULAR ER 17 MG TABLET | NC | |
| SULAR ER 34 MG TABLET | NC | |
| SULAR ER 8.5 MG TABLET | NC | |
| SULF-PRED 10-0.23% EYE DROPS | 2 | |
| SULFACETAMIDE 10% EYE DROPS | 2 | |
| SULFACETAMIDE 10% EYE OINTMENT | 2 | |
| SULFACETAMIDE SOD 10% TOP SUSP | 2 | |
| SULFACETAMIDE-SULFUR 10-2% CRM | 2 | |
| SULFACETAMIDE-SULFUR 10-5% CRM | 2 | |
| SULFADIAZINE 500 MG TABLET | 2 | |
| SULFAMETHOXAZOLE-TMP DS TABLET | 1 | |
| SULFAMETHOXAZOLE-TMP SS TABLET | 1 | |
| SULFAMETHOXAZOLE-TMP SUSP | 2 | |
| SULFAMYLON 8.5% CREAM | 4 | |
| SULFAMYLON POWDER PACKET | NC | |
| SULFASALAZINE 500 MG TABLET | 2 | |
| SULFASALAZINE DR 500 MG TAB | 2 | |
| SULFATRIM PEDIATRIC SUSPENSION | 2 | |
| SULFUR SUBLIMED POWDER | NC | |
| SULINDAC 150 MG TABLET | 2 | |
| SULINDAC 200 MG TABLET | 2 | |
| SUMATRIPTAN 20 MG NASAL SPRAY | 2 | Max. quantity of 6 per fill MQC*: 6 sprays/copay |
| SUMATRIPTAN 4 MG/0.5 ML CART | 2 | Max. quantity of 3 per fill |
| SUMATRIPTAN 4 MG/0.5 ML INJECT | 2 | Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay |
| SUMATRIPTAN 5 MG NASAL SPRAY | 2 | Max. quantity of 6 per fill MQC*: 6 sprays/copay |
| SUMATRIPTAN 6 MG/0.5 ML INJECT | 2 | Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay |
| SUMATRIPTAN 6 MG/0.5 ML REFILL | 2 | Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay |
| SUMATRIPTAN 6 MG/0.5 ML SYRNG | 2 | Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay |
| SUMATRIPTAN 6 MG/0.5 ML VIAL | 2 | Max. quantity of 3 per fill MQC*: 3 boxes (6 inj)/copay |
| SUMATRIPTAN SUCC 100 MG TABLET | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| SUMATRIPTAN SUCC 25 MG TABLET | 2 | Max. quantity of 24 per fill MQC*: 24 tabs/copay |
| SUMATRIPTAN SUCC 50 MG TABLET | 2 | 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 | |
| SUPER THIN 28G LANCETS | 3 | HSA* |
| SUPER THIN 33G LANCETS | 3 | HSA* |
| SUPERVITE LIQUID | NC | |
| SUPRAX 100 MG TABLET CHEWABLE | 4 | |
| SUPRAX 100 MG/5 ML SUSPENSION | 4 | |
| SUPRAX 200 MG TABLET CHEWABLE | 4 | |
| SUPRAX 200 MG/5 ML SUSPENSION | 4 | |
| SUPRAX 400 MG CAPSULE | 4 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|------------------------------------|
| SUPRAX 400 MG TABLET | 4 | |
| SUPRAX 500 MG/5 ML SUSPENSION | 4 | |
| SUPREP BOWEL PREP KIT | 4 | |
| SURE COMFORT 18G LANCETS | 3 | HSA* |
| SURE COMFORT 21G LANCETS | 3 | HSA* |
| SURE COMFORT 23G LANCETS | 3 | HSA* |
| SURE COMFORT 28G LANCETS | 3 | HSA* |
| SURE COMFORT 30G LANCETS | 3 | HSA* |
| SURE EDGE TEST STRIPS | NC | |
| SURE RESULT DSS PREMIUM PACK | NC | |
| SURE-LANCE 26G LANCETS | 3 | HSA* |
| SURE-LANCE FLAT LANCETS | 3 | HSA* |
| SURE-LANCE THIN 28G LANCETS | 3 | HSA* |
| SURE-LANCE ULTRA THIN 30G | 3 | HSA* |
| SURE-T PARADIGM 23" SET | MD | |
| SURE-TEST EASYPLUS MINI STRIP | NC | |
| SURE-TOUCH LANCET | 3 | HSA* |
| SURECHEK TEST STRIPS | NC | |
| SURESTEP PRO TEST STRIPS | NC | |
| SURMONTIL 100 MG CAPSULE | 4 | |
| SURMONTIL 25 MG CAPSULE | 4 | |
| SURMONTIL 50 MG CAPSULE | 4 | |
| SURVANTA 25 MG/ML VIAL | NC | |
| SUSTIVA 200 MG CAPSULE | 3 | |
| SUSTIVA 50 MG CAPSULE | 3 | |
| SUSTIVA 600 MG TABLET | 3 | |
| SUTENT 12.5 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| SUTENT 25 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| SUTENT 37.5 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| SUTENT 50 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| SYEDA 28 TABLET | \$0 | ACA* |
| SYLATRON 200 MCG KIT | 4 | SPP*: Must use CVS Specialty |
| SYLATRON 300 MCG KIT | 4 | SPP*: Must use CVS Specialty |
| SYLATRON 600 MCG KIT | 4 | SPP*: Must use CVS Specialty |
| SYMBICORT 160-4.5 MCG INHALER | 3 | Max. 10.2 GM(s) in 30 days HSA* |
| SYMBICORT 80-4.5 MCG INHALER | 3 | Max. 10.2 GM(s) in 30 days HSA* |
| 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 | |
| SYMLINPEN 120 PEN INJECTOR | 3 | HSA* |
| SYMLINPEN 60 PEN INJECTOR | 3 | HSA* |
| SYMPROIC 0.2 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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 |
| 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 | |
| SYNALGOS-DC CAPSULE | NC | |
| SYNAREL 2 MG/ML NASAL SPRAY | 4 | Max. 30 Days Supply IVF* |
| SYNDROS 5 MG/ML SOLUTION | NC | |
| SYNERA PATCH | 4 | |
| 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 | |
| SYNTHROID 100 MCG TABLET | 4 | |
| SYNTHROID 112 MCG TABLET | 4 | |
| SYNTHROID 125 MCG TABLET | 4 | |
| SYNTHROID 137 MCG TABLET | 4 | |
| SYNTHROID 150 MCG TABLET | 4 | |
| SYNTHROID 175 MCG TABLET | 4 | |
| SYNTHROID 200 MCG TABLET | 4 | |
| SYNTHROID 25 MCG TABLET | 4 | |
| SYNTHROID 300 MCG TABLET | 4 | |
| SYNTHROID 50 MCG TABLET | 4 | |
| SYNTHROID 75 MCG TABLET | 4 | |
| SYNTHROID 88 MCG TABLET | 4 | |
| SYPRINE 250 MG CAPSULE | 5 | Prior Authorization required |
| SYRINGE 35 ML | 3 | |
| SYRINGE W-NEEDLE 1 ML 25X1" | 3 | |
| SYRINGE W-O NDL 12 ML-NON-STRL | 3 | |
| SYRINGE W-O NDL 20 ML-NON-STRL | 3 | |
| SYRINGE W-O NDL 35 ML-NON-STRL | 3 | |
| SYRINGE W-O NDL 6 ML NON-STRL | 3 | |
| SYRINGE W-O NEEDLE 140 ML | 3 | |
| SYRINGE W-O NEEDLE 60 ML | 3 | |
| SYRINGE W-O NEEDLE 60 ML | 3 | |

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|--------------------------------|----|------------------------------|
| TABLOID 40 MG TABLET | 3 | CH* |
| TACLONEX 0.005%-0.064% SUSPENS | NC | |
| TACLONEX OINTMENT | NC | |
| TACROLIMUS 0.03% OINTMENT | 2 | Prior Authorization required |
| TACROLIMUS 0.1% OINTMENT | 2 | Prior Authorization required |
| TACROLIMUS 0.5 MG CAPSULE | 2 | |
| TACROLIMUS 1 MG CAPSULE | 2 | |
| TACROLIMUS 5 MG CAPSULE | 2 | |
| TAFINLAR 50 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|---|
| TAFINLAR 75 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| TAGRISSO 40 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| TAGRISSO 80 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| TAKE ACTION 1.5 MG TABLET | NC | |
| TALTZ 80 MG/ML AUTOINJECTOR | 5 | Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| TALTZ 80 MG/ML SYRINGE | 5 | Prior Authorization required;Max. 1 ML(s) per 28 days SPP*: Must use CVS Specialty |
| TAMIFLU 30 MG CAPSULE | 4 | Max. 10 Days Supply;Max. 20 in 180 days |
| TAMIFLU 45 MG CAPSULE | 4 | Max. 10 Days Supply;Max. 20 in 180 days |
| TAMIFLU 6 MG/ML SUSPENSION | 4 | Max. 240 ML(s) in 180 days |
| TAMIFLU 75 MG CAPSULE | 4 | Max. 10 Days Supply;Max. 10 in 180 days |
| TAMOXIFEN 10 MG TABLET | 2 | CH*; HSA* |
| TAMOXIFEN 20 MG TABLET | 2 | CH*; HSA* |
| TAMSULOSIN HCL 0.4 MG CAPSULE | 2 | |
| TANZEUM 30 MG PEN INJECT | NC | |
| TANZEUM 50 MG PEN INJECT | NC | |
| TAPAZOLE 10 MG TABLET | NC | |
| TAPAZOLE 5 MG TABLET | NC | |
| TARCEVA 100 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| TARCEVA 150 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| TARCEVA 25 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| TARGADOX 50 MG TABLET | NC | |
| TARGRETIN 1% GEL | 5 | |
| TARGRETIN 75 MG CAPSULE | NC | |
| TARINA FE 1-20 TABLET | \$0 | ACA* |
| 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 | |
| TASIGNA 150 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| TASIGNA 200 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| TASMAR 100 MG TABLET | NC | |
| TAYTULLA 1 MG-20 MCG CAPSULE | \$0 | ACA* |
| TAZAROTENE 0.1% CREAM | 3 | Prior Authorization required for members 30 and older |
| TAZORAC 0.05% CREAM | 4 | Prior Authorization required for members 30 and older |
| TAZORAC 0.05% GEL | 4 | Prior Authorization required for members 30 and older |
| TAZORAC 0.1% CREAM | 4 | Prior Authorization required for members 30 and older |
| TAZORAC 0.1% GEL | 4 | Prior Authorization required for members 30 and older |
| TAZTIA XT 120 MG CAPSULE | 2 | HSA* |
| TAZTIA XT 180 MG CAPSULE | 2 | HSA* |
| TAZTIA XT 240 MG CAPSULE | 2 | HSA* |
| TAZTIA XT 300 MG CAPSULE | 2 | HSA* |
| TAZTIA XT 360 MG CAPSULE | 2 | HSA* |
| TD GOLD TEST STRIP | NC | |
| TECFIDERA DR 120 MG CAPSULE | 4 | SPP*: Must use CVS Specialty |
| TECFIDERA DR 240 MG CAPSULE | 4 | SPP*: Must use CVS Specialty |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| TECFIDERA STARTER PACK | 4 | SPP*: Must use CVS Specialty |
| TECHLITE 28G LANCETS | 3 | HSA* |
| TECHLITE 30G LANCETS | 3 | HSA* |
| TECHNIVIE DOSE PACK | 5 | Prior Authorization required;Max. 56 per 28 days Max 56 tabs/28 days supply; SPP*: Must use CVS Specialty |
| TEGRETOL 100 MG/5 ML SUSP | NC | |
| TEGRETOL 200 MG TABLET | NC | |
| TEGRETOL XR 100 MG TABLET | 4 | |
| TEGRETOL XR 200 MG TABLET | 4 | |
| TEGRETOL XR 400 MG TABLET | 4 | |
| TEKAMLO 150 MG-10 MG TABLET | 4 | Max. 1.5 per day HSA* |
| TEKAMLO 150 MG-5 MG TABLET | 4 | Max. 1.5 per day HSA* |
| TEKAMLO 300 MG-10 MG TABLET | 4 | Max. 1 per day HSA* |
| TEKAMLO 300 MG-5 MG TABLET | 4 | Max. 1 per day HSA* |
| TEKTURNA 150 MG TABLET | 4 | Max. 1.5 per day HSA* |
| TEKTURNA 300 MG TABLET | 4 | Max. 1 per day HSA* |
| TEKTURNA HCT 150-12.5 MG TAB | 4 | Max. 30 in 30 days HSA* |
| TEKTURNA HCT 150-25 MG TABLET | 4 | Max. 30 in 30 days HSA* |
| TEKTURNA HCT 300-12.5 MG TAB | 4 | Max. 30 in 30 days HSA* |
| TEKTURNA HCT 300-25 MG TABLET | 4 | Max. 30 in 30 days HSA* |
| TELCARE TEST STRIPS | NC | |
| TELCARE ULTRA THIN 30G LANCETS | 3 | |
| TELMISARTAN 20 MG TABLET | 2 | HSA* |
| TELMISARTAN 40 MG TABLET | 2 | HSA* |
| TELMISARTAN 80 MG TABLET | 2 | HSA* |
| TELMISARTAN-AMLODIPINE 40-10 | 2 | Max. 30 in 30 days HSA* |
| TELMISARTAN-AMLODIPINE 40-5 MG | 2 | Max. 30 in 30 days HSA* |
| TELMISARTAN-AMLODIPINE 80-10 | 2 | Max. 30 in 30 days HSA* |
| TELMISARTAN-AMLODIPINE 80-5 MG | 2 | Max. 30 in 30 days HSA* |
| TELMISARTAN-HCTZ 40-12.5 MG TB | 2 | HSA* |
| TELMISARTAN-HCTZ 80-12.5 MG TB | 2 | HSA* |
| TELMISARTAN-HCTZ 80-25 MG TAB | 2 | HSA* |
| TEMAZEPAM 15 MG CAPSULE | 1 | |
| TEMAZEPAM 22.5 MG CAPSULE | 2 | |
| TEMAZEPAM 30 MG CAPSULE | 1 | |
| TEMAZEPAM 7.5 MG CAPSULE | 2 | |
| 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 | |
| TEMOVATE 0.05% CREAM | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| TEMOVATE 0.05% OINTMENT | NC | |
| TEMOZOLOMIDE 100 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TEMOZOLOMIDE 140 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TEMOZOLOMIDE 180 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TEMOZOLOMIDE 20 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TEMOZOLOMIDE 250 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TEMOZOLOMIDE 5 MG CAPSULE | 2 | CH*; SPP*: CVS Specialty |
| TENCON 50-325 MG TABLET | 2 | |
| TENEX 1 MG TABLET | NC | |
| TENEX 2 MG TABLET | NC | |
| TENORETIC 100 TABLET | NC | |
| TENORETIC 50 TABLET | NC | |
| TENORMIN 100 MG TABLET | NC | |
| TENORMIN 25 MG TABLET | NC | |
| TENORMIN 50 MG TABLET | NC | |
| TERAZOL 3 80 MG SUPPOSITORY | NC | |
| TERAZOL 3 CREAM | NC | |
| TERAZOL 7 CREAM | NC | |
| TERAZOSIN 1 MG CAPSULE | 1 | HSA* |
| TERAZOSIN 10 MG CAPSULE | 1 | HSA* |
| TERAZOSIN 2 MG CAPSULE | 1 | HSA* |
| TERAZOSIN 5 MG CAPSULE | 1 | HSA* |
| TERBINAFINE HCL 250 MG TABLET | 2 | Max. quantity of 28 per fill;Max. 84 in 365 days |
| TERBUTALINE SULFATE 2.5 MG TAB | 2 | HSA* |
| TERBUTALINE SULFATE 5 MG TAB | 2 | HSA* |
| TERCONAZOLE 0.4% CREAM | 2 | |
| TERCONAZOLE 0.8% CREAM | 2 | |
| TERCONAZOLE 80 MG SUPPOSITORY | 2 | |
| TERSI 2.25% FOAM | NC | |
| TERUMO ALLERGY 1 ML 27GX1/2" | 3 | |
| TERUMO HYPODERMIC NDL-SYRIN | 3 | |
| TERUMO SURGUARD2 SYR 20G-10 ML | 3 | |
| TERUMO SURGUARD2 SYR 20G-3 ML | 3 | |
| TERUMO SURGUARD2 SYR 20G-5 ML | 3 | |
| TERUMO SURGUARD2 SYR 21G 3 ML | 3 | |
| TERUMO SURGUARD2 SYR 21G-10 ML | 3 | |
| TERUMO SURGUARD2 SYR 21G-3 ML | 3 | |
| TERUMO SURGUARD2 SYR 21G-5 ML | 3 | |
| TERUMO SURGUARD2 SYR 22G 3 ML | 3 | |
| TERUMO SURGUARD2 SYR 23G 3 ML | 3 | |
| TERUMO SURGUARD2 SYR 25G 3 ML | 3 | |
| TERUMO SURGUARD2 SYR 25G-1 ML | 3 | |
| TERUMO SURGUARD2 SYR 26G-1 ML | 3 | |
| TERUMO SURGUARD2 SYR 27G-1 ML | 3 | |
| TERUMO SYRINGE 3 ML | 3 | |
| TERUMO SYRINGE 30 ML | 3 | |
| TESSALON PERLE 100 MG CAP | NC | |
| TEST N'GO GLUCOSE TEST STRIP | NC | |
| TESTIM 1% (50MG) GEL | NC | |
| TESTONE CIK KIT | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| TESTOSTERON CYP 1,000 MG/10 ML | 2 | 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 | 2 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 5 ML(s) in 30 days |
| TESTOSTERONE 10 MG GEL PUMP | 2 | 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 | 2 | 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 | 2 | 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 | 3 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 180 ML(s) in 30 days |
| TESTOSTERONE 50 MG/5 GRAM PKT | 2 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 10 GM(s) per day |
| TESTOSTERONE CYP 200 MG/ML | 2 | Max. 30 Days Supply;Prior Authorization required for members 18 and older;Max. 4 ML(s) in 30 days |
| TESTRED 10 MG CAPSULE | NC | |
| TETCAINE 0.5% EYE DROPS | 2 | |
| TETRABENAZINE 12.5 MG TABLET | 2 | SPP*: Must use CVS Specialty |
| TETRABENAZINE 25 MG TABLET | 2 | SPP*: Must use CVS Specialty |
| TETRACAINE 0.5% EYE DROPS | 2 | |
| TETRACYCLINE 250 MG CAPSULE | 2 | |
| TETRACYCLINE 500 MG CAPSULE | 2 | |
| TETRAVISC 0.5% EYE DROPS | NC | |
| TETRIX CREAM | NC | |
| TETRIX CREAM KIT | NC | |
| TEVETEN 600 MG TABLET | NC | |
| TEVETEN HCT 600-12.5 MG TAB | NC | |
| TEVETEN HCT 600-25 MG TAB | NC | |
| TEXACORT 2.5% SOLUTION | 4 | |
| TEXAVITE LQ DROPS | NC | |
| THALOMID 100 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| THALOMID 150 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| THALOMID 200 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| THALOMID 50 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| THEO-24 ER 100 MG CAPSULE | 3 | HSA* |
| THEO-24 ER 200 MG CAPSULE | 3 | HSA* |
| THEO-24 ER 300 MG CAPSULE | 3 | HSA* |
| THEO-24 ER 400 MG CAPSULE | 3 | HSA* |
| THEOCHRON ER 100 MG TABLET | 2 | HSA* |
| THEOCHRON ER 200 MG TABLET | 2 | HSA* |
| THEOCHRON ER 300 MG TABLET | 2 | HSA* |
| THEOPHYLLINE 80 MG/15 ML SOLN | NC | |
| THEOPHYLLINE ER 100 MG TABLET | 2 | HSA* |
| THEOPHYLLINE ER 200 MG TABLET | 2 | HSA* |
| THEOPHYLLINE ER 300 MG TAB | 2 | HSA* |
| THEOPHYLLINE ER 400 MG TABLET | 2 | HSA* |
| THEOPHYLLINE ER 450 MG TAB | 2 | HSA* |
| THEOPHYLLINE ER 600 MG TABLET | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| THERAPEUTIC HEMATINIC TAB | 2 | |
| THERMAZENE 1% CREAM | NC | |
| THIN LANCETS 28G | 3 | |
| THIOLA 100 MG TABLET | 5 | HSA* Prior Authorization required LDD*: Dohmen Life Sciences (800) 305-7881 |
| THIORIDAZINE 10 MG TABLET | 2 | |
| THIORIDAZINE 100 MG TABLET | 2 | |
| THIORIDAZINE 25 MG TABLET | 2 | |
| THIORIDAZINE 50 MG TABLET | 2 | |
| THIOTHIXENE 1 MG CAPSULE | 2 | |
| THIOTHIXENE 10 MG CAPSULE | 2 | |
| THIOTHIXENE 2 MG CAPSULE | 2 | |
| THIOTHIXENE 5 MG CAPSULE | 2 | |
| THRESHOLD IMT TRAINER | MD | |
| THRESHOLD PEP DEVICE | MD | |
| THROMBIN-JMI 20,000 UNITS PUMP | NC | |
| THROMBIN-JMI 5,000 UNITS VIAL | NC | |
| THYROGEN 1.1 MG VIAL | MD | SPP*: Must use CVS Specialty |
| THYROID 120 MG TABLET | 2 | |
| THYROID 15 MG TABLET | 2 | |
| THYROID 30 MG TABLET | 2 | |
| THYROID 60 MG TABLET | 2 | |
| THYROID 90 MG TABLET | 2 | |
| THYROLAR-1 STRENGTH TABLET | 4 | |
| THYROLAR-1/2 STRENGTH TAB | 4 | |
| THYROLAR-1/4 STRENGTH TAB | 4 | |
| THYROLAR-2 STRENGTH TABLET | 4 | |
| THYROLAR-3 STRENGTH TABLET | 4 | |
| TIAGABINE HCL 2 MG TABLET | 2 | |
| TIAGABINE HCL 4 MG TABLET | 2 | |
| 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 | |
| TICLOPIDINE 250 MG TABLET | 2 | HSA* |
| TIGAN 300 MG CAPSULE | NC | |
| TIKOSYN 125 MCG CAPSULE | NC | |
| TIKOSYN 250 MCG CAPSULE | NC | |
| TIKOSYN 500 MCG CAPSULE | NC | |
| TILIA FE 28 TABLET | \$0 | ACA* |
| TIMOLOL 0.25% GFS GEL-SOLUTION | 2 | |
| TIMOLOL 0.5% GFS GEL-SOLUTION | 2 | |
| TIMOLOL MALEATE 0.25% EYE DROP | 1 | |
| TIMOLOL MALEATE 0.5% EYE DROPS | 1 | |
| TIMOLOL MALEATE 10 MG TABLET | 2 | HSA* |
| TIMOLOL MALEATE 20 MG TABLET | 2 | HSA* |
| TIMOLOL MALEATE 5 MG TABLET | 2 | HSA* |
| 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 | |
| TINDAMAX 250 MG TABLET | NC | |
| TINDAMAX 500 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| TINIDAZOLE 250 MG TABLET | 2 | |
| TINIDAZOLE 500 MG TABLET | 2 | |
| 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 | |
| TISSEEL VHSD 2 ML KIT | NC | |
| TIVICAY 10 MG TABLET | 4 | |
| TIVICAY 25 MG TABLET | 4 | |
| TIVICAY 50 MG TABLET | 4 | |
| TIVORBEX 20 MG CAPSULE | NC | |
| TIVORBEX 40 MG CAPSULE | NC | |
| TIZANIDINE HCL 2 MG CAPSULE | 2 | |
| TIZANIDINE HCL 2 MG TABLET | 2 | |
| TIZANIDINE HCL 4 MG CAPSULE | 2 | |
| TIZANIDINE HCL 4 MG TABLET | 2 | |
| TIZANIDINE HCL 6 MG CAPSULE | 2 | |
| TL G-FOL OS TABLET | NC | |
| TL GARD RX TABLET | 2 | |
| TL ICON CAPSULE | 2 | |
| TOBI 300 MG/5 ML SOLUTION | NC | |
| TOBI PODHALER 28 MG INHALE CAP | 4 | SPP*: Must use CVS Specialty |
| TOBRADEX EYE DROPS | NC | |
| TOBRADEX EYE OINTMENT | 3 | |
| TOBRADEX ST EYE DROPS | NC | |
| TOBRAMYCIN 0.3% EYE DROPS | 2 | |
| TOBRAMYCIN 300 MG/5 ML AMPULE | 4 | SPP*: Must use CVS Specialty |
| TOBRAMYCIN-DEXAMETH OPHTH SUSP | 2 | |
| TOBEX 0.3% EYE DROPS | NC | |
| TOBEX 0.3% EYE OINTMENT | 3 | |
| TODAY CONTRACEPTIVE SPONGE | \$0 | ACA* |
| 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 | |
| TOLAK 4% CREAM | NC | |
| TOLAZAMIDE 250 MG TABLET | 2 | HSA* |
| TOLAZAMIDE 500 MG TABLET | 2 | HSA* |
| TOLBUTAMIDE 500 MG TABLET | 2 | HSA* |
| TOLCAPONE 100 MG TABLET | 2 | |
| TOLMETIN SODIUM 200 MG TAB | 2 | |
| TOLMETIN SODIUM 400 MG CAP | 2 | |
| TOLMETIN SODIUM 600 MG TAB | 2 | |
| TOLTERODINE TART ER 2 MG CAP | 2 | |
| TOLTERODINE TART ER 4 MG CAP | 2 | |
| TOLTERODINE TARTRATE 1 MG TAB | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|------------------------------|
| TOLTERODINE TARTRATE 2 MG TAB | 2 | |
| TOOMEY SYRINGE 70 ML | 3 | |
| 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 | |
| TOPCARE UNIVERSAL1 33G LANCETS | 3 | HSA* |
| TOPCARE UNIVERSAL1 THIN LANCET | 3 | HSA* |
| 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 | |
| TOPIRAGEN 100 MG TABLET | 1 | |
| TOPIRAGEN 200 MG TABLET | 2 | |
| TOPIRAGEN 25 MG TABLET | 1 | |
| TOPIRAGEN 50 MG TABLET | 1 | |
| TOPIRAMATE 100 MG TABLET | 1 | |
| TOPIRAMATE 15 MG SPRINKLE CAP | 2 | |
| TOPIRAMATE 200 MG TABLET | 2 | |
| TOPIRAMATE 25 MG SPRINKLE CAP | 2 | |
| TOPIRAMATE 25 MG TABLET | 1 | |
| TOPIRAMATE 50 MG TABLET | 1 | |
| TOPIRAMATE ER 100 MG CAPSULE | 2 | |
| TOPIRAMATE ER 150 MG CAPSULE | 2 | |
| TOPIRAMATE ER 200 MG CAPSULE | 2 | |
| TOPIRAMATE ER 25 MG CAPSULE | 2 | |
| TOPIRAMATE ER 50 MG CAPSULE | 2 | |
| TOPOTECAN HCL 4 MG VIAL | NC | |
| TOPROL XL 100 MG TABLET | NC | |
| TOPROL XL 200 MG TABLET | NC | |
| TOPROL XL 25 MG TABLET | NC | |
| TOPROL XL 50 MG TABLET | NC | |
| TORSEMIDE 10 MG TABLET | 2 | HSA* |
| TORSEMIDE 100 MG TABLET | 2 | HSA* |
| TORSEMIDE 20 MG TABLET | 2 | HSA* |
| TORSEMIDE 5 MG TABLET | 2 | HSA* |
| TOUJEO SOLOSTAR 300 UNITS/ML | 3 | HSA* |
| TOVIAZ ER 4 MG TABLET | 4 | |
| TOVIAZ ER 8 MG TABLET | 4 | |
| TRACLEER 125 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| TRACLEER 32 MG TABLET FOR SUSP | 4 | SPP*: Must use CVS Specialty |
| TRACLEER 62.5 MG TABLET | 4 | SPP*: Must use CVS Specialty |
| TRADJENTA 5 MG TABLET | 3 | HSA* |
| TRAMADOL ER 100 MG TABLET | 2 | |
| TRAMADOL ER 200 MG TABLET | 2 | |
| TRAMADOL ER 300 MG TABLET | 2 | |
| TRAMADOL HCL 50 MG TABLET | 1 | |
| TRAMADOL HCL ER 100 MG CAPSULE | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| TRAMADOL HCL ER 100 MG TABLET | 2 | |
| TRAMADOL HCL ER 150 MG CAPSULE | 2 | |
| TRAMADOL HCL ER 200 MG CAPSULE | 2 | |
| TRAMADOL HCL ER 200 MG TABLET | 2 | |
| TRAMADOL HCL ER 300 MG CAPSULE | 2 | |
| TRAMADOL HCL ER 300 MG TABLET | 2 | |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 2 | |
| TRANDATE 100 MG TABLET | NC | |
| TRANDATE 200 MG TABLET | NC | |
| TRANDATE 300 MG TABLET | NC | |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 2 | HSA* |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 2 | HSA* |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 2 | HSA* |
| TRANDOLAPR-VERAPAM ER 4-240 MG | 2 | HSA* |
| TRANDOLAPRIL 1 MG TABLET | 2 | HSA* |
| TRANDOLAPRIL 2 MG TABLET | 2 | HSA* |
| TRANDOLAPRIL 4 MG TABLET | 2 | HSA* |
| TRANEXAMIC ACID 650 MG TABLET | 2 | Max. 30 in 30 days |
| TRANSDERM-SCOP 1.5 MG/3 DAY | 4 | Max. quantity of 4 per fill MQC*: 1 box (4 patches)/copay |
| TRANXENE T-TAB 15 MG | NC | |
| TRANXENE T-TAB 3.75 MG | NC | |
| TRANXENE T-TAB 7.5 MG | NC | |
| TRANLYCYPROMINE SULF 10 MG TAB | 2 | |
| TRAVATAN Z 0.004% EYE DROP | 3 | |
| TRAVOPROST 0.004% EYE DROP | 2 | |
| TRAZODONE 100 MG TABLET | 1 | |
| TRAZODONE 150 MG TABLET | 1 | |
| TRAZODONE 300 MG TABLET | 2 | |
| TRAZODONE 50 MG TABLET | 1 | |
| TRECATOR 250 MG TABLET | 4 | |
| TRELEGY ELLIPTA 100-62.5-25 | NC | |
| TREMFYA 100 MG/ML SYRINGE | NC | |
| TRESIBA FLEXTOUCH 100 UNITS/ML | 5 | Prior Authorization required HSA* |
| TRESIBA FLEXTOUCH 200 UNITS/ML | 5 | Prior Authorization required HSA* |
| TRETIN-X 0.025% CREAM COMB PCK | 4 | Prior Authorization required for members 30 and older |
| TRETIN-X 0.0375% CREAM | 4 | Prior Authorization required for members 30 and older |
| TRETIN-X 0.075% CREAM | 4 | Prior Authorization required for members 30 and older |
| TRETIN-X 0.1% COMBO PACK | 4 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.01% GEL | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.025% CREAM | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.025% GEL | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.05% CREAM | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.05% GEL | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 0.1% CREAM | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN 10 MG CAPSULE | 4 | CH* |
| TRETINOIN GEL MICRO 0.04% TUBE | 2 | Prior Authorization required for members 30 and older |
| TRETINOIN GEL MICRO 0.1% TUBE | 2 | Prior Authorization required for members 30 and older |
| TRETTEN 2,500 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| 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 | |
| TREXIMET 10-60 MG TABLET | NC | |
| TREXIMET 85-500 MG TABLET | NC | |
| TREZIX 16-320.5-30 MG CAPSULE | NC | |
| TREZIX CAPSULE | NC | |
| TRI FEMYNOR 28 TABLET | \$0 | ACA* |
| TRI-BUFFERED ASPIRIN 325 MG TB | \$0 | ACA* |
| TRI-CHLOR 80% SOLUTION | 2 | |
| 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* |
| TRIAMCINOLONE 0.025% CREAM | 2 | |
| TRIAMCINOLONE 0.025% LOTION | 2 | |
| TRIAMCINOLONE 0.025% OINT | 2 | |
| TRIAMCINOLONE 0.1% CREAM | 2 | |
| TRIAMCINOLONE 0.1% LOTION | 2 | |
| TRIAMCINOLONE 0.1% OINTMENT | 2 | |
| TRIAMCINOLONE 0.1% PASTE | 2 | |
| TRIAMCINOLONE 0.147 MG/G SPRAY | 2 | |
| TRIAMCINOLONE 0.5% CREAM | 2 | |
| TRIAMCINOLONE 0.5% OINTMENT | 2 | |
| TRIAMCINOLONE 55 MCG NASAL SPR | 2 | |
| TRIAMTERENE-HCTZ 37.5-25 MG CP | 2 | HSA* |
| TRIAMTERENE-HCTZ 37.5-25 MG TB | 1 | HSA* |
| TRIAMTERENE-HCTZ 50-25 MG CAP | 2 | HSA* |
| TRIAMTERENE-HCTZ 75-50 MG TAB | 2 | HSA* |
| TRIANEX 0.05% OINTMENT | 4 | |
| TRIAZOLAM 0.125 MG TABLET | 2 | |
| TRIAZOLAM 0.25 MG TABLET | 2 | |
| 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 | |
| TRICHLOROACETIC ACID 25% | NC | |
| TRICITRATES ORAL SOLUTION | 2 | |
| TRICON CAPSULE | 2 | |
| TRICOR 145 MG TABLET | NC | |
| TRICOR 48 MG TABLET | NC | |
| TRIDERM 0.1% CREAM | 2 | |
| TRIDERM 0.5% CREAM | 2 | |
| TRIDESILON 0.05% CREAM | 2 | |
| TRIFLUOPERAZINE 1 MG TABLET | 2 | |
| TRIFLUOPERAZINE 10 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|---------------------------------|------|---|
| TRIFLUOPERAZINE 2 MG TABLET | 2 | |
| TRIFLUOPERAZINE 5 MG TABLET | 2 | |
| TRIFLURIDINE 1% EYE DROPS | 2 | |
| TRIGELS-F FORTE SOFTGEL | 2 | |
| TRIGLIDE 160 MG TABLET | 4 | HSA* |
| TRIHXYPHENIDYL 2 MG TABLET | 2 | |
| TRIHXYPHENIDYL 2 MG/5 ML ELX | 2 | |
| TRIHXYPHENIDYL 5 MG TABLET | 2 | |
| TRILEPTAL 150 MG TABLET | NC | |
| TRILEPTAL 300 MG TABLET | NC | |
| TRILEPTAL 300 MG/5 ML SUSP | 4 | |
| TRILEPTAL 600 MG TABLET | NC | |
| TRILIPIX DR 135 MG CAPSULE | NC | |
| TRILIPIX DR 45 MG CAPSULE | NC | |
| TRILYTE WITH FLAVOR PACKETS | \$0 | ACA* |
| TRIMETHOBENZAMIDE 300 MG CAP | 2 | |
| TRIMETHOPRIM 100 MG TABLET | 2 | |
| TRIMIPRAMINE MALEATE 100 MG CP | 2 | |
| TRIMIPRAMINE MALEATE 25 MG CAP | 2 | |
| TRIMIPRAMINE MALEATE 50 MG CAP | 2 | |
| TRIMPEX 50 MG/5 ML ORAL SOLN | NC | |
| TRINESSA LO TABLET | \$0 | ACA* |
| TRINESSA TABLET | \$0 | ACA* |
| TRINTELLIX 10 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| TRINTELLIX 20 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| TRINTELLIX 5 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| TRIPHROCAPS SOFTGEL | 2 | |
| TRIPLE DYE SWAB | NC | |
| TRIUMEQ TABLET | 4 | |
| TRIVORA-28 TABLET | \$0 | ACA* |
| TRIZIVIR TABLET | NC | |
| TROKENDI XR 100 MG CAPSULE | 4 | |
| TROKENDI XR 200 MG CAPSULE | 4 | |
| TROKENDI XR 25 MG CAPSULE | 4 | |
| TROKENDI XR 50 MG CAPSULE | 4 | |
| TROPAZONE LOTION | NC | |
| TROPICAMIDE 0.5% EYE DROPS | 2 | |
| TROPICAMIDE 1% EYE DROPS | 2 | |
| TROSPIMUM CHLORIDE 20 MG TABLET | 2 | |
| TROSPIMUM CHLORIDE ER 60 MG CAP | 2 | |
| TRUE METRIX GLUCOSE TEST STRIP | NC | |
| TRUEPLUS 26G LANCETS | 3 | HSA* |
| TRUEPLUS 33G LANCETS | 3 | HSA* |
| TRUEPLUS KETONE TEST STRIPS | 3 | |
| TRUEPLUS SAFETY 28G LANCETS | 3 | HSA* |
| TRUEPLUS SUPER THIN 28G LANCET | 3 | HSA* |
| TRUEPLUS ULTRA THIN 30G LANCET | 3 | HSA* |
| TRUETEST GLUCOSE TEST STRIPS | NC | |
| TRUETRACK GLUCOSE TEST STRIPS | NC | |
| TRULANCE 3 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| TRULICITY 0.75 MG/0.5 ML PEN | 3 | Max. 2 ML(s) per 28 days;Step Therapy required HSA* |
| TRULICITY 1.5 MG/0.5 ML PEN | 3 | Max. 2 ML(s) per 28 days;Step Therapy required HSA* |
| TRUSOPT 2% EYE DROPS | NC | |
| TRUVADA 100 MG-150 MG TABLET | 3 | |
| TRUVADA 133 MG-200 MG TABLET | 3 | |
| TRUVADA 167 MG-250 MG TABLET | 3 | |
| TRUVADA 200 MG-300 MG TABLET | 3 | |
| TRUZONE PEAK FLOW METER | MD | |
| TUBERCULIN 1 ML SYRINGE | 3 | |
| TUBERCULIN SYRINGE | 3 | |
| TUBERCULIN SYRINGES | 3 | |
| TUDORZA PRESSAIR 400 MCG INH | 3 | Max. 1 in 30 days HSA* |
| 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 | 5 | Prior Authorization required |
| TWINRIX VACCINE SYRINGE | MD | Not covered for members 17 and younger |
| TWINRIX VACCINE VIAL | MD | Not covered for members 17 and younger |
| TWYNSTA 40-10 MG TABLET | NC | |
| TWYNSTA 40-5 MG TABLET | NC | |
| TWYNSTA 80-10 MG TABLET | NC | |
| TWYNSTA 80-5 MG TABLET | NC | |
| TYBOST 150 MG TABLET | NC | |
| TYKERB 250 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| TYLENOL WITH CODEINE #3 TABLET | NC | |
| TYLENOL WITH CODEINE #4 TABLET | NC | |
| TYMLOS 80 MCG DOSE PEN INJECTR | 3 | Prior Authorization required;Max. 1.56 ML(s) in 30 days HSA*; SPP*: Must use CVS Specialty |
| TYVASO 1.74 MG/2.9 ML SOLUTION | 4 | SPP*: Must use CVS Specialty |
| TYVASO INHALATION REFILL KIT | 4 | SPP*: Must use CVS Specialty |
| TYVASO INHALATION STARTER KIT | 4 | SPP*: Must use CVS Specialty |
| TYZEKA 600 MG TABLET | 5 | |
| TYZINE 0.1% NOSE DROPS | 4 | |
| TYZINE 0.1% NOSE SPRAY | 4 | |

U

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|--------------------------------|----|--|
| U-CORT 1% CREAM | 2 | |
| UCERIS 2 MG RECTAL FOAM | NC | |
| UCERIS 9 MG ER TABLET | NC | |
| ULESFIA 5% LOTION | 4 | |
| ULORIC 40 MG TABLET | 3 | |
| ULORIC 80 MG TABLET | 3 | |
| ULTICARE SAFETY 3 ML 21GX1-1/2 | 4 | |
| ULTICARE SAFETY 3 ML 22GX1" | 4 | |
| ULTICARE SAFETY 3 ML 22GX1-1/2 | 4 | |
| ULTICARE SAFETY 3 ML 23GX1" | 4 | |
| ULTICARE SAFETY 3 ML 25GX1" | 4 | |
| ULTICARE SAFETY 3 ML 25GX5/8" | 4 | |
| ULTICARE SAFETY SYRINGE 3 ML | 4 | |
| ULTICARE SYR 1.5 ML 22GX1 1/2" | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| ULTICARE TB SAFETY 1 ML 25GX1" | 3 | |
| ULTICARE TB SAFETY 1ML 25GX5/8 | 3 | |
| ULTICARE TB SAFETY 1ML 27GX1/2 | 4 | |
| ULTICARE TB SAFETY 1ML 27GX5/8 | 4 | |
| ULTICARE TB SAFETY 1ML 28GX1/2 | 4 | |
| ULTILET 28G LANCETS | 3 | HSA* |
| ULTILET 30G LANCETS | 3 | HSA* |
| ULTILET 33G LANCETS | 3 | HSA* |
| ULTILET BASIC 30G LANCETS | 3 | HSA* |
| ULTILET CLASSIC 26G LANCETS | 3 | HSA* |
| ULTILET CLASSIC 28G LANCETS | 3 | HSA* |
| ULTILET CLASSIC 30G LANCETS | 3 | HSA* |
| ULTILET CLASSIC 33G LANCETS | 3 | HSA* |
| ULTILET SAFETY 23G LANCETS | 3 | HSA* |
| ULTIMA TEST STRIPS | NC | |
| ULTRA THIN 28G LANCETS | 3 | HSA* |
| ULTRA THIN 30G LANCETS | 3 | HSA* |
| ULTRA THIN 31G LANCETS | 3 | HSA* |
| ULTRA THIN 33G LANCETS | 3 | HSA* |
| ULTRA-THIN II 26G LANCET | 3 | HSA* |
| ULTRA-THIN II 28G LANCETS | 3 | HSA* |
| ULTRA-THIN II 30G LANCETS | 3 | HSA* |
| ULTRACET TABLET | NC | |
| ULTRAFOAM 2X6.25X7CM SPONGE | NC | |
| ULTRALANCE 26G LANCETS | 3 | HSA* |
| ULTRALANCE 28G LANCETS | 3 | HSA* |
| ULTRAM 50 MG TABLET | NC | |
| ULTRAM ER 100 MG TABLET | NC | |
| ULTRAM ER 200 MG TABLET | NC | |
| ULTRAM ER 300 MG TABLET | NC | |
| ULTRATLC LANCETS | 3 | HSA* |
| ULTRATRAK TEST STRIP | NC | |
| ULTRATRAK ULTIMATE TEST STRIPS | NC | |
| 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 | |
| ULTRESA DR 13,800 UNIT CAPSULE | 4 | |
| ULTRESA DR 20,700 UNIT CAPSULE | 4 | |
| ULTRESA DR 23,000 UNIT CAPSULE | 4 | |
| UMECTA 40% EMULSION | NC | |
| UMECTA PD 40% EMULSION | NC | |
| UNDECYLENIC ACID LIQUID | NC | |
| UNILET COMFORTOUCH 26G LANCETS | 3 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| UNILET COMFORTOUCH LANCET | 3 | HSA* |
| UNILET EXCELITE II LANCET | 3 | HSA* |
| UNILET EXCELITE LANCET | 3 | HSA* |
| UNILET GP LANCET | 3 | HSA* |
| UNILET LANCET SUPERLITE | 3 | HSA* |
| UNILET MICRO THIN 33G LANCETS | 3 | HSA* |
| UNILET SUPER THIN 30G LANCETS | 3 | HSA* |
| UNILET ULTRA THIN 28G LANCETS | 3 | HSA* |
| UNIRETIC 15-12.5 TABLET | NC | |
| UNIRETIC 7.5-12.5 MG TABLET | NC | |
| UNISTIK 3 COMFORT LANCET | 3 | HSA* |
| UNISTIK 3 EXTRA 21G LANCETS | 3 | HSA* |
| UNISTIK 3 GENTLE ON-THE-GO 30G | 3 | HSA* |
| UNISTIK 3 NORMAL 23G LANCETS | 3 | HSA* |
| UNISTIK 3 SAFETY 21G LANCETS | 3 | HSA* |
| UNISTIK CZT COMFORT 28G LANCET | 3 | HSA* |
| UNISTIK CZT NORMAL 23G LANCETS | 3 | HSA* |
| UNISTIK SAFETY 28G LANCET | 3 | HSA* |
| UNISTIK SAFETY 30G LANCETS | 3 | HSA* |
| UNISTIK TOUCH 21G LANCETS | 3 | HSA* |
| UNISTIK TOUCH 23G LANCETS | 3 | HSA* |
| UNISTIK TOUCH 28G LANCETS | 3 | HSA* |
| UNISTIK TOUCH 30G LANCETS | 3 | HSA* |
| UNISTRIP1 GLUCOSE TEST STRIP | NC | |
| UNITHROID 100 MCG TABLET | 2 | |
| UNITHROID 112 MCG TABLET | 2 | |
| UNITHROID 125 MCG TABLET | 2 | |
| UNITHROID 137 MCG TABLET | 2 | |
| UNITHROID 150 MCG TABLET | 2 | |
| UNITHROID 175 MCG TABLET | 2 | |
| UNITHROID 200 MCG TABLET | 2 | |
| UNITHROID 25 MCG TABLET | 2 | |
| UNITHROID 300 MCG TABLET | 2 | |
| UNITHROID 50 MCG TABLET | 2 | |
| UNITHROID 75 MCG TABLET | 2 | |
| UNITHROID 88 MCG TABLET | 2 | |
| UNIVASC 15 MG TABLET | NC | |
| UNIVASC 7.5 MG TABLET | NC | |
| UNIVERSAL 1 33G LANCETS | 3 | HSA* |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|-------------------------|
| UPTRAVI 200-800 TITRATION PACK | NC | |
| UPTRAVI 400 MCG TABLET | NC | |
| UPTRAVI 600 MCG TABLET | NC | |
| UPTRAVI 800 MCG TABLET | NC | |
| URE-K 50% CREAM | 2 | |
| UREA 39% CREAM | 2 | |
| UREA 40% CREAM | 2 | |
| UREA 40% GEL | 2 | |
| UREA 40% LOTION | 2 | |
| UREA 50% NAIL STICK | NC | |
| URECHOLINE 10 MG TABLET | NC | |
| URECHOLINE 25 MG TABLET | NC | |
| URECHOLINE 5 MG TABLET | NC | |
| URECHOLINE 50 MG TABLET | NC | |
| URISTIX 4 REAGENT STRIPS | 3 | |
| URISTIX REAGENT STRIPS | 3 | |
| UROCIT-K ER 15 MEQ TABLET | NC | |
| UROCIT-K SR 10 MEQ TABLET | NC | |
| UROCIT-K SR 5 MEQ TABLET | NC | |
| UROQID-ACID NO.2 500-500 TB | NC | |
| UROXATRAL 10 MG TABLET | NC | |
| URSO 250 MG TABLET | NC | |
| URSO FORTE 500 MG TABLET | NC | |
| URSODIOL 250 MG TABLET | 2 | |
| URSODIOL 300 MG CAPSULE | 2 | |
| URSODIOL 500 MG TABLET | 2 | |
| UTIBRON NEOHALER 27.5-15.6 MCG | NC | |

V

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|--------------------------------|----|---|
| V-C FORTE CAPSULE | NC | |
| VAGIFEM 10 MCG VAGINAL TAB | 4 | |
| VALACYCLOVIR HCL 1 GRAM TABLET | 2 | |
| VALACYCLOVIR HCL 500 MG TABLET | 2 | |
| VALCHLOR 0.016% GEL | 5 | Max. 60 GM(s) in 30 days LDD*: Dohmen Life Sciences 1-800-305-7881 |
| VALCYTE 450 MG TABLET | NC | |
| VALCYTE 50 MG/ML SOLUTION | 4 | |
| VALGANCICLOVIR 450 MG TABLET | 2 | |
| VALGANCICLOVIR HCL 50 MG/ML | 2 | |
| VALIUM 10 MG TABLET | NC | |
| VALIUM 2 MG TABLET | NC | |
| VALIUM 5 MG TABLET | NC | |
| VALPROIC ACID 250 MG CAPSULE | 2 | |
| VALPROIC ACID 250 MG/5 ML SOLN | 2 | |
| VALSARTAN 160 MG TABLET | 2 | HSA* |
| VALSARTAN 320 MG TABLET | 2 | HSA* |
| VALSARTAN 40 MG TABLET | 2 | HSA* |
| VALSARTAN 80 MG TABLET | 2 | HSA* |
| VALSARTAN-HCTZ 160-12.5 MG TAB | 2 | HSA* |
| VALSARTAN-HCTZ 160-25 MG TAB | 2 | HSA* |
| VALSARTAN-HCTZ 320-12.5 MG TAB | 2 | HSA* |
| VALSARTAN-HCTZ 320-25 MG TAB | 2 | HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| VALSARTAN-HCTZ 80-12.5 MG TAB | 2 | HSA* |
| VALTREX 1 GM CAPLET | NC | |
| VALTREX 500 MG CAPLET | NC | |
| VANATOL LQ ORAL SOLUTION | NC | |
| VANCOCIN HCL 125 MG CAPSULE | NC | |
| VANCOCIN HCL 250 MG CAPSULE | NC | |
| VANCOMYCIN HCL 125 MG CAPSULE | 4 | |
| VANCOMYCIN HCL 250 MG CAPSULE | 4 | |
| VANDAZOLE VAGINAL 0.75% GEL | 4 | |
| VANISHPOINT 1 ML TB SYR 25X5/8 | 3 | |
| VANISHPOINT 1 ML TB SYR 27X1/2 | 3 | |
| VANISHPOINT 10 ML 21GX1-1/2" | 4 | |
| VANISHPOINT 20GX1" 3 ML SYRING | 3 | |
| VANISHPOINT 21GX1" 5 ML SYRING | 3 | |
| VANISHPOINT 21GX1.5" 3 ML SYR | 3 | |
| VANISHPOINT 22GX1" 3 ML SYR | 4 | |
| VANISHPOINT 22GX1-1/2" 5 ML SY | 3 | |
| VANISHPOINT 23GX1" 3 ML SYRING | NC | |
| VANISHPOINT 23GX1-1/2 3 ML SYR | 4 | |
| VANISHPOINT 25GX1" 3 ML SYRING | 3 | |
| VANISHPOINT 25GX5/8" 3 ML SYR | 4 | |
| VANISHPOINT 3 ML 21GX1" SYRING | 4 | |
| VANISHPOINT 3 ML 22GX1.5" SYRG | 4 | |
| VANISHPOINT 5 ML 21GX1-1/2" | 4 | |
| VANISHPOINT SYRINGE 1 ML 25X1" | 3 | |
| VANOS 0.1% CREAM | NC | |
| VANOXIDE-HC LOTION | NC | |
| 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 |
| VARIBAR PUDDING 40% PASTE | NC | |
| VARUBI 90 MG TABLET | NC | |
| VASCAZEN CAPSULE | NC | |
| VASCEPA 0.5 GM CAPSULE | 3 | HSA* |
| VASCEPA 1 GM CAPSULE | 3 | HSA* |
| VASELINE WHITE PETROLEUM JELLY | 2 | |
| VASERETIC 10-25 MG TABLET | NC | |
| VASOLEX OINTMENT | 2 | |
| VASOTEC 10 MG TABLET | NC | |
| VASOTEC 2.5 MG TABLET | NC | |
| VASOTEC 20 MG TABLET | NC | |
| VASOTEC 5 MG TABLET | NC | |
| VCF CONTRACEPTIVE FILM | \$0 | ACA* |
| VCF CONTRACEPTIVE FOAM | \$0 | ACA* |
| VCF CONTRACEPTIVE GEL | \$0 | ACA* |
| VECAMYL 2.5 MG TABLET | NC | |
| VECTICAL 3 MCG/G OINTMENT | NC | |
| VEHICLE-N MILD SOLUTION | NC | |
| VEHICLE-N SOLUTION | NC | |
| VELIVET 28 DAY TABLET | \$0 | ACA* |
| VELPHORO 500 MG CHEWABLE TAB | 5 | Prior Authorization required |
| VELTASSA 16.8 GM POWDER PACKET | 4 | LDD*: Walgreens Specialty (800) 424-9002 |
| VELTASSA 25.2 GM POWDER PACKET | 4 | LDD*: Walgreens Specialty (800) 424-9002 |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| VELTASSA 8.4 GM POWDER PACKET | 4 | LDD*: Walgreens Specialty (800) 424-9002 |
| VELTIN 1.2%-0.025% GEL | 5 | Prior Authorization required |
| VEMLIDY 25 MG TABLET | NC | |
| VENCLEXTA 10 MG TABLET | 4 | CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633 |
| VENCLEXTA 100 MG TABLET | 4 | CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633 |
| VENCLEXTA 50 MG TABLET | 4 | CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633 |
| VENCLEXTA STARTING PACK | 4 | CH*; LDD*: Diplomat Pharmacy 1-877-977-9118 or Onco360 Pharmacy 1-877-662-6633 |
| VENELEX OINTMENT | NC | |
| VENLAFAXINE HCL 100 MG TABLET | 2 | |
| VENLAFAXINE HCL 25 MG TABLET | 2 | |
| VENLAFAXINE HCL 37.5 MG TABLET | 2 | |
| VENLAFAXINE HCL 50 MG TABLET | 2 | |
| VENLAFAXINE HCL 75 MG TABLET | 2 | |
| VENLAFAXINE HCL ER 150 MG CAP | 2 | |
| VENLAFAXINE HCL ER 150 MG TAB | NC | |
| VENLAFAXINE HCL ER 225 MG TAB | 4 | |
| VENLAFAXINE HCL ER 37.5 MG CAP | 2 | |
| VENLAFAXINE HCL ER 37.5 MG TAB | NC | |
| VENLAFAXINE HCL ER 75 MG CAP | 2 | |
| VENLAFAXINE HCL ER 75 MG TAB | NC | |
| VENTAVIS 10 MCG/1 ML SOLUTION | 5 | SPP*: Must use CVS Specialty |
| VENTAVIS 20 MCG/1 ML SOLUTION | 5 | SPP*: Must use CVS Specialty |
| VENTOLIN HFA 90 MCG INHALER | 3 | HSA* |
| VERAMYST 27.5 MCG NASAL SPRAY | 3 | |
| VERAPAMIL 120 MG TABLET | 1 | HSA* |
| VERAPAMIL 360 MG CAP PELLETT | 2 | HSA* |
| VERAPAMIL 40 MG TABLET | 2 | HSA* |
| VERAPAMIL 80 MG TABLET | 1 | HSA* |
| VERAPAMIL ER 120 MG CAPSULE | 2 | HSA* |
| VERAPAMIL ER 120 MG TABLET | 2 | HSA* |
| VERAPAMIL ER 180 MG CAPSULE | 2 | HSA* |
| VERAPAMIL ER 180 MG TABLET | 2 | HSA* |
| VERAPAMIL ER 240 MG CAPSULE | 2 | HSA |
| VERAPAMIL ER 240 MG TABLET | 2 | HSA* |
| VERAPAMIL ER PM 100 MG CAPSULE | 2 | HSA* |
| VERAPAMIL ER PM 200 MG CAPSULE | 2 | HSA* |
| VERAPAMIL ER PM 300 MG CAPSULE | 2 | HSA* |
| VERDESO 0.05% FOAM | 4 | |
| VERDROCET 2.5-325 MG TABLET | NC | |
| VEREGEN 15% OINTMENT | 3 | |
| VERELAN 120 MG CAP PELLETT | NC | |
| VERELAN 180 MG CAP PELLETT | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| VERELAN 240 MG CAP PELLETT | NC | |
| 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 | |
| VERIPRED 20 20 MG/5 ML SOLN | NC | |
| VERSACLOZ 50 MG/ML SUSPENSION | 4 | Max. 28 Days Supply |
| VERZENIO 100 MG TABLET | NC | |
| VERZENIO 150 MG TABLET | NC | |
| VERZENIO 200 MG TABLET | NC | |
| VERZENIO 50 MG TABLET | NC | |
| VESICARE 10 MG TABLET | 3 | |
| VESICARE 5 MG TABLET | 3 | |
| VESTURA 3 MG-0.02 MG TABLET | \$0 | ACA* |
| VEXA PATCH | NC | |
| VEXOL 1% EYE DROPS | 4 | |
| VFEND 200 MG TABLET | NC | |
| VFEND 40 MG/ML SUSPENSION | NC | |
| VFEND 50 MG TABLET | NC | |
| VGO 40 DISPOSABLE DEVICE | 3 | Max. 1 per day HSA* |
| VIAGRA 100 MG TABLET | 4 | 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 | 4 | 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 | 4 | Covered for males only;Not covered for members 17 and younger; Max. 4 in 30 days PAQ*: If greater than 4 tabs/30 days |
| VIBATIV 250 MG VIAL | NC | |
| VIBERZI 100 MG TABLET | 3 | |
| VIBERZI 75 MG TABLET | 3 | |
| VIBRAMYCIN 100 MG CAPSULE | NC | |
| VIBRAMYCIN 25 MG/5 ML SUSP | NC | |
| VIBRAMYCIN 50 MG/5 ML SYRUP | 4 | |
| VIC-FORTE CAPSULE | NC | |
| VICODIN 5-300 MG TABLET | 2 | |
| VICODIN ES 7.5-300 MG TABLET | 2 | |
| VICODIN HP 10-300 MG TABLET | 2 | |
| VICOPROFEN 7.5-200 MG TABLET | NC | |
| VICTORY GLUCOSE TEST STRIPS | NC | |
| VICTOZA 3-PAK 18 MG/3 ML PEN | 3 | Max. 9 ML(s) per 30 days;Step Therapy required HSA* |
| VIDEX 2 GM PEDIATRIC SOLN | 3 | |
| VIDEX EC 125 MG CAPSULE | NC | |
| VIDEX EC 200 MG CAPSULE | NC | |
| VIDEX EC 250 MG CAPSULE | NC | |
| VIDEX EC 400 MG CAPSULE | NC | |
| VIEKIRA PAK | NC | |
| VIEKIRA XR TABLET | NC | |
| VIENVA-28 TABLET | \$0 | ACA* |
| VIGABATRIN 500 MG POWDER PACKT | 3 | |
| VIGAMOX 0.5% EYE DROPS | 4 | |
| VIIBRYD 10 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| VIIBRYD 10-20 MG STARTER PACK | 4 | Step Therapy required STA*: 18 and older |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| VIIBRYD 10-20-40 MG STARTER PK | 4 | Step Therapy required STA*: 18 and older |
| VIIBRYD 20 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| VIIBRYD 40 MG TABLET | 4 | Step Therapy required STA*: 18 and older |
| VIMOVO DR 375-20 MG TABLET | NC | |
| VIMOVO DR 500-20 MG TABLET | NC | |
| VIMPAT 10 MG/ML SOLUTION | 3 | |
| VIMPAT 100 MG TABLET | 3 | |
| VIMPAT 150 MG TABLET | 3 | |
| VIMPAT 200 MG TABLET | 3 | |
| VIMPAT 50 MG TABLET | 3 | |
| VIMPAT STARTER KIT | 3 | |
| VINATE DHA GELCAP | 2 | HSA* |
| VIOKACE 10,440-39,150 UNITS TB | 4 | |
| VIOKACE 20,880-78,300 UNITS TB | 4 | |
| VIORELE 28 DAY TABLET | \$0 | ACA* |
| VIRACEPT 250 MG TABLET | 3 | |
| VIRACEPT 625 MG TABLET | 3 | |
| VIRAMUNE 200 MG TABLET | NC | |
| VIRAMUNE 50 MG/5 ML SUSP | NC | |
| VIRAMUNE XR 100 MG TABLET | NC | |
| VIRAMUNE XR 400 MG TABLET | NC | |
| VIRASAL ANTIVIRAL WART REMOVER | NC | |
| VIRAZOLE 6 GM VIAL | 4 | |
| VIREAD 150 MG TABLET | 3 | |
| VIREAD 200 MG TABLET | 3 | |
| VIREAD 250 MG TABLET | 3 | |
| VIREAD 300 MG TABLET | 3 | |
| VIREAD POWDER | 3 | |
| VIROPTIC 1% EYE DROPS | NC | |
| VIRT-CAPS SOFTGEL | NC | |
| VIRT-GARD TABLET | 2 | |
| VIRT-PHOS 250 NEUTRAL TABLET | 2 | |
| VIRUSSIN AC LIQUID | 2 | |
| VISTARIL 25 MG CAPSULE | NC | |
| VISTARIL 50 MG CAPSULE | NC | |
| VISTOGARD 10 GRAM PACKET | NC | |
| 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 | Not covered for members 64 and younger ACA* |
| VITAMIN D-400 TABLET | \$0 | Not covered for members 64 and younger ACA* |
| VITAMIN D2 400 UNIT TABLET | \$0 | Not covered for members 64 and younger 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* |
| VITEKTA 150 MG TABLET | 4 | |
| VITEKTA 85 MG TABLET | 4 | |
| VITUZ SOLUTION | NC | |
| VIVACTIL 10 MG TABLET | NC | |
| VIVACTIL 5 MG TABLET | NC | |
| VIVELLE-DOT 0.025 MG PATCH | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|--|
| 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 | |
| VIVITROL 380 MG VIAL + DILUENT | MD | SPP*: Must use CVS Specialty |
| VIVLODEX 10 MG CAPSULE | NC | |
| VIVLODEX 5 MG CAPSULE | NC | |
| VIVOTIF EC CAPSULE | 4 | |
| VOCAL POINT TEST STRIP | NC | |
| VOGELXO 12.5 MG/1.25 GRAM PUMP | NC | |
| VOGELXO 50 MG/5 GRAM GEL | NC | |
| VOL-CARE RX TABLET | NC | |
| VOLTAREN 1% GEL | NC | |
| VOLTAREN-XR 100 MG TABLET | NC | |
| VONVENDI 1,300 UNIT VIAL | MD | SPP*: Must use CVS Specialty |
| VORICONAZOLE 200 MG TABLET | 4 | |
| VORICONAZOLE 40 MG/ML SUSP | 4 | |
| VORICONAZOLE 50 MG TABLET | 4 | |
| VORTEX ADULT MASK | MD | |
| VORTEX FROG CHILD MASK | MD | |
| VORTEX HOLDING CHAMBER | MD | |
| VORTEX LADYBUG TODDLER MASK | MD | |
| VORTEX VHC FROG CHILD MASK | MD | |
| VOSEVI 400-100-100 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| VOSOL HC EAR DROPS | NC | |
| VOSPIRE ER 4 MG TABLET | NC | |
| VOSPIRE ER 8 MG TABLET | NC | |
| VOTRIENT 200 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| VP-VITE RX TABLET | NC | |
| 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 | |
| VUSION OINTMENT | NC | |
| VYFEMLA 28 TABLET | \$0 | ACA* |
| VYTORIN 10-10 MG TABLET | 4 | Max. 1 per day HSA* |
| VYTORIN 10-20 MG TABLET | 4 | Max. 1 per day HSA* |
| VYTORIN 10-40 MG TABLET | 4 | Max. 1 per day HSA* |
| VYTORIN 10-80 MG TABLET | 4 | Max. 1 per day HSA* |
| VYVANSE 10 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 10 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 20 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 20 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 30 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 30 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 40 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 40 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 50 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 50 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 60 MG CAPSULE | 3 | Max. 60 Days Supply |
| VYVANSE 60 MG CHEWABLE TABLET | 3 | Max. 60 Days Supply |
| VYVANSE 70 MG CAPSULE | 3 | Max. 60 Days Supply |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|------------------------------|
| VYZULTA 0.024% OPHTH SOLUTION | NC | |
| W | | |
| WALGREENS ULTRA THIN LANCETS | 3 | HSA* |
| WARFARIN SODIUM 1 MG TABLET | 2 | HSA* |
| WARFARIN SODIUM 10 MG TABLET | 1 | HSA* |
| WARFARIN SODIUM 2 MG TABLET | 2 | HSA* |
| WARFARIN SODIUM 2.5 MG TABLET | 2 | HSA* |
| WARFARIN SODIUM 3 MG TABLET | 1 | HSA* |
| WARFARIN SODIUM 4 MG TABLET | 1 | HSA* |
| WARFARIN SODIUM 5 MG TABLET | 2 | HSA* |
| WARFARIN SODIUM 6 MG TABLET | 1 | HSA* |
| WARFARIN SODIUM 7.5 MG TABLET | 1 | HSA* |
| WATCHHALER SPACER | MD | |
| WATER FOR INJECTION VIAL | NC | |
| WAVESENSE JAZZ TEST STRIPS | NC | |
| WAVESENSE PRESTO TEST STRIPS | NC | |
| WELCHOL 3.75G PACKET | 3 | HSA* |
| WELCHOL 625 MG TABLET | 3 | HSA* |
| 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 | |
| WELLBUTRIN XL 150 MG TABLET | NC | |
| WELLBUTRIN XL 300 MG TABLET | NC | |
| WERA 0.5/0.035 MG 28 TABLET | \$0 | ACA* |
| WESTCORT 0.2% OINTMENT | NC | |
| WESTHROID 130 MG TABLET | 2 | |
| WESTHROID 16.25 MG TABLET | 2 | |
| WESTHROID 195 MG TABLET | 2 | |
| WESTHROID 32.5 MG TABLET | 2 | |
| WESTHROID 48.75 MG TABLET | 2 | |
| WESTHROID 65 MG TABLET | 2 | |
| WESTHROID 97.5 MG TABLET | 2 | |
| WIDE SEAL DIAPHRAGM 70MM | \$0 | ACA* |
| WILATE 1,000-1,000 UNIT VIAL | MD | SPP*: Must use CVS/specialty |
| WINDMILL TRAINER | MD | |
| WP THYROID 113.75 MG TABLET | 2 | |
| WP THYROID 130 MG TABLET | 2 | |
| WP THYROID 16.25 MG TABLET | 2 | |
| WP THYROID 32.5 MG TABLET | 2 | |
| WP THYROID 48.75 MG TABLET | 2 | |
| WP THYROID 65 MG TABLET | 2 | |
| WP THYROID 81.25 MG TABLET | 2 | |
| WP THYROID 97.5 MG TABLET | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| WYMZYA FE CHEWABLE TABLET | \$0 | ACA* |
| X | | |
| X-VIATE 40% CREAM | 2 | |
| X-VIATE 40% GEL | NC | |
| X-VIATE 40% LOTION | 2 | |
| XADAGO 100 MG TABLET | NC | |
| XADAGO 50 MG TABLET | NC | |
| XALATAN 0.005% EYE DROPS | NC | |
| XALKORI 200 MG CAPSULE | 5 | Max. 2 per day CH*; SPP*: CVS Specialty |
| XALKORI 250 MG CAPSULE | 5 | Max. 2 per day CH*; SPP*: CVS Specialty |
| 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 | |
| XANAX XR 1 MG TABLET | NC | |
| XANAX XR 2 MG TABLET | NC | |
| XANAX XR 3 MG TABLET | NC | |
| XARELTO 10 MG TABLET | 3 | HSA* |
| XARELTO 15 MG TABLET | 3 | HSA* |
| XARELTO 20 MG TABLET | 3 | HSA* |
| XARELTO STARTER PACK | 3 | HSA* |
| XARTEMIS XR 7.5-325 MG TABLET | 5 | Max. 120 per 30 days |
| XATMEP 2.5 MG/ML ORAL SOLUTION | NC | |
| XELJANZ 5 MG TABLET | 5 | Prior Authorization required;Max. 2 per day SPP*: Must use CVS Specialty |
| XELJANZ XR 11 MG TABLET | 5 | Prior Authorization required;Max. 1 per day SPP*: Must use CVS Specialty |
| XELODA 150 MG TABLET | NC | |
| XELODA 500 MG TABLET | NC | |
| XENAZINE 12.5 MG TABLET | NC | |
| XENAZINE 25 MG TABLET | 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 |
| XERESE 5%-1% CREAM | NC | |
| XERMELO 250 MG TABLET | NC | |
| XGEVA 120 MG/1.7 ML VIAL | MD | Prior Authorization required;Max. 1.7 ML(s) per 28 days SPP*: Must use CVS Specialty |
| XHANCE 93 MCG NASAL SPRAY | NC | |
| XIAFLEX 0.9 MG VIAL | MD | |
| XIFAXAN 200 MG TABLET | 4 | Max. quantity of 9 per fill MQC*: 9 tabs/copay |
| XIFAXAN 550 MG TABLET | 3 | |
| XIGDUO XR 10 MG-1,000 MG TAB | 5 | Prior Authorization required HSA* |
| XIGDUO XR 10 MG-500 MG TABLET | 5 | Prior Authorization required HSA* |
| XIGDUO XR 5 MG-1,000 MG TABLET | 5 | Prior Authorization required HSA* |
| XIGDUO XR 5 MG-500 MG TABLET | 5 | Prior Authorization required HSA* |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| XIIDRA 5% EYE DROPS | 3 | Max. 2 per day |
| XIMINO ER 135 MG CAPSULE | NC | |
| XIMINO ER 45 MG CAPSULE | NC | |
| XIMINO ER 90 MG CAPSULE | NC | |
| XODOL 10-300 TABLET | NC | |
| XODOL 5-300 TABLET | NC | |
| XODOL 7.5-300 MG TABLET | NC | |
| XOLAIR 150 MG VIAL | MD | Prior Authorization required SPP*: Must use CVS Specialty |
| XOLEGEL 2% GEL | 4 | |
| XOLOX 10-500 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 | 4 | HSA* |
| XRYLIX 1.5% KIT | 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 | |
| XTANDI 40 MG CAPSULE | 4 | CH*; SPP*: CVS Specialty |
| XULANE PATCH | \$0 | ACA* |
| XULTOPHY 100 UNIT-3.6MG/ML PEN | NC | |
| XURIDEN GRANULE PACKET | NC | |
| XYLON 10-200 MG TABLET | 2 | |
| XYNTHA 500 UNIT KIT | MD | SPP*: Must use CVS Specialty |
| XYNTHA SOLOFUSE 1,000 UNIT KIT | MD | SPP*: Must use CVS Specialty |
| XYREM 500 MG/ML ORAL SOLUTION | 5 | Prior Authorization required;Max. 18 ML(s) per day LDD*: Express Scripts. 866-997-3688 x66247. |
| XYZAL 2.5 MG/5 ML SOLUTION | NC | |
| XYZAL 5 MG TABLET | NC | |

Y

| | | |
|----------------------------|----|--|
| YALE GLASS TB SYR 0.25 ML | 3 | |
| YALE GLASS TB SYRINGE 1 ML | 3 | |
| YALE GLASS TB SYRINGE 2 ML | 3 | |
| YALE NEEDLES 21GX1" | 3 | |
| YALE NEEDLES 21GX1.25" | 3 | |
| YALE NEEDLES 21GX1.5" | 3 | |
| YALE NEEDLES 22GX1" | 3 | |
| YALE NEEDLES 22GX1.25" | 3 | |
| YALE NEEDLES 23GX1" | 3 | |
| YALE SYRINGE 10 ML | 3 | |
| YALE SYRINGE 100 ML | 3 | |
| YALE SYRINGE 20 ML | 3 | |
| YALE SYRINGE 3 ML | 3 | |
| YALE SYRINGE 30 ML | 3 | |
| YALE SYRINGE 5 ML | 3 | |
| YALE SYRINGE 50 ML | 3 | |
| YASMIN 28 TABLET | NC | |
| YAZ 28 TABLET | NC | |
| YODOXIN 210 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|-------------------------|
| YODOXIN 650 MG TABLET | NC | |
| YOSPRALA DR 325-40 MG TABLET | NC | |
| YOSPRALA DR 81-40 MG TABLET | NC | |
| YUVAFEM 10 MCG VAGINAL INSERT | 3 | |

Z

| | | |
|-------------------------------|-----|--|
| ZAFIRLUKAST 10 MG TABLET | 2 | HSA* |
| ZAFIRLUKAST 20 MG TABLET | 2 | HSA* |
| ZALEPLON 10 MG CAPSULE | 2 | |
| ZALEPLON 5 MG CAPSULE | 2 | |
| ZAMICET 10-325 MG/15 ML SOLN | NC | |
| ZANABIN ANTIPRURITIC HYDROGEL | NC | |
| ZANAFLEX 2 MG CAPSULE | NC | |
| ZANAFLEX 4 MG CAPSULE | NC | |
| ZANAFLEX 4 MG TABLET | NC | |
| ZANAFLEX 6 MG CAPSULE | NC | |
| ZANTAC 150 MG TABLET | NC | |
| ZANTAC 300 MG TABLET | NC | |
| ZARAH TABLET | \$0 | ACA* |
| ZARONTIN 250 MG CAPSULE | NC | |
| ZARONTIN 250 MG/5 ML SOLUTION | NC | |
| ZAROXOLYN 2.5 MG TABLET | NC | |
| ZAROXOLYN 5 MG TABLET | NC | |
| ZARXIO 300 MCG/0.5 ML SYRINGE | NC | |
| ZARXIO 480 MCG/0.8 ML SYRINGE | NC | |
| ZAVESCA 100 MG CAPSULE | 5 | LDD*: Accredo (866) 815-4717 |
| ZEBETA 10 MG TABLET | NC | |
| ZEBETA 5 MG TABLET | NC | |
| ZEBUTAL 50-325-40 MG CAPSULE | 2 | |
| ZEGERID 20 MG CAPSULE | NC | |
| ZEGERID 20 MG PACKET | NC | |
| ZEGERID 40 MG CAPSULE | NC | |
| ZEGERID 40 MG PACKET | NC | |
| ZEJULA 100 MG CAPSULE | 5 | Prior Authorization required;Max. 3 per day CH*; LDD*: Diplomat Pharmacy (877) 977-9118 |
| ZELAPAR 1.25 MG ODT TABLET | NC | |
| ZELBORAF 240 MG TABLET | 5 | CH*; SPP*: CVS Specialty |
| ZEMAIRA 1,000 MG VIAL | MD | Prior Authorization required LDD*: Accredo (866) 815-4717 |
| ZEMBRACE SYMTOUCH 3 MG/0.5 ML | NC | |
| ZEMPLAR 1 MCG CAPSULE | NC | |
| ZEMPLAR 2 MCG CAPSULE | NC | |
| ZEMPLAR 4 MCG CAPSULE | NC | |
| ZENATANE 10 MG CAPSULE | 4 | |
| ZENATANE 20 MG CAPSULE | 4 | |
| ZENATANE 30 MG CAPSULE | 4 | |
| ZENATANE 40 MG CAPSULE | 4 | |
| ZENCHENT 0.4 MG-35 MCG TABLET | \$0 | ACA* |
| ZENCHENT FE TABLET CHEWABLE | \$0 | ACA* |
| ZENPEP DR 10,000 UNIT CAPSULE | 3 | |
| ZENPEP DR 15,000 UNIT CAPSULE | 3 | |
| ZENPEP DR 20,000 UNIT CAPSULE | 3 | |
| ZENPEP DR 25,000 UNIT CAPSULE | 3 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|-------------------------------|------|--|
| ZENPEP DR 3,000 UNIT CAPSULE | 3 | |
| ZENPEP DR 40,000 UNIT CAPSULE | 3 | |
| ZENPEP DR 5,000 UNIT CAPSULE | 3 | |
| ZENZEDI 10 MG TABLET | 2 | Max. 60 Days Supply |
| ZENZEDI 15 MG TABLET | 4 | Max. 60 Days Supply |
| ZENZEDI 2.5 MG TABLET | 4 | Max. 60 Days Supply |
| ZENZEDI 20 MG TABLET | 4 | Max. 60 Days Supply |
| ZENZEDI 30 MG TABLET | 4 | Max. 60 Days Supply |
| ZENZEDI 5 MG TABLET | 2 | Max. 60 Days Supply |
| ZENZEDI 7.5 MG TABLET | 4 | Max. 60 Days Supply |
| ZEOSA CHEWABLE TABLET | \$0 | ACA* |
| ZEPATIER 50-100 MG TABLET | 4 | Prior Authorization required;Max. 28 per 28 days SPP*: Must use CVS Specialty |
| 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 | |
| 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 | |
| ZESTRIL 30 MG TABLET | NC | |
| ZESTRIL 40 MG TABLET | NC | |
| ZESTRIL 5 MG TABLET | NC | |
| ZETIA 10 MG TABLET | 4 | Max. 1 per day HSA* |
| ZETONNA 37 MCG NASAL SPRAY | NC | |
| ZFLEX TABLET | 2 | |
| ZGESIC TABLET | NC | |
| ZIAC 10-6.25 MG TABLET | NC | |
| ZIAC 2.5-6.25 MG TABLET | NC | |
| ZIAC 5-6.25 MG TABLET | NC | |
| ZIAGEN 20 MG/ML SOLUTION | 4 | |
| ZIAGEN 300 MG TABLET | NC | |
| ZIANA GEL | NC | |
| ZIDOVUDINE 100 MG CAPSULE | 2 | |
| ZIDOVUDINE 300 MG TABLET | 2 | |
| ZIDOVUDINE 50 MG/5 ML SYRUP | 2 | |
| ZILEUTON ER 600 MG TABLET | 3 | HSA* |
| ZINBRYTA 150 MG/ML SYRINGE | NC | |
| ZINC SULFATE 220 MG CAPSULE | NC | |
| ZIOPTAN 0.0015% EYE DROPS | 4 | |
| ZIPRASIDONE HCL 20 MG CAPSULE | 2 | |
| ZIPRASIDONE HCL 40 MG CAPSULE | 2 | |
| ZIPRASIDONE HCL 60 MG CAPSULE | 2 | |
| ZIPRASIDONE HCL 80 MG CAPSULE | 2 | |
| ZIPSOR 25 MG CAPSULE | NC | |
| ZIRGAN 0.15% OPHTHALMIC GEL | 4 | |
| 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 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| ZITHROMAX TRI-PAK 500 MG TAB | NC | |
| ZMAX 2 G/60 ML ORAL SUSPENSION | 4 | |
| 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 | |
| ZODEX 12 DAY 1.5 MG TABLET | NC | |
| ZODEX 6 DAY 1.5 MG TABLET | 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 | |
| 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 | |
| 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 | |
| ZOLEDRONIC ACID 5 MG/100 ML | MD | Prior Authorization required;Max. 100 ML(s) in 365 days SPP*: Must use CVS Specialty |
| ZOLINZA 100 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| ZOLMITRIPTAN 2.5 MG ODT | 2 | Max. quantity of 12 per fill MQC*: 12 tabs/copay |
| ZOLMITRIPTAN 2.5 MG TABLET | 2 | Max. quantity of 12 per fill MQC*: 12 tabs/copay |
| ZOLMITRIPTAN 5 MG ODT | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| ZOLMITRIPTAN 5 MG TABLET | 2 | Max. quantity of 6 per fill MQC*: 6 tabs/copay |
| ZOLOFT 100 MG TABLET | NC | |
| ZOLOFT 20 MG/ML ORAL CONC | NC | |
| ZOLOFT 25 MG TABLET | NC | |
| ZOLOFT 50 MG TABLET | NC | |
| ZOLPIDEM TART 1.75 MG TAB SL | 2 | |
| ZOLPIDEM TART 3.5 MG TABLET SL | 2 | |
| ZOLPIDEM TART ER 12.5 MG TAB | 2 | |
| ZOLPIDEM TART ER 6.25 MG TAB | 2 | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|--------------------------------|------|---|
| ZOLPIDEM TARTRATE 10 MG TABLET | 1 | |
| ZOLPIDEM TARTRATE 5 MG TABLET | 1 | |
| ZOLPIMIST 5 MG ORAL SPRAY | NC | |
| ZOMACTON 10 MG VIAL | NC | |
| ZOMACTON 5 MG VIAL | NC | |
| ZOMIG 2.5 MG NASAL SPRAY | 4 | Max. quantity of 12 per fill MQC*: 6 sprays/copay |
| ZOMIG 2.5 MG TABLET | NC | |
| ZOMIG 5 MG NASAL SPRAY | 4 | 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 | |
| ZONACORT 11 DAY 1.5 MG TABLET | NC | |
| ZONACORT 7 DAY 1.5 MG TABLET | NC | |
| ZONALON 5% CREAM | NC | |
| ZONATUSS 150 MG CAPSULE | NC | |
| ZONEGRAN 100 MG CAPSULE | NC | |
| ZONEGRAN 25 MG CAPSULE | NC | |
| ZONISAMIDE 100 MG CAPSULE | 2 | |
| ZONISAMIDE 25 MG CAPSULE | 2 | |
| ZONISAMIDE 50 MG CAPSULE | 2 | |
| ZONTIVITY 2.08 MG TABLET | 5 | Prior Authorization required HSA* |
| ZORBTIVE 8.8 MG VIAL | NC | |
| ZORTRESS 0.25 MG TABLET | 4 | |
| ZORTRESS 0.5 MG TABLET | 4 | |
| ZORTRESS 0.75 MG TABLET | 4 | |
| ZORVOLEX 18 MG CAPSULE | 3 | |
| ZORVOLEX 35 MG CAPSULE | 3 | |
| ZOSTAVAX VIAL | \$0 | Not covered for members 49 and younger ACA*; Covered ages 50 and older |
| ZOVIA 1-35E TABLET | \$0 | ACA* |
| ZOVIA 1-50E TABLET | \$0 | ACA* |
| ZOVIRAX 200 MG CAPSULE | NC | |
| ZOVIRAX 200 MG/5 ML SUSP | NC | |
| ZOVIRAX 400 MG TABLET | NC | |
| ZOVIRAX 5% CREAM | 4 | Max. 5 GM(s) in 30 days |
| ZOVIRAX 5% OINTMENT | NC | |
| ZOVIRAX 800 MG TABLET | NC | |
| ZUBSOLV 0.7-0.18 MG TABLET SL | 4 | |
| ZUBSOLV 1.4-0.36 MG TABLET SL | 4 | |
| ZUBSOLV 11.4-2.9 MG TABLET SL | 4 | |
| ZUBSOLV 2.9-0.71 MG TABLET SL | 4 | |
| ZUBSOLV 5.7-1.4 MG TABLET SL | 4 | |
| ZUBSOLV 8.6-2.1 MG TABLET SL | 4 | |
| ZUPLENZ 4 MG SOLUBLE FILM | NC | |
| ZUPLENZ 8 MG SOLUBLE FILM | NC | |
| ZURAMPIC 200 MG TABLET | 4 | Prior Authorization required;Max. 1 per day |
| ZUTRIPRO SOLUTION | NC | |
| ZYBAN SR 150 MG TABLET | \$0 | Max. 180 Days Supply;Max. 180 in 365 days ACA* |
| ZYCLARA 2.5% CREAM PUMP | 4 | |
| ZYCLARA 3.75% CREAM PUMP | 4 | |
| ZYDELIG 100 MG TABLET | 5 | CH*; LDD*: Onco360 Pharmacy 1-877-662-6633 |
| ZYDELIG 150 MG TABLET | 5 | CH*; LDD*: Onco360 Pharmacy 1-877-662-6633 |
| ZYDONE 10-400 MG TABLET | NC | |
| ZYDONE 5-400 MG TABLET | NC | |

| DRUG NAME | TIER | LIMITATIONS/ * NOTES |
|------------------------------|------|------------------------------|
| ZYDONE 7.5-400 MG TABLET | NC | |
| ZYFLO 600 MG FILMTAB | NC | |
| ZYFLO CR 600 MG TABLET | 4 | HSA* |
| ZYKADIA 150 MG CAPSULE | 5 | CH*; SPP*: CVS Specialty |
| ZYLET EYE DROPS | NC | |
| ZYLOPRIM 100 MG TABLET | NC | |
| ZYLOPRIM 300 MG TABLET | NC | |
| ZYMAXID 0.5% EYE DROPS | NC | |
| 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 | |
| ZYTIGA 250 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| ZYTIGA 500 MG TABLET | 4 | CH*; SPP*: CVS Specialty |
| ZYVOX 100 MG/5 ML SUSPENSION | NC | |
| ZYVOX 600 MG TABLET | NC | |

Glossary of Notes *

Keyword Description

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|---------------|---|
| HSA | HSA Preventive Drug. 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. |
| ACA | Affordable Care Act. 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. |
| CH | Oral Chemotherapy Mandate. This includes oral chemotherapy (anti-cancer) medications used to treat cancer. These drugs may be eligible for a \$0 copayment under certain benefit plans. |
| SPP | Specialty Pharmacy Medications. 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. |
| IVF | IVF/Fertility Pharmacy Medications. These medications must be obtained from one of our designated IVF Pharmacy vendors - Freedom Drug (877)585-4603 or Village Pharmacy (866)890-8930. |
| LDD | Limited Distribution Drug. 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. |
| PAQ | Prior Authorization for Quantity Limit Exceeded. Some medications require Prior Authorization only when the quantity requested for treatment exceeds the standard quantity limit. |
| MQC | Maximum Quantity per Copay. 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. |
| STA | Step Therapy/Age. 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. |
| PA NTM | Prior Authorization for New-to-Market Drugs. 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. |