

HP20FORM 2

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

2020 Formulary (List of Covered Drugs)

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

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Formulary File ID#20231, Version Number 12



This formulary was updated on 1/22/20 For more recent information or other questions, please contact Harvard Pilgrim's Member Services at 1-888-609-0692 or, for TTY users 711, October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week, and April 1 - September 30, 8 a.m. - 8 p.m., Monday - Friday, or visit [www.harvardpilgrim.org/medicare](http://www.harvardpilgrim.org/medicare).

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Harvard Pilgrim Health Care. When it refers to “plan” or “our plan,” it means Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS) and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO).

This document includes the list of the drugs (formulary) for our plan which is current as of 1/22/20 . For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

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

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

### **Can the Formulary (drug list) change?**

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
  - **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)’s Formulary?**

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 1/22/20 . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year, non-maintenance formulary change, we will notify you in your monthly Explanation of Benefits and on our website, [www.harvardpilgrim.org/medicarerx](http://www.harvardpilgrim.org/medicarerx).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

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

## **What are generic drugs?**

Our plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, our plans provide 4 tablets per prescription for alendronate 70mg (generic Fosamax). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO) formulary?" below for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)'s Formulary?**

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

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

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

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

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

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

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

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

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

### **For more information**

For more detailed information about your Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

**Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)'s Formulary**

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

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

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

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

<b>SYMBOL</b>	<b>DESCRIPTION</b>	<b>EXPLANATION</b>
<b>AGE (Max 64 Years)</b>	Age Restriction	If you are 65 years of age or older, you (or your physician) are required to get prior authorization from our plan before we will cover this drug. This requirement is in place due to safety concerns with using this drug in people over that age. Prior authorization is not required for members 64 years of age or younger.
<b>EX</b>	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
<b>GC</b>	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You pay your copay of \$0 for drugs on Tier 1 until you reach the Catastrophic Coverage stage.
<b>PA</b>	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plans before we will cover this drug.
<b>PA BvD</b>	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D depending on the circumstances. You (or your physician) may need to submit information describing the use and setting of the drug to make the determination.
<b>PA NSO</b>	Prior Authorization Restriction New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plans before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
<b>QL</b>	Quantity Limit Restriction	Our plans limit the amount of this drug that is covered within a specific time frame, or per prescription.
<b>ST</b>	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

## Coverage Notes

### Coverage of Excluded Drugs

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

### Diabetic Testing Supplies

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

### Extended Day Supplies

Drugs covered on Tiers 1 through 4 are eligible for extended day supplies (up to 90 days) at participating network retail and mail order pharmacies. Drugs on Tier 5 are limited to a 30 day supply.

### Programs to Support the Safe Use of Opioids

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

- **Opioid Care Coordination Safety Edit**

Quantity limits apply to most of the individual opioid medications on our formulary. For example, we might limit coverage of an opioid to 60 tablets per 30 days. In addition to quantity limits applying to individual drugs, we apply additional quantity limits across all drugs in the opioid class when members fill prescriptions for high doses of opioids. The Opioid Care Coordination Safety Edit calculates the total dose of opioid drugs prescribed for you on the date you fill a prescription for an opioid medication. If your provider(s) prescribes more than 90 morphine milligram equivalents (MME) per day, your claim will not approve without an override.

- **Opioid – Benzodiazepine Concurrent Use Edit**

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

- **Opioid-Buprenorphine Concurrent Use Edit**

If you have filled a prescription for buprenorphine for medication-assisted treatment (MAT), your claim for an opioid will not approve without an override.

- **Opioid Naïve Day Supply Limitation**

When you fill a prescription for an opioid medication for the first time (you have not filled a prescription for an opioid in the previous 120 days), we will limit your fill to a 7-day supply.

- **Duplicative Long-Acting Opioid Edit**

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

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

## **Specialty Pharmacy**

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

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

## **Topical Compounds**

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

## What you pay for your Part D prescription drugs

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

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

		PLAN NAME AND STATE			
		Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)		Stride <sup>SM</sup> Gain Rx <sup>SM</sup> (HMO)
Coverage Stage	Formulary Tier	MA, ME, NH	ME	NH	NH
Deductible	Tiers 3 – 5 unless otherwise noted	\$435	\$300	\$270	\$435 (Tiers 2 – 5)
Initial Coverage	Tier 1	\$0	\$0		\$0
	Tier 2	\$15	\$10		25%
	Tier 3	\$47	\$47		25%
	Tier 4	\$100	\$100		25%
	Tier 5	25%	27%	28%	25%
Coverage Gap	Tier 1	\$0			
	Tiers 2 – 5	You pay 25% of the cost for covered brand-name drugs (plus a portion of the dispensing fee) and 25% of the cost for covered generic drugs.			
Catastrophic Coverage	All Tiers	You pay the greater of either: <ul style="list-style-type: none"> <li>• Coinsurance of 5% of the cost of the drug, or</li> <li>• \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs</li> </ul>			
<b>Tier Descriptions</b> Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand-Name Drugs Tier 4: Non-Preferred Brand-Name Drugs Tier 5: Specialty Drugs					

Continued

		PLAN NAME AND STATE				
		Stride <sup>SM</sup> Value Rx (HMO)			Stride <sup>SM</sup> Value Rx Plus (HMO)	
Coverage Stage	Formulary Tier	MA	ME	NH	MA	NH
Deductible	Tiers 3 – 5	\$350	\$300	\$270	\$0	\$270
Initial Coverage	Tier 1	\$0			\$0	
	Tier 2	\$10			\$10	
	Tier 3	\$47			\$47	
	Tier 4	\$100			\$100	
	Tier 5	26%	27%	28%	33%	28%
Coverage Gap	Tier 1	\$0				
	Tiers 2 – 5	You pay 25% of the cost for covered brand-name drugs (plus a portion of the dispensing fee) and 25% of the cost for covered generic drugs.				
Catastrophic Coverage	All Tiers	You pay the greater of either: <ul style="list-style-type: none"> <li>• Coinsurance of 5% of the cost of the drug, or</li> <li>• \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs</li> </ul>				
<b>Tier Descriptions</b> Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand-Name Drugs Tier 4: Non-Preferred Brand-Name Drugs Tier 5: Specialty Drugs						

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Drug Name	Reference	Drug Tier	Requirements/Limits
<b>Antihistamine Drugs</b>			
<b>First Generation Antihistamines</b>			
baclofen oral tablet 20 mg		2	
cyproheptadine hcl oral syrup 2 mg/5ml		2	PA; AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg		2	PA; AGE (Max 64 Years)
phenadoz rectal suppository 12.5 mg	Phenadoz	2	PA; AGE (Max 64 Years)
promethazine hcl oral syrup 6.25 mg/5ml		2	PA; AGE (Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		2	PA; AGE (Max 64 Years)
promethazine hcl rectal suppository 12.5 mg	Phenadoz	2	PA; AGE (Max 64 Years)
promethazine hcl rectal suppository 25 mg	Promethegan	2	PA; AGE (Max 64 Years)
promethegan rectal suppository 25 mg	Promethegan	2	PA; AGE (Max 64 Years)
promethegan rectal suppository 50 mg		2	PA; AGE (Max 64 Years)
<b>Second Generation Antihistamines</b>			
cetirizine hcl oral solution 1 mg/ml	KLS Aller-Tec Childrens	2	
desloratadine oral tablet 5 mg	Clarinx	2	
desloratadine oral tablet dispersible 2.5 mg, 5 mg		2	
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal Allergy 24HR	2	
<b>Anti-infective Agents</b>			
<b>Anthelmintics</b>			
albendazole oral tablet 200 mg	Albenza	5	
ivermectin oral tablet 3 mg	Stromectol	2	
praziquantel oral tablet 600 mg	Biltricide	4	
<b>Antibacterials</b>			
amikacin sulfate injection solution 500 mg/2ml		2	
amoxicillin oral capsule 250 mg, 500 mg		2	

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

Harvard Pilgrim Health Care / Harvard Pilgrim Health Care of New England  
Formulary ID: 20231 Version: 12

Effective: February 01, 2020

Drug Name	Reference	Drug Tier	Requirements/Limits
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		2	
amoxicillin oral tablet 500 mg, 875 mg		2	
amoxicillin oral tablet chewable 125 mg, 250 mg		2	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg		2	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		2	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	Augmentin	2	
amoxicillin-potassium clavulanate oral suspension reconstituted 600-42.9 mg/5ml	Augmentin ES-600	2	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-potassium clavulanate oral tablet 500-125 mg	Augmentin	2	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg		2	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg		2	
ampicillin sodium intravenous solution reconstituted 10 gm		2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Unasyn	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Unasyn	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	QL (28 ML per 28 days)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		3	
azithromycin intravenous solution reconstituted 500 mg	Zithromax	2	
AZITHROMYCIN ORAL PACKET 1 GM		2	

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

Drug Name	Reference	Drug Tier	Requirements/Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Zithromax	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	Zithromax	2	
aztreonam injection solution reconstituted 1 gm	Azactam	2	
BAXDELA ORAL TABLET 450 MG		5	QL (28 EA per 14 days)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML		5	PA BvD; Available through CVS Specialty (1-800-237-2767)
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML		4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA
cefaclor er oral tablet extended release 12 hour 500 mg		2	
cefaclor oral capsule 250 mg, 500 mg		2	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml		2	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		2	
cefadroxil oral tablet 1 gm		2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefepime hcl injection solution reconstituted 1 gm		2	
cefepime hcl injection solution reconstituted 2 gm	Maxipime	2	

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cefixime oral capsule 400 mg	Suprax	2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Suprax	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Cefotan	2	
cefoxitin sodium injection solution reconstituted 10 gm		2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm		2	
cefopodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		2	
cefopodoxime proxetil oral tablet 100 mg, 200 mg		2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefprozil oral tablet 250 mg, 500 mg		2	
ceftazidime injection solution reconstituted 2 gm, 6 gm	Tazicef	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		2	
ceftriaxone sodium intravenous solution reconstituted 10 gm		2	
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg		2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Keflex	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cephalexin oral tablet 250 mg, 500 mg		2	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	Cipro	2	
clarithromycin er oral tablet extended release 24 hour 500 mg		2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Cleocin	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Cleocin	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml		2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Cleocin Phosphate	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	Coly-Mycin M	4	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		5	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		5	
daptomycin intravenous solution reconstituted 500 mg	Cubicin	5	
demeclocycline hcl oral tablet 150 mg, 300 mg		2	
dicloxacillin sodium oral capsule 250 mg, 500 mg		2	
DIFICID ORAL TABLET 200 MG		5	QL (20 EA per 10 days)
doxy 100 intravenous solution reconstituted 100 mg		2	
doxycycline hyclate oral capsule 100 mg, 50 mg	Morgidox	2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline hyclate oral tablet 150 mg, 75 mg	Acticlate	2	
doxycycline monohydrate oral capsule 100 mg, 75 mg	Mondoxyne NL	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule 150 mg, 50 mg		2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Vibramycin	2	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	
e.e.s. 400 oral tablet 400 mg	E.E.S. 400	2	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML		3	
ertapenem sodium injection solution reconstituted 1 gm	INVanz	2	
ery-tab oral tablet delayed release 250 mg, 333 mg	Ery-Tab	2	
ery-tab oral tablet delayed release 500 mg	Ery-Tab	2	
erythrocin lactobionate intravenous solution reconstituted 500 mg		4	
erythrocin stearate oral tablet 250 mg		2	
erythromycin base oral capsule delayed release particles 250 mg		2	
erythromycin base oral tablet 250 mg, 500 mg		2	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Ery-Tab	2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	E.E.S. Granules	2	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	EryPed 400	2	
erythromycin ethylsuccinate oral tablet 400 mg	E.E.S. 400	2	
fenofibrate oral tablet 145 mg	Tricor	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML		3	
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML		3	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%		2	
gentamicin sulfate injection solution 40 mg/ml		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous solution reconstituted 250 mg		2	
imipenem-cilastatin intravenous solution reconstituted 500 mg	Primaxin IV	2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml		2	
levofloxacin intravenous solution 25 mg/ml		2	
levofloxacin oral solution 25 mg/ml		2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Levaquin	2	
linezolid intravenous solution 600 mg/300ml	Zyvox	5	
linezolid oral suspension reconstituted 100 mg/5ml	Zyvox	5	
linezolid oral tablet 600 mg	Zyvox	2	
meropenem intravenous solution reconstituted 1 gm, 500 mg	Merrem	2	
minocycline hcl oral capsule 100 mg, 50 mg	Minocin	2	
minocycline hcl oral capsule 75 mg		2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg		2	
mondoxyne nl oral capsule 100 mg, 75 mg	Mondoxyne NL	2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	Avelox	2	
moxifloxacin hcl oral tablet 400 mg		2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		2	
nafcillin sodium intravenous solution reconstituted 10 gm		5	
neomycin sulfate oral tablet 500 mg		2	
ofloxacin oral tablet 300 mg, 400 mg		2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML		4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm		4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
oxacillin sodium injection solution reconstituted 10 gm		5	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML		2	
penicillin g potassium injection solution reconstituted 20000000 unit	Pfizerpen	2	
penicillin g procaine intramuscular suspension 600000 unit/ml		2	
penicillin g sodium injection solution reconstituted 5000000 unit		5	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	Zosyn	2	
polymyxin b sulfate injection solution reconstituted 500000 unit		2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		5	
SIVEXTRO ORAL TABLET 200 MG		5	
streptomycin sulfate intramuscular solution reconstituted 1 gm		2	
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	Bactrim	2	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	Bactrim DS	2	
sulfasalazine oral tablet 500 mg	Azulfidine	2	
sulfasalazine oral tablet delayed release 500 mg	Azulfidine EN-tabs	2	
SUPRAX ORAL CAPSULE 400 MG		4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
suprax oral tablet chewable 100 mg, 200 mg		4	
tazicef injection solution reconstituted 2 gm, 6 gm	Tazicef	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	
tetracycline hcl oral capsule 250 mg, 500 mg		2	
tigecycline intravenous solution reconstituted 50 mg	Tygacil	2	
TOBI PODHALER INHALATION CAPSULE 28 MG		5	Available through CVS Specialty (1-800-237-2767)
tobramycin inhalation nebulization solution 300 mg/5ml	Kitabis Pak	5	PA BvD; Available through CVS Specialty (1-800-237-2767)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg		2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		2	
vancomycin hcl oral capsule 125 mg	Vancocin HCl	2	
vancomycin hcl oral capsule 250 mg	Vancocin	2	
vancomycin hcl oral solution reconstituted 250 mg/5ml	Firvanq	2	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML		4	
XIFAXAN ORAL TABLET 200 MG		5	
XIFAXAN ORAL TABLET 550 MG		5	PA; QL (60 EA per 30 days)
<b>Antifungals</b>			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		5	PA BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		5	PA BvD
amphotericin b intravenous solution reconstituted 50 mg		2	PA BvD
casposfungin acetate intravenous solution reconstituted 50 mg, 70 mg	Candidas	4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
CRESEMBA ORAL CAPSULE 186 MG		5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		2	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Diflucan	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Diflucan	2	
flucytosine oral capsule 250 mg, 500 mg	Ancobon	5	
griseofulvin microsize oral suspension 125 mg/5ml		2	
griseofulvin microsize oral tablet 500 mg		2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	
itraconazole oral capsule 100 mg	Sporanox	2	
ketoconazole oral tablet 200 mg		2	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	
NOXAFIL ORAL SUSPENSION 40 MG/ML		5	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG		5	
nystatin mouth/throat suspension 100000 unit/ml		2	
nystatin oral tablet 500000 unit		2	
posaconazole oral tablet delayed release 100 mg	Noxafil	5	
terbinafine hcl oral tablet 250 mg	LamISIL	2	
voriconazole intravenous solution reconstituted 200 mg	Vfend IV	5	
voriconazole oral suspension reconstituted 40 mg/ml	Vfend	5	
voriconazole oral tablet 200 mg, 50 mg	Vfend	5	
<b>Antimycobacterials</b>			
dapsone oral tablet 100 mg, 25 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ethambutol hcl oral tablet 100 mg		2	
ethambutol hcl oral tablet 400 mg	Myambutol	2	
isoniazid oral syrup 50 mg/5ml		2	
isoniazid oral tablet 100 mg, 300 mg		2	
paser oral packet 4 gm		4	
PRIFTIN ORAL TABLET 150 MG		4	
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg	Mycobutin	4	
rifamate oral capsule 150-300 mg		4	
rifampin intravenous solution reconstituted 600 mg	Rifadin	2	
rifampin oral capsule 150 mg, 300 mg	Rifadin	2	
RIFATER ORAL TABLET 50-120-300 MG		4	
SIRTURO ORAL TABLET 100 MG		5	PA
TRECTOR ORAL TABLET 250 MG		4	
<b>Antiprotozoals</b>			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		5	
ALINIA ORAL TABLET 500 MG		5	
atovaquone oral suspension 750 mg/5ml	Mepron	5	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Malarone	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		4	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
DARAPRIM ORAL TABLET 25 MG		5	PA
hydroxychloroquine sulfate oral tablet 200 mg	Plaquenil	2	
mefloquine hcl oral tablet 250 mg		2	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%		2	
metronidazole oral capsule 375 mg	Flagyl	2	
metronidazole oral tablet 250 mg, 500 mg	Flagyl	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG		4	PA BvD
paromomycin sulfate oral capsule 250 mg		2	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG		4	
primaquine phosphate oral tablet 26.3 mg		4	
quinine sulfate oral capsule 324 mg	Qualaquin	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
<b>Antivirals</b>			
abacavir sulfate oral solution 20 mg/ml	Ziagen	2	
abacavir sulfate oral tablet 300 mg	Ziagen	2	
abacavir sulfate-lamivudine oral tablet 600-300 mg	Epzicom	2	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Trizivir	5	
acyclovir oral capsule 200 mg		2	
acyclovir oral suspension 200 mg/5ml	Zovirax	2	
acyclovir oral tablet 400 mg, 800 mg	Zovirax	2	
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD
adefovir dipivoxil oral tablet 10 mg	Hepsera	5	
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral syrup 50 mg/5ml		2	
APTIVUS ORAL CAPSULE 250 MG		5	
APTIVUS ORAL SOLUTION 100 MG/ML		5	
atazanavir sulfate oral capsule 150 mg, 200 mg	Reyataz	5	QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	Reyataz	5	QL (30 EA per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG		5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	
BIKTARVY ORAL TABLET 50-200-25 MG		5	
CIMDUO ORAL TABLET 300-300 MG		5	

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Drug Name	Reference	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET 200-25-300 MG		5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG		3	QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG		3	QL (270 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG		5	
DESCOVY ORAL TABLET 200-25 MG		5	QL (30 EA per 30 days)
didanosine oral capsule delayed release 200 mg, 250 mg	Videx EC	2	
didanosine oral capsule delayed release 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG		5	
efavirenz oral capsule 200 mg	Sustiva	5	QL (120 EA per 30 days)
efavirenz oral capsule 50 mg	Sustiva	4	QL (480 EA per 30 days)
efavirenz oral tablet 600 mg	Sustiva	5	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG		4	
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML		3	
EVOTAZ ORAL TABLET 300-150 MG		5	QL (30 EA per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
fosamprenavir calcium oral tablet 700 mg	Lexiva	5	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	Available through CVS Specialty (1-800-237-2767)
GENVOYA ORAL TABLET 150-150-200-10 MG		5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG		5	QL (120 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 200 MG		5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG		4	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG		5	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG		5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG		3	QL (300 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG		5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG		5	QL (30 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG		4	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG		5	QL (150 EA per 30 days)
lamivudine oral solution 10 mg/ml	Epivir	2	
lamivudine oral tablet 100 mg	Epivir HBV	2	
lamivudine oral tablet 150 mg, 300 mg	Epivir	2	
lamivudine-zidovudine oral tablet 150-300 mg	Combivir	2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	QL (1575 ML per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Kaletra	5	
MAVYRET ORAL TABLET 100-40 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (84 EA per 28 days)
nevirapine er oral tablet extended release 24 hour 100 mg		2	
nevirapine er oral tablet extended release 24 hour 400 mg	Viramune XR	2	
nevirapine oral suspension 50 mg/5ml	Viramune	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
nevirapine oral tablet 200 mg	Viramune	2	
NORVIR ORAL PACKET 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	QL (480 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		5	QL (30 EA per 30 days)
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tamiflu	2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tamiflu	2	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML		5	Available through CVS Specialty (1-800-237-2767)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML		5	Available through CVS Specialty (1-800-237-2767)
PIFELTRO ORAL TABLET 100 MG		5	
PREZCOBIX ORAL TABLET 800-150 MG		5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML		5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG		5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG		4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG		5	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		4	
RESCRIPTOR ORAL TABLET 200 MG		4	QL (180 EA per 30 days)
REYATAZ ORAL PACKET 50 MG		5	
ribavirin oral capsule 200 mg		2	Available through CVS Specialty (1-800-237-2767)
ribavirin oral tablet 200 mg		2	Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
rimantadine hcl oral tablet 100 mg		2	
ritonavir oral tablet 100 mg	Norvir	2	QL (360 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML		5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG		5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG		4	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG, 75 MG		5	QL (120 EA per 30 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg	Epclusa	5	PA; Available through CVS Specialty (1-800-237-2767); QL (28 EA per 28 days)
stavudine oral capsule 15 mg, 20 mg		2	
stavudine oral capsule 30 mg, 40 mg	Zerit	2	
STRIBILD ORAL TABLET 150-150-200-300 MG		5	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG		5	
SYMFI ORAL TABLET 600-300-300 MG		5	
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	
tenofovir disoproxil fumarate oral tablet 300 mg	Viread	4	
TIVICAY ORAL TABLET 10 MG		4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG		5	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG		5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		5	QL (30 EA per 30 days)
valacyclovir hcl oral tablet 1 gm, 500 mg	Valtrex	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml	Valcyte	5	
valganciclovir hcl oral tablet 450 mg	Valcyte	5	
VEMLIDY ORAL TABLET 25 MG		5	QL (30 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG		4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM		4	
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG		3	
zidovudine oral capsule 100 mg	Retrovir	2	
zidovudine oral syrup 50 mg/5ml	Retrovir	2	
zidovudine oral tablet 300 mg		2	
<b>Urinary Anti-infectives</b>			
methenamine hippurate oral tablet 1 gm	Hiprex	2	
MONUROL ORAL PACKET 3 GM		4	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrochantin	2	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	Macrobid	2	
nitrofurantoin oral suspension 25 mg/5ml		2	
trimethoprim oral tablet 100 mg		2	
<b>Antineoplastic Agents</b>			
<b>Antineoplastic Agents</b>			
abiraterone acetate oral tablet 250 mg	Zytiga	5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)

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AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ALUNBRIG ORAL TABLET 180 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
anastrozole oral tablet 1 mg	Arimidex	2	
BALVERSA ORAL TABLET 3 MG		5	PA NSO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; QL (30 EA per 30 days)
bexarotene oral capsule 75 mg	Targretin	5	
bicalutamide oral tablet 50 mg	Casodex	2	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; QL (180 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
CALQUENCE ORAL CAPSULE 100 MG		5	PA NSO; QL (60 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	PA NSO
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG		5	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG		5	PA NSO
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
cyclophosphamide oral capsule 25 mg, 50 mg		2	PA BvD
DAURISMO ORAL TABLET 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		4	
EMCYT ORAL CAPSULE 140 MG		5	
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ERLEADA ORAL TABLET 60 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tarceva	5	PA NSO
exemestane oral tablet 25 mg	Aromasin	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
flutamide oral capsule 125 mg		2	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO

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Drug Name	Reference	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	
hydroxyurea oral capsule 500 mg	Hydrea	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ICLUSIG ORAL TABLET 15 MG, 45 MG		5	PA NSO
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg, 400 mg	Gleevec	5	PA NSO; Available through CVS Specialty (1-800-237-2767)
IMBRUVICA ORAL CAPSULE 140 MG		5	PA NSO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		5	PA NSO; QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 560 MG		5	PA NSO; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG		5	PA NSO; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG		5	PA NSO; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
INREBIC ORAL CAPSULE 100 MG		5	PA NSO; QL (120 EA per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	
IRESSA ORAL TABLET 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		5	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		5	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		5	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		5	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		5	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		5	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		5	PA NSO
LEUKERAN ORAL TABLET 2 MG		5	
leuprolide acetate injection kit 1 mg/0.2ml		5	Available through CVS Specialty (1-800-237-2767)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
LORBRENA ORAL TABLET 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA NSO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG		3	
MATULANE ORAL CAPSULE 50 MG		5	
megestrol acetate oral tablet 20 mg, 40 mg		2	PA NSO; AGE (Max 64 Years)

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Drug Name	Reference	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
MEKTOVI ORAL TABLET 15 MG		5	PA NSO; QL (180 EA per 30 days)
mercaptopurine oral tablet 50 mg		2	
methotrexate oral tablet 2.5 mg		2	
methotrexate sodium (pf) injection solution 50 mg/2ml		2	
methotrexate sodium injection solution 50 mg/2ml		2	
NERLYNX ORAL TABLET 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
nilutamide oral tablet 150 mg	Nilandron	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
NUBEQA ORAL TABLET 300 MG		5	PA NSO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA NSO; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA NSO; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
PURIXAN ORAL SUSPENSION 2000 MG/100ML		5	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG		5	PA NSO; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG		5	PA NSO; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
RYDAPT ORAL CAPSULE 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
STIVARGA ORAL TABLET 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		5	
TABLOID ORAL TABLET 40 MG		3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
TAGRISSE ORAL TABLET 40 MG, 80 MG		5	PA NSO
TALZENNA ORAL CAPSULE 0.25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg		2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; QL (60 EA per 30 days)
toremifene citrate oral tablet 60 mg	Fareston	2	
tretinoin oral capsule 10 mg		5	
trexall oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg		4	PA BvD
TURALIO ORAL CAPSULE 200 MG		5	PA NSO; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
VENCLEXTA ORAL TABLET 10 MG, 50 MG		3	PA NSO
VENCLEXTA ORAL TABLET 100 MG		5	PA NSO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		5	PA NSO; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		4	
XOSPATA ORAL TABLET 40 MG		5	PA NSO; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (32 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (12 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; QL (20 EA per 28 days)
XTANDI ORAL CAPSULE 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
YONSA ORAL TABLET 125 MG		5	PA NSO
ZEJULA ORAL CAPSULE 100 MG		5	PA NSO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZOLINZA ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO
ZYKADIA ORAL TABLET 150 MG		5	PA NSO
ZYTIGA ORAL TABLET 500 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
<b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>			
<b>Antitoxins and Immune Globulins</b>			
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML		5	PA BvD
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		5	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		5	PA BvD
GAMMAKED INJECTION SOLUTION 1 GM/10ML		5	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML		5	PA BvD
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	PA BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML		5	PA BvD
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		4	
<b>Toxoids</b>			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)		3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		4	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		4	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		4	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML		4	
QUADRACEL INTRAMUSCULAR SUSPENSION		4	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		4	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU		4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<b>Vaccines</b>			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML		4	PA BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION		4	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML		4	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		4	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML		4	
IPOL INJECTION INJECTABLE		4	
IXIARO INTRAMUSCULAR SUSPENSION		4	
MENACTRA INTRAMUSCULAR INJECTABLE		4	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		4	
M-M-R II INJECTION SOLUTION RECONSTITUTED		4	
PEDIARIX INTRAMUSCULAR SUSPENSION		4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		4	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		4	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML		4	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED		4	
ROTATEQ ORAL SOLUTION		4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		4	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		4	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)		4	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		4	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		4	
YF-VAX SUBCUTANEOUS INJECTABLE		4	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML		3	
<b>Autonomic Drugs</b>			
<b>Anticholinergic Agents</b>			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	QL (60 EA per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	
baclofen oral tablet 10 mg		2	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		2	PA; AGE (Max 64 Years)
dicyclomine hcl oral capsule 10 mg		2	
dicyclomine hcl oral solution 10 mg/5ml		2	
dicyclomine hcl oral tablet 20 mg		2	
glycopyrrolate oral tablet 1 mg, 2 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		3	
ipratropium bromide inhalation solution 0.02 %		2	PA BvD
ipratropium bromide nasal solution 0.03 %, 0.06 %		2	
methscopolamine bromide oral tablet 2.5 mg, 5 mg		2	
propantheline bromide oral tablet 15 mg		2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	
trihexyphenidyl hcl oral solution 0.4 mg/ml		2	PA; AGE (Max 64 Years)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		2	PA; AGE (Max 64 Years)
<b>Autonomic Drugs, Miscellaneous</b>			
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG		4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG		4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		4	
NICOTROL INHALATION INHALER 10 MG		4	
NICOTROL NS NASAL SOLUTION 10 MG/ML		4	
<b>Parasympathomimetic (Cholinergic) Agents</b>			
bethanechol chloride oral tablet 5 mg		2	
bethanechol chloride oral tablet 50 mg	Urecholine	2	
cevimeline hcl oral capsule 30 mg	Evoxac	2	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Aricept	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Razadyne ER	2	
galantamine hydrobromide oral solution 4 mg/ml		2	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Razadyne	2	
GUANIDINE HCL ORAL TABLET 125 MG		2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Salagen	2	
pyridostigmine bromide er oral tablet extended release 180 mg	Mestinon	4	
pyridostigmine bromide oral solution 60 mg/5ml	Mestinon	5	
pyridostigmine bromide oral tablet 30 mg		4	
pyridostigmine bromide oral tablet 60 mg	Mestinon	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Exelon	2	QL (30 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>			
baclofen oral tablet 5 mg		2	
carisoprodol oral tablet 250 mg, 350 mg	Soma	2	PA; AGE (Max 64 Years)
chlorzoxazone oral tablet 375 mg, 750 mg	Lorzone	2	PA; AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg		2	PA; AGE (Max 64 Years)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		2	PA; AGE (Max 64 Years)
cyclobenzaprine hcl oral tablet 7.5 mg	Fexmid	2	PA; AGE (Max 64 Years)
dantrolene sodium oral capsule 100 mg		2	
dantrolene sodium oral capsule 25 mg, 50 mg	Dantrium	2	
metaxalone oral tablet 400 mg		2	PA; AGE (Max 64 Years)
metaxalone oral tablet 800 mg	Skelaxin	2	PA; AGE (Max 64 Years)

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Drug Name	Reference	Drug Tier	Requirements/Limits
methocarbamol oral tablet 500 mg		2	PA; AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Robaxin-750	2	PA; AGE (Max 64 Years)
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Zanaflex	2	
tizanidine hcl oral tablet 2 mg		2	
tizanidine hcl oral tablet 4 mg	Zanaflex	2	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	2	QL (30 EA per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	Migranal	5	
phenoxybenzamine hcl oral capsule 10 mg	Dibenzyline	5	
silodosin oral capsule 4 mg, 8 mg	Rapaflo	4	
tamsulosin hcl oral capsule 0.4 mg	Flomax	2	
<b>Sympathomimetic (Adrenergic) Agents</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		2	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg		2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)	ProAir HFA	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		2	PA BvD
albuterol sulfate oral syrup 2 mg/5ml		2	
albuterol sulfate oral tablet 2 mg, 4 mg		4	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML		4	PA BvD
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	

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Drug Name	Reference	Drug Tier	Requirements/Limits
epinephrine injection solution 0.3 mg/0.3ml		2	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	Auvi-Q	2	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EpiPen Jr 2-Pak	2	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		2	PA BvD
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Xopenex	2	PA BvD
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Xopenex Concentrate	2	PA BvD
levalbuterol hfa inhalation aerosol 45 mcg/act	Xopenex HFA	2	
metaproterenol sulfate oral syrup 10 mg/5ml		2	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		3	PA BvD
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		4	QL (4 GM per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg		2	
<b>Blood Formation, Coagulation &amp; Thrombosis</b>			
<b>Antihemorrhagic Agents</b>			
tranexamic acid oral tablet 650 mg	Lysteda	2	QL (30 EA per 30 days)
<b>Antithrombotic Agents</b>			
anagrelide hcl oral capsule 0.5 mg	Agrylin	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
anagrelide hcl oral capsule 1 mg		2	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Aggrenox	2	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	
cilostazol oral tablet 100 mg, 50 mg		2	
clopidogrel bisulfate oral tablet 75 mg	Plavix	1	GC
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	
ELIQUIS STARTER PACK ORAL TABLET 5 MG		3	
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (60 ML per 30 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (48 ML per 30 days)
enoxaparin sodium subcutaneous solution 30 mg/0.3ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (18 ML per 30 days)
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (24 ML per 30 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767); QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Arixtra	4	Available through CVS Specialty (1-800-237-2767)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4	
prasugrel hcl oral tablet 10 mg, 5 mg	Effient	2	

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warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	1	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	
ZONTIVITY ORAL TABLET 2.08 MG		4	
<b>Blood Formation, Coagulation, and Thrombosis Agents Misc.</b>			
TAVALISSE ORAL TABLET 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
<b>Hematopoietic Agents</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML		4	PA; Available through CVS Specialty (1-800-237-2767); QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 40 MCG/0.4ML		4	PA; Available through CVS Specialty (1-800-237-2767); QL (1.6 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML		5	PA; QL (2 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (1.2 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (1.6 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML		4	PA; Available through CVS Specialty (1-800-237-2767); QL (1.68 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML		5	PA; QL (2.4 ML per 28 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML		5	PA; QL (1.2 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
MULPLETA ORAL TABLET 3 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		4	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML		5	PA; Available through CVS Specialty (1-800-237-2767); QL (6 ML per 28 days)
PROMACTA ORAL PACKET 12.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA; Available through CVS Specialty (1-800-237-2767)

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<b>Hemorrhheologic Agents</b>			
pentoxifylline er oral tablet extended release 400 mg		2	
<b>Cardiovascular Drugs</b>			
<b>alpha-Adrenergic Blocking Agents</b>			
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Cardura	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Minipress	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
<b>Antilipemic Agents</b>			
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	1	GC
cholestyramine light oral powder 4 gm/dose	Prevalite	2	
cholestyramine oral packet 4 gm	Questran	2	
colesevelam hcl oral packet 3.75 gm	Welchol	2	
colesevelam hcl oral tablet 625 mg	Welchol	2	
colestipol hcl oral packet 5 gm	Colestid	2	
colestipol hcl oral tablet 1 gm	Colestid	2	
ezetimibe oral tablet 10 mg	Zetia	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Vytorin	2	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	
fenofibrate oral capsule 150 mg, 50 mg	Lipofen	2	
fenofibrate oral tablet 120 mg, 40 mg	Fenoglide	2	
fenofibrate oral tablet 160 mg	Triglide	2	
fenofibrate oral tablet 48 mg	Tricor	2	
fenofibrate oral tablet 54 mg		2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Trilipix	2	
FENOFIBRIC ACID ORAL TABLET 105 MG		2	
fenofibric acid oral tablet 35 mg	Fibricor	2	
gemfibrozil oral tablet 600 mg	Lopid	2	

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LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	GC
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Niaspan	2	
omega-3-acid ethyl esters oral capsule 1 gm	Lovaza	2	
pravastatin sodium oral tablet 10 mg, 80 mg		1	GC
pravastatin sodium oral tablet 20 mg, 40 mg	Pravachol	1	GC
prevalite oral packet 4 gm		2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		4	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		4	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		4	PA; QL (3 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	1	GC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Zocor	1	GC
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM		3	
<b>beta-Adrenergic Blocking Agents</b>			
acebutolol hcl oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	1	GC
atenolol-chlorthalidone oral tablet 100-25 mg	Tenoretic 100	2	
atenolol-chlorthalidone oral tablet 50-25 mg	Tenoretic 50	2	
betaxolol hcl oral tablet 10 mg, 20 mg		2	
bisoprolol fumarate oral tablet 10 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Ziac	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		4	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	2	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Coreg CR	2	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	1	GC
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	1	GC
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	GC
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg		2	
metoprolol-hydrochlorothiazide oral tablet 50-25 mg	Lopressor HCT	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Corgard	2	
pindolol oral tablet 10 mg, 5 mg		2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		2	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	GC
propranolol-hctz oral tablet 40-25 mg, 80-25 mg		2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Sorine	2	
sotalol hcl (af) oral tablet 120 mg	Betapace AF	2	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Sorine	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		2	
<b>Calcium-Channel Blocking Agents</b>			

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Drug Name	Reference	Drug Tier	Requirements/Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Norvasc	1	GC
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	Lotrel	1	GC
amlodipine besylate-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg		1	GC
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Exforge	1	GC
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Caduet	1	GC; QL (30 EA per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	GC; QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	1	GC
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Exforge HCT	1	GC
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG		4	
cartia xt oral capsule extended release 24 hour 120 mg	Cartia XT	2	
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	Cartia XT	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg	Taztia XT	2	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tiazac	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cartia XT	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	Cardizem	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		2	

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felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		2	
isradipine oral capsule 2.5 mg, 5 mg		2	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		2	
nicardipine hcl oral capsule 20 mg, 30 mg		2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Adalat CC	2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg	Procardia XL	2	
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	Nifedical XL	2	
nimodipine oral capsule 30 mg		5	
NYMALIZE ORAL SOLUTION 60 MG/20ML		5	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tribenzor	1	GC
taztia xt oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg		2	
taztia xt oral capsule extended release 24 hour 180 mg		2	
taztia xt oral capsule extended release 24 hour 360 mg	Taztia XT	2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Twynsta	1	GC; QL (30 EA per 30 days)
tiadylt er oral capsule extended release 24 hour 360 mg	Taztia XT	2	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg		1	GC
trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg	Tarka	1	GC
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Verelan PM	2	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Verelan	2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Calan SR	2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		2	
<b>Cardiac Drugs</b>			
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Pacerone	2	
CORLANOR ORAL SOLUTION 5 MG/5ML		3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		3	PA; QL (60 EA per 30 days)
digitek oral tablet 125 mcg, 250 mcg	Digox	2	QL (30 EA per 30 days)
digox oral tablet 125 mcg, 250 mcg	Digox	1	GC; QL (30 EA per 30 days)
DIGOXIN ORAL SOLUTION 0.05 MG/ML		3	QL (300 ML per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	Digox	1	GC; QL (30 EA per 30 days)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tikosyn	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	Pacerone	2	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Rythmol SR	2	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine gluconate er oral tablet extended release 324 mg		2	
quinidine sulfate oral tablet 200 mg, 300 mg		2	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Ranexa	2	
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; QL (30 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
VYNDAQEL ORAL CAPSULE 20 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
<b>Hypotensive Agents</b>			
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Kapvay	2	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Catapres	1	GC
clonidine transdermal patch weekly 0.1 mg/24hr	Catapres-TTS-1	2	
clonidine transdermal patch weekly 0.2 mg/24hr	Catapres-TTS-2	2	
clonidine transdermal patch weekly 0.3 mg/24hr	Catapres-TTS-3	2	
guanfacine hcl oral tablet 1 mg, 2 mg		2	PA; AGE (Max 64 Years)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
minoxidil oral tablet 10 mg, 2.5 mg		2	
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>			
aliskiren fumarate oral tablet 150 mg, 300 mg	Tekturna	2	QL (45 EA per 30 days)
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	Lotensin	1	GC
benazepril hcl oral tablet 5 mg		1	GC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Lotensin HCT	1	GC
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	GC
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Atacand	1	GC
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Atacand HCT	1	GC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	GC
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	GC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	1	GC

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Drug Name	Reference	Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 10-25 mg	Vaseretic	1	GC
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	QL (60 EA per 30 days)
eplerenone oral tablet 25 mg, 50 mg	Inspra	2	
eprosartan mesylate oral tablet 600 mg		1	GC
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	GC
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	GC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Avapro	1	GC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Avalide	1	GC
lisinopril oral tablet 10 mg, 20 mg, 5 mg	Prinivil	1	GC
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg	Zestril	1	GC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Zestoretic	1	GC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Cozaar	1	GC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	1	GC
moexipril hcl oral tablet 15 mg, 7.5 mg		1	GC
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Benicar	1	GC
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Benicar HCT	1	GC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	GC
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Accupril	1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Accuretic	1	GC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Altace	1	GC
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	2	
spironolactone-hctz oral tablet 25-25 mg	Aldactazide	2	

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TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG		3	QL (45 EA per 30 days)
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG		3	QL (30 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Micardis	1	GC
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Micardis HCT	1	GC
trandolapril oral tablet 1 mg, 2 mg		1	GC
trandolapril oral tablet 4 mg	Mavik	1	GC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Diovan	1	GC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Diovan HCT	1	GC
<b>Vasodilating Agents</b>			
alyq oral tablet 20 mg	Alyq	5	PA
BIDIL ORAL TABLET 20-37.5 MG		4	
isosorbide dinitrate er oral tablet extended release 40 mg		2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	Isordil Titrados	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Minitran	2	
nitro-bid transdermal ointment 2 %		3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Nitrostat	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Minitran	2	
nitroglycerin translingual solution 0.4 mg/spray	Nitrolingual	2	
sildenafil citrate oral suspension reconstituted 10 mg/ml	Revatio	5	PA
sildenafil citrate oral tablet 20 mg	Revatio	2	PA

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Drug Name	Reference	Drug Tier	Requirements/Limits
TADALAFIL (PAH) ORAL TABLET 20 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
tadalafil oral tablet 2.5 mg, 5 mg	Cialis	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Central Nervous System Agents</b>			
<b>Analgesics and Antipyretics</b>			
acetaminophen-codeine #3 oral tablet 300-30 mg	Tylenol with Codeine #3	2	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml		2	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg		2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	Tylenol with Codeine #4	2	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		2	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Suboxone	2	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		2	QL (90 EA per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Butrans	2	QL (4 EA per 28 days)
butalbital-acetaminophen oral capsule 50-300 mg		2	QL (180 EA per 30 days)
butalbital-acetaminophen oral tablet 50-300 mg	Bupap	2	QL (180 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	2	QL (180 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		2	QL (180 EA per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	Fioricet	2	QL (180 EA per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg	Zebutal	2	QL (180 EA per 30 days)

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butalbital-apap-caffeine oral tablet 50-325-40 mg	Esgic	2	QL (180 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Ascomp-Codeine	2	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Fiorinal	2	QL (180 EA per 30 days)
butorphanol tartrate nasal solution 10 mg/ml		2	QL (5 ML per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	CeleBREX	2	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	CeleBREX	2	QL (30 EA per 30 days)
codeine sulfate oral tablet 30 mg, 60 mg		2	QL (180 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	Focalin XR	2	QL (60 EA per 30 days)
diclofenac epolamine transdermal patch 1.3 %	Flector	2	PA
diclofenac potassium oral tablet 50 mg		2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		2	
diflunisal oral tablet 500 mg		2	
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Endocet	2	QL (360 EA per 30 days)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	Lodine	2	
etodolac oral tablet 500 mg		2	
fenoprofen calcium oral tablet 600 mg	Nalfon	2	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Actiq	5	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr	Duragesic-100	2	QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr	Duragesic-12	2	QL (10 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
fentanyl transdermal patch 72 hour 25 mcg/hr	Duragesic-25	2	QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr		2	QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 50 mcg/hr	Duragesic-50	2	QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 75 mcg/hr	Duragesic-75	2	QL (10 EA per 30 days)
flurbiprofen oral tablet 100 mg, 50 mg		2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		2	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg	Vicodin HP	2	QL (390 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	Lorcet HD	2	QL (360 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg	Xodol	2	QL (390 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	Lorcet	2	QL (360 EA per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-300 mg		2	QL (390 EA per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	Lorcet Plus	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		2	QL (150 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg		2	QL (30 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg		2	QL (60 EA per 30 days)
hydromorphone hcl injection solution 2 mg/ml	Dilaudid	2	
hydromorphone hcl oral liquid 1 mg/ml	Dilaudid	2	QL (1200 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	Dilaudid	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	Dilaudid	2	QL (240 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml		2	
ibu oral tablet 600 mg, 800 mg	IBU	2	

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ibuprofen oral suspension 100 mg/5ml	Childrens Advil	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	2	
indocin rectal suppository 50 mg		4	
indomethacin er oral capsule extended release 75 mg		2	
indomethacin oral capsule 25 mg, 50 mg		2	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		5	QL (60 EA per 30 days)
ketoprofen er oral capsule extended release 24 hour 200 mg		2	
ketoprofen oral capsule 25 mg		2	
levorphanol tartrate oral tablet 2 mg, 3 mg		5	QL (180 EA per 30 days)
lorcet hd oral tablet 10-325 mg	Lorcet HD	2	QL (360 EA per 30 days)
lorcet oral tablet 5-325 mg	Lorcet	2	QL (360 EA per 30 days)
lorcet plus oral tablet 7.5-325 mg	Lorcet Plus	2	QL (360 EA per 30 days)
meclofenamate sodium oral capsule 100 mg, 50 mg		2	
meloxicam oral tablet 15 mg, 7.5 mg	Mobic	2	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml		2	QL (1200 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	Dolophine	2	QL (240 EA per 30 days)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG		4	QL (60 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		2	QL (200 ML per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 60 mg, 75 mg		4	QL (60 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 40 mg	Kadian	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	MS Contin	2	QL (120 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
morphine sulfate oral solution 10 mg/5ml		2	QL (700 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml		2	QL (300 ML per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG, 30 MG		2	QL (180 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen dr oral tablet delayed release 375 mg	EC-Naprosyn	2	
naproxen dr oral tablet delayed release 500 mg		2	
naproxen oral suspension 125 mg/5ml	Naprosyn	2	
naproxen oral tablet 250 mg	Naprosyn	2	
naproxen oral tablet 375 mg, 500 mg		2	
naproxen sodium oral tablet 275 mg		2	
naproxen sodium oral tablet 550 mg	Anaprox DS	2	
oxaprozin oral tablet 600 mg	Daypro	2	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	OxyCONTIN	2	QL (120 EA per 30 days)
oxycodone hcl oral capsule 5 mg		2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml		2	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml		2	QL (1300 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 20 mg		2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg, 5 mg	Roxicodone	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Endocet	2	QL (360 EA per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		2	QL (360 EA per 30 days)
oxycodone-ibuprofen oral tablet 5-400 mg		2	QL (28 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG		4	QL (120 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG, 80 MG		4	QL (120 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		2	QL (60 EA per 30 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	Opana	2	QL (180 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	Feldene	2	
sulindac oral tablet 150 mg, 200 mg		2	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg		2	QL (90 EA per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg		2	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 100 mg		2	QL (90 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg		2	QL (30 EA per 30 days)
tramadol hcl oral tablet 50 mg	Ultram	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	Ultracet	2	QL (240 EA per 30 days)
vicodin hp oral tablet 10-300 mg	Vicodin HP	2	QL (390 EA per 30 days)
zebutal oral capsule 50-325-40 mg	Zebutal	2	QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG		3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG		3	QL (60 EA per 30 days)
<b>Anorexigenic Agents and Respiratory and CNS Stimulants</b>			
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Adderall XR	2	QL (30 EA per 30 days)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Adderall XR	2	QL (60 EA per 30 days)

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amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Adderall	2	QL (60 EA per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Nuvigil	4	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Focalin XR	2	QL (60 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 40 mg	Focalin XR	2	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Focalin	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Dexedrine	2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Zenzedi	2	QL (180 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg		2	QL (60 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg		2	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	Ritalin LA	2	QL (60 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	Ritalin LA	2	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg		2	QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg	Concerta	2	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	Metadate ER	2	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg		2	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg		2	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	Concerta	2	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 72 mg	Relexxii	2	QL (30 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
methyphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Ritalin	2	QL (90 EA per 30 days)
modafinil oral tablet 100 mg, 200 mg	Provigil	4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG		4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		4	PA; QL (30 EA per 30 days)
<b>Anticonvulsants</b>			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		5	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML		5	
BANZEL ORAL TABLET 200 MG, 400 MG		5	
BRIVIACT ORAL SOLUTION 10 MG/ML		5	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	PA NSO
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Carbatrol	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGretol-XR	2	
carbamazepine oral suspension 100 mg/5ml	TEGretol	2	
carbamazepine oral tablet 200 mg	Epitol	2	
carbamazepine oral tablet chewable 100 mg		2	
CELONTIN ORAL CAPSULE 300 MG		4	
clobazam oral suspension 2.5 mg/ml	Onfi	4	
clobazam oral tablet 10 mg, 20 mg	Onfi	4	
clonazepam oral tablet 0.5 mg	KlonoPIN	2	QL (1200 EA per 30 days)
clonazepam oral tablet 1 mg	KlonoPIN	2	QL (600 EA per 30 days)
clonazepam oral tablet 2 mg	KlonoPIN	2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg		2	QL (4800 EA per 30 days)
clonazepam oral tablet dispersible 0.25 mg		2	QL (2400 EA per 30 days)

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clonazepam oral tablet dispersible 0.5 mg		2	QL (1200 EA per 30 days)
clonazepam oral tablet dispersible 1 mg		2	QL (600 EA per 30 days)
clonazepam oral tablet dispersible 2 mg		2	QL (300 EA per 30 days)
dilantin oral capsule 30 mg		4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Depakote ER	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Depakote Sprinkles	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Depakote	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
epitol oral tablet 200 mg	Epitol	2	
ethosuximide oral capsule 250 mg	Zarontin	2	
ethosuximide oral solution 250 mg/5ml	Zarontin	2	
felbamate oral suspension 600 mg/5ml	Felbatol	5	
felbamate oral tablet 400 mg, 600 mg	Felbatol	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG		5	
FYCOMPA ORAL TABLET 2 MG, 8 MG		4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Neurontin	2	
gabapentin oral solution 250 mg/5ml	Neurontin	2	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LaMICtal XR	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	2	
lamotrigine oral tablet chewable 25 mg, 5 mg	LaMICtal	2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
lamotrigine starter kit-blue oral kit 35 x 25 mg	LaMICtal Starter	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	LaMICtal Starter	2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	LaMICtal Starter	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Roweepra XR	2	
levetiracetam oral solution 100 mg/ml	Keppra	2	
levetiracetam oral tablet 1000 mg, 500 mg, 750 mg	Roweepra	2	
levetiracetam oral tablet 250 mg	Keppra	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG		4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG		4	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML		4	QL (900 ML per 30 days)
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		2	
magnesium sulfate injection solution 50 % (10ml syringe)		2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		5	QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	Trileptal	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	2	
PEGANONE ORAL TABLET 250 MG		4	
phenytoin oral suspension 125 mg/5ml	Dilantin	2	
phenytoin oral tablet chewable 50 mg	Dilantin Infatabs	2	
phenytoin sodium extended oral capsule 100 mg	Dilantin	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	Phenytek	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Lyrica	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	Lyrica	2	QL (60 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
pregabalin oral solution 20 mg/ml	Lyrica	2	QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	Mysoline	2	
roweepra oral tablet 1000 mg, 500 mg	Roweepra	2	
roweepra oral tablet 750 mg	Roweepra	2	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	Roweepra XR	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG		4	ST
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Gabitril	4	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Qudexy XR	3	
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	2	
valproic acid oral capsule 250 mg		2	
valproic acid oral solution 250 mg/5ml		2	
vigabatrin oral packet 500 mg	Vigadrone	5	Available through CVS Specialty (1-800-237-2767)
vigabatrin oral tablet 500 mg	Sabril	2	Available through CVS Specialty (1-800-237-2767)
vigadrone oral packet 500 mg	Vigadrone	5	Available through CVS Specialty (1-800-237-2767)
VIMPAT ORAL SOLUTION 10 MG/ML		4	PA NSO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA NSO
VIMPAT ORAL TABLET 50 MG		4	PA NSO
zonisamide oral capsule 100 mg, 25 mg	Zonegran	2	
zonisamide oral capsule 50 mg		2	
<b>Antimanic Agents</b>			

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lithium carbonate er oral tablet extended release 300 mg	Lithobid	2	
lithium carbonate er oral tablet extended release 450 mg		2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		2	
lithium carbonate oral tablet 300 mg		2	
LITHIUM ORAL SOLUTION 8 MEQ/5ML		2	
<b>Antimigraine Agents</b>			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		3	PA; Available through CVS Specialty (1-800-237-2767); QL (1.5 ML per 28 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Relpax	2	QL (12 EA per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767); QL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767); QL (1 ML per 28 days)
ergotamine-caffeine oral tablet 1-100 mg	Cafergot	2	
frovatriptan succinate oral tablet 2.5 mg	Frova	2	QL (12 EA per 28 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Amerge	2	QL (18 EA per 28 days)
rizatriptan benzoate oral tablet 10 mg	Maxalt	2	QL (12 EA per 28 days)
rizatriptan benzoate oral tablet 5 mg		2	QL (12 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 10 mg	Maxalt-MLT	2	QL (12 EA per 28 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
rizatriptan benzoate oral tablet dispersible 5 mg		2	QL (12 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Imitrex	2	QL (18 EA per 28 days)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML		2	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Imitrex	2	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose System	2	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml		2	QL (4 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Zomig	2	QL (12 EA per 28 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Zomig ZMT	2	QL (12 EA per 28 days)
<b>Antiparkinsonian Agents</b>			
amantadine hcl oral tablet 100 mg		2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		5	
bromocriptine mesylate oral capsule 5 mg	Parlodel	2	
bromocriptine mesylate oral tablet 2.5 mg	Parlodel	2	
cabergoline oral tablet 0.5 mg		2	
carbidopa oral tablet 25 mg	Lodosyn	5	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Sinemet CR	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Sinemet	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	Stalevo 50	2	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	Stalevo 75	2	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	Stalevo 100	2	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	Stalevo 125	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	Stalevo 150	2	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Stalevo 200	2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	
entacapone oral tablet 200 mg	Comtan	2	
INBRIJA INHALATION CAPSULE 42 MG		5	QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Mirapex ER	4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Mirapex	2	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Azilect	2	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg, 8 mg	Requip XL	2	
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg		2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		2	
selegiline hcl oral capsule 5 mg		2	
tolcapone oral tablet 100 mg	Tasmar	5	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG		5	
<b>Anxiolytics, Sedatives, and Hypnotics</b>			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Xanax	2	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	Xanax	2	QL (150 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	

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Drug Name	Reference	Drug Tier	Requirements/Limits
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		2	
clorazepate dipotassium oral tablet 7.5 mg	Tranxene-T	2	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		4	
diazepam oral concentrate 5 mg/ml	Diazepam Intensol	2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml		2	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg	Valium	2	QL (120 EA per 30 days)
diazepam oral tablet 2 mg, 5 mg	Valium	2	QL (90 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Lunesta	2	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA; QL (30 EA per 30 days)
hydroxyzine hcl oral syrup 10 mg/5ml		2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
hydroxyzine pamoate oral capsule 100 mg		2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Vistaril	2	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Ativan	2	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	Ativan	2	QL (150 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		2	
phenobarbital oral elixir 20 mg/5ml		2	PA NSO; AGE (Max 64 Years)

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phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO; AGE (Max 64 Years)
ramelteon oral tablet 8 mg	Rozerem	2	
ROZEREM ORAL TABLET 8 MG		4	ST
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Restoril	2	QL (30 EA per 30 days)
triazolam oral tablet 0.125 mg		2	
triazolam oral tablet 0.25 mg	Halcion	2	
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Ambien CR	2	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Ambien	2	QL (30 EA per 30 days)
<b>Central Nervous System Agents, Misc</b>			
acamprosate calcium oral tablet delayed release 333 mg		2	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Strattera	2	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Namenda XR	2	
memantine hcl oral solution 2 mg/ml		2	
memantine hcl oral tablet 10 mg, 5 mg	Namenda	2	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG		2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG		3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG		3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		3	
NUDEXTA ORAL CAPSULE 20-10 MG		4	PA; QL (60 EA per 30 days)
riluzole oral tablet 50 mg	Rilutek	2	
selegiline hcl oral tablet 5 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
XYREM ORAL SOLUTION 500 MG/ML		5	PA
<b>Fibromyalgia Agents</b>			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		4	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		4	
<b>Opiate Antagonists</b>			
naloxone hcl injection solution 0.4 mg/ml		2	
naloxone hcl injection solution cartridge 0.4 mg/ml		2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml		2	
naltrexone hcl oral tablet 50 mg		2	
NARCAN NASAL LIQUID 4 MG/0.1ML		2	QL (2 EA per 30 days)
<b>Psychotherapeutic Agents</b>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	QL (1 EA per 28 days)
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		5	ST; QL (30 EA per 30 days)
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	
aripiprazole oral solution 1 mg/ml		2	QL (750 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Abilify	2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg		5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	QL (1.6 ML per 28 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	QL (3.2 ML per 28 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		2	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	Wellbutrin SR	2	QL (120 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Wellbutrin SR	2	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	Wellbutrin SR	2	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Wellbutrin XL	2	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Wellbutrin XL	2	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Forfivo XL	2	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg		2	QL (180 EA per 30 days)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg		2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		2	
citalopram hydrobromide oral solution 10 mg/5ml		2	
citalopram hydrobromide oral tablet 10 mg, 40 mg	CeleXA	1	GC; QL (30 EA per 30 days)
citalopram hydrobromide oral tablet 20 mg	CeleXA	1	GC; QL (60 EA per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Anafranil	2	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Clozaril	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg		2	
clozapine oral tablet dispersible 150 mg, 200 mg		5	
compro rectal suppository 25 mg	Compro	2	
desipramine hcl oral tablet 10 mg, 25 mg	Norpramin	2	

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desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Khedeza	2	QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Pristiq	2	QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
doxepin hcl oral concentrate 10 mg/ml		2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG		4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG		4	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	2	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg		2	QL (90 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		2	QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	Lexapro	2	QL (45 EA per 30 days)
escitalopram oxalate oral tablet 20 mg, 5 mg	Lexapro	2	QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		4	ST; QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST; QL (28 EA per 28 days)
fluoxetine hcl oral capsule 10 mg, 40 mg	PROzac	1	GC; QL (60 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
fluoxetine hcl oral capsule 20 mg	PROzac	1	GC; QL (120 EA per 30 days)
fluoxetine hcl oral capsule delayed release 90 mg		2	QL (4 EA per 28 days)
fluoxetine hcl oral solution 20 mg/5ml		2	
fluoxetine hcl oral tablet 10 mg, 20 mg		1	GC
fluphenazine decanoate injection solution 25 mg/ml		2	
fluphenazine hcl injection solution 2.5 mg/ml		2	
fluphenazine hcl oral concentrate 5 mg/ml		2	
fluphenazine hcl oral elixir 2.5 mg/5ml		2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		2	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg		2	QL (60 EA per 30 days)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		2	QL (90 EA per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml	Haldol Decanoate	2	
haloperidol lactate injection solution 5 mg/ml	Haldol	2	
haloperidol lactate oral concentrate 2 mg/ml		2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 78 MG/0.5ML		5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	QL (1 ML per 28 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	QL (1.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		5	QL (1.4 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		5	QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		5	ST; QL (30 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		2	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg		2	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg	Remeron	2	QL (30 EA per 30 days)
mirtazapine oral tablet 45 mg, 7.5 mg		2	QL (30 EA per 30 days)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	2	QL (30 EA per 30 days)
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		2	
nefazodone hcl oral tablet 100 mg, 150 mg, 50 mg		2	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	2	
nortriptyline hcl oral solution 10 mg/5ml		2	
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; QL (60 EA per 30 days)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	ZyPREXA	2	QL (30 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
olanzapine oral tablet 15 mg, 20 mg	ZyPREXA	2	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 5 mg	ZyPREXA Zydis	2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg	ZyPREXA Zydis	2	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	Invega	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	Invega	4	QL (60 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	Invega	5	QL (30 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg	Paxil CR	2	QL (60 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg	Paxil CR	2	QL (90 EA per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	Paxil	2	QL (45 EA per 30 days)
paroxetine hcl oral tablet 30 mg	Paxil	2	QL (60 EA per 30 days)
paroxetine mesylate oral capsule 7.5 mg	Brisdelle	2	
PAXIL ORAL SUSPENSION 10 MG/5ML		3	ST
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	QL (1 EA per 28 days)
phenelzine sulfate oral tablet 15 mg	Nardil	2	
pimozide oral tablet 1 mg, 2 mg		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg		2	
prochlorperazine rectal suppository 25 mg	Compro	2	
protriptyline hcl oral tablet 10 mg, 5 mg		2	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	SEROquel XR	2	QL (90 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	SEROquel XR	2	QL (30 EA per 30 days)

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quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	SEROquel XR	2	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	SEROquel XR	2	QL (120 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 300 mg, 400 mg	SEROquel	2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg	SEROquel	2	QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	ST; QL (30 EA per 30 days)
risperidone oral solution 1 mg/ml	RisperDAL	2	
risperidone oral tablet 0.25 mg		2	QL (60 EA per 30 days)
risperidone oral tablet 0.5 mg	RisperDAL	2	QL (120 EA per 30 days)
risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	2	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg		2	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg		2	QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		5	ST; QL (60 EA per 30 days)
sertraline hcl oral concentrate 20 mg/ml	Zoloft	2	
sertraline hcl oral tablet 100 mg	Zoloft	1	GC; QL (60 EA per 30 days)
sertraline hcl oral tablet 25 mg, 50 mg	Zoloft	1	GC; QL (90 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	PA NSO; AGE (Max 64 Years)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
tranylcypromine sulfate oral tablet 10 mg	Parnate	2	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Effexor XR	2	QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	Effexor XR	2	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Effexor XR	2	QL (90 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	QL (540 ML per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG		4	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	ST; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG		4	QL (4 EA per 28 days)
<b>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</b>			
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG		5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG		5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		5	PA; QL (28 EA per 28 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	Xenazine	5	PA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<b>Devices</b>			
<b>Devices</b>			
alcohol prep pads pad 70 %	Alcoh-Glove Contoured Wipe	2	
cvs gauze sterile pad 2"x2"	Band-Aid Gauze Small	2	
insulin pen needles 29g x 12mm		2	QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml	BD Insulin Syringe MicroFine	2	QL (200 EA per 30 days)
insulin syringes 29g 0.3 ml		2	QL (200 EA per 30 days)
insulin syringes 29g x 1/2" 1 ml		2	QL (200 EA per 30 days)
<b>Electrolytic, Caloric, and Water Balance</b>			
<b>Alkalinizing Agents</b>			
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Urocit-K 10	2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	Urocit-K 15	2	
potassium citrate er oral tablet extended release 5 meq (540 mg)	Urocit-K 5	2	
SODIUM LACTATE INTRAVENOUS SOLUTION 5 MEQ/ML		2	
<b>Ammonia Detoxicants</b>			
CARBAGLU ORAL TABLET 200 MG		5	PA
constulose oral solution 10 gm/15ml		2	
enulose oral solution 10 gm/15ml		2	
generlac oral solution 10 gm/15ml		2	
lactulose oral solution 10 gm/15ml		2	
LITHOSTAT ORAL TABLET 250 MG		5	
RAVICTI ORAL LIQUID 1.1 GM/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
sodium phenylbutyrate oral tablet 500 mg	Buphenyl	5	
<b>Caloric Agents</b>			
AMINOSYN II INTRAVENOUS SOLUTION 10 %		4	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %		4	PA BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA BvD
clinisol sf intravenous solution 15 %		4	PA BvD
DEXTROSE INTRAVENOUS SOLUTION 10 %		2	PA BvD
dextrose intravenous solution 5 %		2	PA BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %		4	PA BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 30 %		4	PA BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %		4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
plenamine intravenous solution 15 %		4	PA BvD
premasol intravenous solution 10 %		4	PA BvD
premasol intravenous solution 6 %		4	PA BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %		4	PA BvD
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %		4	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 6 %		4	PA BvD
<b>Diuretics</b>			
amiloride hcl oral tablet 5 mg		2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide injection solution 0.25 mg/ml		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Bumex	2	
chlorothiazide oral tablet 250 mg, 500 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		1	GC
ethacrynic acid oral tablet 25 mg	Edecrin	5	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)		2	
furosemide oral solution 10 mg/ml, 8 mg/ml		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Lasix	1	GC
hydrochlorothiazide oral capsule 12.5 mg		1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	GC
indapamide oral tablet 1.25 mg, 2.5 mg		1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG		5	PA; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG		5	PA; QL (56 EA per 28 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		2	
triamterene-hctz oral capsule 37.5-25 mg	Dyazide	1	GC
triamterene-hctz oral tablet 37.5-25 mg	Maxzide-25	1	GC
triamterene-hctz oral tablet 75-50 mg	Maxzide	1	GC
<b>Ion-removing Agents</b>			
AURYXIA ORAL TABLET 1 GM 210 MG(FE)		5	PA; QL (360 EA per 30 days)
FOSRENOL ORAL PACKET 1000 MG, 750 MG		5	

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Drug Name	Reference	Drug Tier	Requirements/Limits
kionex oral suspension 15 gm/60ml	Kionex	2	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Fosrenol	5	
LOKELMA ORAL PACKET 10 GM, 5 GM		3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Renvela	5	
sevelamer carbonate oral tablet 800 mg	Renvela	2	
sevelamer hcl oral tablet 400 mg		2	
sevelamer hcl oral tablet 800 mg	Renagel	2	
sodium polystyrene sulfonate oral powder		2	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Kionex	2	
sps oral suspension 15 gm/60ml	Kionex	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG		5	
<b>Irrigating Solutions</b>			
SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %		2	
<b>Replacement Preparations</b>			
calcium acetate (phos binder) oral capsule 667 mg	PhosLo	2	
calcium acetate (phos binder) oral tablet 667 mg	Calphron	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %		2	PA BvD
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-S INTRAVENOUS SOLUTION		4	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%		2	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		2	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		2	
klor-con m10 oral tablet extended release 10 meq	Klor-Con M10	2	
klor-con m15 oral tablet extended release 15 meq		2	
klor-con m20 oral tablet extended release 20 meq	Klor-Con M20	2	
klor-con oral packet 20 meq	Klor-Con	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ		2	
klor-con sprinkle oral capsule extended release 8 meq	Klor-Con Sprinkle	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION		4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
potassium chloride crys er oral tablet extended release 10 meq	Klor-Con M10	2	
potassium chloride crys er oral tablet extended release 20 meq	Klor-Con M20	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Klor-Con Sprinkle	2	
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	2	
potassium chloride er oral tablet extended release 20 meq	K-Tab	2	
potassium chloride er oral tablet extended release 8 meq	Klor-Con	2	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%, 40-5 MEQ/L-%		2	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%		2	
POTASSIUM CHLORIDE IN NAACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML		2	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		2	
potassium chloride oral packet 20 meq	Klor-Con	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 3 %, 5 %		2	
sodium chloride intravenous solution 0.9 %		2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION		4	
<b>Uricosuric Agents</b>			
colchicine-probenecid oral tablet 0.5-500 mg		2	
probenecid oral tablet 500 mg		2	
<b>Enzymes</b>			
<b>Enzymes</b>			
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA BvD; Available through CVS Specialty (1-800-237-2767)
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	
<b>Eye, Ear, Nose &amp; Throat Preparations</b>			
<b>Antiallergic Agents</b>			
azelastine hcl nasal solution 0.1 %		2	
azelastine hcl nasal solution 0.15 %	Astepro	2	
azelastine hcl ophthalmic solution 0.05 %		2	
cromolyn sodium ophthalmic solution 4 %		2	
epinastine hcl ophthalmic solution 0.05 %		2	
LASTACFT OPHTHALMIC SOLUTION 0.25 %		4	
olopatadine hcl ophthalmic solution 0.1 %	Patanol	2	
olopatadine hcl ophthalmic solution 0.2 %	Pataday	2	
<b>Antiglaucoma Agents</b>			

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Drug Name	Reference	Drug Tier	Requirements/Limits
acetazolamide er oral capsule extended release 12 hour 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		4	
AZOPT OPHTHALMIC SUSPENSION 1 %		3	
betaxolol hcl ophthalmic solution 0.5 %		2	ST
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %		4	
bimatoprost ophthalmic solution 0.03 %		4	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %		4	
brimonidine tartrate ophthalmic solution 0.2 %		2	
carteolol hcl ophthalmic solution 1 %		2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		3	
dorzolamide hcl ophthalmic solution 2 %	Trusopt	2	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	Cosopt	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Cosopt PF	2	
latanoprost ophthalmic solution 0.005 %	Xalatan	2	
levobunolol hcl ophthalmic solution 0.5 %		2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Isopto Carpine	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		4	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Timoptic-XE	2	ST
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Timoptic	2	
timolol maleate ophthalmic solution 0.5 % (daily)	Istalol	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		4	
<b>Anti-infectives</b>			
AZASITE OPHTHALMIC SOLUTION 1 %		4	
bacitracin ophthalmic ointment 500 unit/gm		2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		4	
chlorhexidine gluconate mouth/throat solution 0.12 %	Paroex	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		4	
ciprofloxacin hcl ophthalmic solution 0.3 %	Ciloxan	2	
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		2	
erythromycin ophthalmic ointment 5 mg/gm		2	
gentak ophthalmic ointment 0.3 %		2	
gentamicin sulfate ophthalmic solution 0.3 %		2	
levofloxacin ophthalmic solution 0.5 %		2	
moxifloxacin hcl ophthalmic solution 0.5 %	Vigamox	2	
NATACYN OPHTHALMIC SUSPENSION 5 %		4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Neo-Polycin	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		2	
ofloxacin ophthalmic solution 0.3 %	Ocuflox	2	
ofloxacin otic solution 0.3 %		2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Polytrim	2	
sulfacetamide sodium ophthalmic ointment 10 %		2	
sulfacetamide sodium ophthalmic solution 10 %	Bleph-10	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
tobramycin ophthalmic solution 0.3 %	Tobrex	2	
TOBREX OPHTHALMIC OINTMENT 0.3 %		4	
trifluridine ophthalmic solution 1 %		2	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
<b>Anti-inflammatory Agents</b>			
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Neo-Polycin HC	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %		4	
blephamide s.o.p. ophthalmic ointment 10-0.2 %		4	
CIPRO HC OTIC SUSPENSION 0.2-1 %		4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %		4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %		2	
diclofenac sodium ophthalmic solution 0.1 %		2	
DUREZOL OPHTHALMIC EMULSION 0.05 %		4	
flunisolide nasal solution 25 mcg/act (0.025%)		2	
fluocinolone acetonide otic oil 0.01 %	Flac	2	
fluorometholone ophthalmic suspension 0.1 %	FML Liquifilm	2	
flurbiprofen sodium ophthalmic solution 0.03 %		2	
fluticasone propionate nasal suspension 50 mcg/act	ClariSpray	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %		4	
FML OPHTHALMIC OINTMENT 0.1 %		4	
hydrocortisone-acetic acid otic solution 1-2 %	Acetasol HC	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
ketorolac tromethamine ophthalmic solution 0.4 %	Acular LS	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ketorolac tromethamine ophthalmic solution 0.5 %	Acular	2	
LOTEMAX OPHTHALMIC GEL 0.5 %		4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		4	
mometasone furoate nasal suspension 50 mcg/act	Nasonex	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Maxitrol	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		4	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		4	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		4	
prednisolone acetate ophthalmic suspension 1 %	Pred Forte	2	
prednisolone sodium phosphate ophthalmic solution 1 %		2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %		4	
RESTASIS OPHTHALMIC EMULSION 0.05 %		4	QL (64 EA per 30 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	TobraDex	2	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	QL (60 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		4	
<b>EENT Drugs, Miscellaneous</b>			
acetic acid otic solution 2 %		2	
apraclonidine hcl ophthalmic solution 0.5 %		2	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	
<b>Local Anesthetics</b>			
lidocaine viscous hcl mouth/throat solution 2 %		2	
proparacaine hcl ophthalmic solution 0.5 %	Alcaine	2	
<b>Mydriatics</b>			
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		2	
<b>Eye, Ear, Nose + Throat Preparations</b>			
<b>Anti-inflammatory Agents</b>			
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		2	
flac otic oil 0.01 %	Flac	2	
LOTEMAX SM OPHTHALMIC GEL 0.38 %		4	
loteprednol etabonate ophthalmic suspension 0.5 %	Lotemax	2	
neomycin-polymyxin-hc otic solution 1 %		2	
<b>Gastrointestinal Drugs</b>			
<b>Antidiarrhea Agents</b>			
diphenoxylate-atropine oral liquid 2.5- 0.025 mg/5ml		2	
diphenoxylate-atropine oral tablet 2.5- 0.025 mg	Lomotil	2	
loperamide hcl oral capsule 2 mg	Imodium A-D	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG		4	
XERMELO ORAL TABLET 250 MG		5	PA; QL (90 EA per 30 days)
<b>Antiemetics</b>			

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Drug Name	Reference	Drug Tier	Requirements/Limits
aprepitant oral capsule 125 mg		2	PA BvD
aprepitant oral capsule 40 mg, 80 mg	Emend	2	PA BvD
aprepitant oral capsule 80 & 125 mg	Emend Tri-Pack	2	PA BvD
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Marinol	4	PA BvD; QL (120 EA per 30 days)
granisetron hcl oral tablet 1 mg		2	PA BvD
meclizine hcl oral tablet 12.5 mg		2	
meclizine hcl oral tablet 25 mg	Dramamine Less Drowsy	2	
ondansetron hcl oral solution 4 mg/5ml		2	PA BvD
ondansetron hcl oral tablet 24 mg		2	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg	Zofran	2	PA BvD
ondansetron odt oral tablet dispersible 4 mg, 8 mg		2	PA BvD
scopolamine transdermal patch 72 hour 1 mg/3days	Transderm Scop (1.5 MG)	2	
SYNDROS ORAL SOLUTION 5 MG/ML		5	PA BvD
<b>Anti-inflammatory Agents</b>			
alosetron hcl oral tablet 0.5 mg, 1 mg	Lotronex	5	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		3	
balsalazide disodium oral capsule 750 mg	Colazal	2	
DIPENTUM ORAL CAPSULE 250 MG		5	
mesalamine oral capsule delayed release 400 mg	Delzicol	2	
mesalamine oral tablet delayed release 1.2 gm	Lialda	2	
mesalamine oral tablet delayed release 800 mg	Asacol HD	2	
mesalamine rectal enema 4 gm		2	
mesalamine rectal suppository 1000 mg	Canasa	5	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		3	
<b>Antulcer Agents and Acid Suppressants</b>			
amoxicill-clarithro-lansopraz oral		2	
CARAFATE ORAL SUSPENSION 1 GM/10ML		4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
cimetidine hcl oral solution 300 mg/5ml		2	
cimetidine oral tablet 200 mg	Tagamet HB	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		2	
esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	3	
esomeprazole magnesium oral capsule delayed release 40 mg	NexIUM	3	
famotidine oral suspension reconstituted 40 mg/5ml		2	
famotidine oral tablet 20 mg, 40 mg	Pepcid	2	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Prevacid	3	
misoprostol oral tablet 100 mcg, 200 mcg	Cytotec	2	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		2	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Protonix	2	
ranitidine hcl oral capsule 150 mg, 300 mg		2	
ranitidine hcl oral syrup 75 mg/5ml		2	
ranitidine hcl oral tablet 150 mg	Wal-Zan 150 Maximum Strength	2	
ranitidine hcl oral tablet 300 mg		2	
sucralfate oral tablet 1 gm	Carafate	2	
<b>Cathartics and Laxatives</b>			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML		3	
gavilyte-c oral solution reconstituted 240 gm	GaviLyte-C	2	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	2	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM		4	
peg 3350/electrolytes oral solution reconstituted 240 gm	GaviLyte-C	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	2	

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peg-3350/electrolytes oral solution reconstituted 236 gm	GaviLyte-G	2	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM		3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		4	
trilyte oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	2	
<b>Digestants</b>			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		4	
<b>GI Drugs, Miscellaneous</b>			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA
GATTEX SUBCUTANEOUS KIT 5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	
OCALIVA ORAL TABLET 10 MG, 5 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG		4	
ursodiol oral capsule 300 mg	Actigall	2	
ursodiol oral tablet 250 mg	Urso 250	4	
ursodiol oral tablet 500 mg	Urso Forte	4	
<b>Prokinetic Agents</b>			

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metoclopramide hcl oral solution 5 mg/5ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	2	
<b>Gold Compounds</b>			
<b>Gold Compounds</b>			
RIDAURA ORAL CAPSULE 3 MG		5	
<b>Heavy Metal Antagonists</b>			
<b>Heavy Metal Antagonists</b>			
CHEMET ORAL CAPSULE 100 MG		5	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Exjade	5	
DEPEN TITRATABS ORAL TABLET 250 MG		5	
FERRIPROX ORAL SOLUTION 100 MG/ML		5	
FERRIPROX ORAL TABLET 1000 MG, 500 MG		5	
trientine hcl oral capsule 250 mg	Clovique	5	
<b>Hormones and Synthetic Substitutes</b>			
<b>Adrenals</b>			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT		3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		3	QL (60 EA per 30 days)
budesonide er oral tablet extended release 24 hour 9 mg	Uceris	5	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Pulmicort	2	PA BvD
budesonide oral capsule delayed release particles 3 mg	Entocort EC	2	
cortisone acetate oral tablet 25 mg		2	
dexamethasone intensol oral concentrate 1 mg/ml		4	
dexamethasone oral elixir 0.5 mg/5ml		2	

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dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	Decadron	2	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		2	
dexamethasone oral tablet therapy pack 1.5 mg (21)	DexPak 6 Day	2	
dexamethasone oral tablet therapy pack 1.5 mg (35)	DexPak 10 Day	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	DexPak 13 Day	2	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST		3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT		3	
fludrocortisone acetate oral tablet 0.1 mg		2	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act	AirDuo RespiClick 113/14	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act	AirDuo RespiClick 232/14	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act	AirDuo RespiClick 55/14	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Cortef	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Medrol	2	
methylprednisolone oral tablet therapy pack 4 mg	Medrol	2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml		2	
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml	Pediapred	2	
prednisone intensol oral concentrate 5 mg/ml		4	
prednisone oral solution 5 mg/5ml		2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH		3	
<b>Androgens</b>			
ANADROL-50 ORAL TABLET 50 MG		5	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR		3	QL (60 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
methyltestosterone oral capsule 10 mg		5	
oxandrolone oral tablet 10 mg, 2.5 mg		2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	Depo-Testosterone	2	
testosterone enanthate intramuscular solution 200 mg/ml		2	QL (5 ML per 30 days)
testosterone transdermal gel 10 mg/act (2%)	Fortesta	2	QL (120 GM per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	2	QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	AndroGel	2	QL (37.5 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	AndroGel Pump	2	QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	AndroGel	2	QL (300 GM per 30 days)
testosterone transdermal gel 40.5 mg/2.5gm (1.62%)	AndroGel	2	QL (150 GM per 30 days)
<b>Antidiabetic Agents</b>			

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Drug Name	Reference	Drug Tier	Requirements/Limits
acarbose oral tablet 100 mg, 25 mg, 50 mg	Precose	2	
glimepiride oral tablet 1 mg	Amaryl	1	GC; QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	Amaryl	1	GC; QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	Amaryl	1	GC; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	Glucotrol XL	1	GC; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	Glucotrol XL	1	GC; QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	Glucotrol XL	1	GC; QL (120 EA per 30 days)
glipizide oral tablet 10 mg	Glucotrol	1	GC; QL (120 EA per 30 days)
glipizide oral tablet 5 mg	Glucotrol	1	GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		1	GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		1	GC; QL (120 EA per 30 days)
glyburide micronized oral tablet 1.5 mg	Glynase	1	PA; GC; QL (240 EA per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 3 mg	Glynase	1	PA; GC; QL (120 EA per 30 days); AGE (Max 64 Years)
glyburide micronized oral tablet 6 mg	Glynase	1	PA; GC; QL (60 EA per 30 days); AGE (Max 64 Years)
glyburide oral tablet 1.25 mg		1	PA; GC; QL (480 EA per 30 days); AGE (Max 64 Years)
glyburide oral tablet 2.5 mg		1	PA; GC; QL (240 EA per 30 days); AGE (Max 64 Years)
glyburide oral tablet 5 mg		1	PA; GC; QL (120 EA per 30 days); AGE (Max 64 Years)

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glyburide-metformin oral tablet 1.25-250 mg		1	PA; GC; QL (240 EA per 30 days); AGE (Max 64 Years)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	PA; GC; QL (120 EA per 30 days); AGE (Max 64 Years)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML		3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		3	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		3	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		3	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	

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Drug Name	Reference	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML		3	
HUMULIN R U-500 VIAL (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML		3	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150- 1000 MG, 150-500 MG, 50-1000 MG, 50- 500 MG		3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG		3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG		3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG		3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG		3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG		3	QL (30 EA per 30 days)
JANUVIA ORAL TABLET 25 MG		3	QL (120 EA per 30 days)
JANUVIA ORAL TABLET 50 MG		3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG		3	QL (60 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG		5	PA; QL (112 EA per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		4	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML		4	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	Fortamet	2	QL (60 EA per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	Fortamet	1	GC; QL (150 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	Glucophage XR	1	GC; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	Glucophage XR	1	GC; QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	Glucophage	1	GC; QL (60 EA per 30 days)
metformin hcl oral tablet 500 mg	Glucophage	1	GC; QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	Glucophage	1	GC; QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	Starlix	1	GC
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML		3	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML		3	
pioglitazone hcl oral tablet 15 mg	Actos	1	GC; QL (90 EA per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
pioglitazone hcl oral tablet 30 mg	Actos	1	GC; QL (45 EA per 30 days)
pioglitazone hcl oral tablet 45 mg	Actos	1	GC; QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Duetact	1	GC; QL (45 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Actoplus Met	1	GC; QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		1	GC
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg		2	QL (150 EA per 30 days)
RIOMET ORAL SOLUTION 500 MG/5ML		4	QL (765 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG		3	
tolbutamide oral tablet 500 mg		1	GC; QL (180 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	
TRADJENTA ORAL TABLET 5 MG		3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		4	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML		4	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML		3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		3	QL (9 ML per 30 days)
<b>Antihypoglycemic Agents</b>			

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Drug Name	Reference	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
<b>Contraceptives</b>			
amethia oral tablet 0.15-0.03 & 0.01 mg	Amethia	2	
apri oral tablet 0.15-30 mg-mcg	Apri	2	
ashlyna oral tablet 0.15-0.03 & 0.01 mg	Amethia	2	
aubra oral tablet 0.1-20 mg-mcg	Aubra	2	
aviane oral tablet 0.1-20 mg-mcg	Aubra	2	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	2	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	
camila oral tablet 0.35 mg	Camila	2	
cryselle-28 oral tablet 0.3-30 mg-mcg		2	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg		2	
cyred oral tablet 0.15-30 mg-mcg	Apri	2	
deblitane oral tablet 0.35 mg	Camila	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Apri	2	
drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg	Gianvi	2	
drosiprenone-ethinyl estradiol oral tablet 3-0.03 mg	Ocella	2	
emoquette oral tablet 0.15-30 mg-mcg	Apri	2	
enskyce oral tablet 0.15-30 mg-mcg	Apri	2	
errin oral tablet 0.35 mg	Camila	2	
estarylla oral tablet 0.25-35 mg-mcg	Estarylla	2	
falmina oral tablet 0.1-20 mg-mcg	Aubra	2	
femynor oral tablet 0.25-35 mg-mcg	Estarylla	2	
gianvi oral tablet 3-0.02 mg	Gianvi	2	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	2	
incassia oral tablet 0.35 mg	Camila	2	
introvale oral tablet 0.15-0.03 mg	Introvale	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
isibloom oral tablet 0.15-30 mg-mcg	Apri	2	
jasmiel oral tablet 3-0.02 mg	Gianvi	2	
juleber oral tablet 0.15-30 mg-mcg	Apri	2	
junel 1.5/30 oral tablet 1.5-30 mg-mcg		2	
junel 1/20 oral tablet 1-20 mg-mcg	Junel 1/20	2	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	
junel fe 1/20 oral tablet 1-20 mg-mcg		2	
junel fe 24 oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	2	
larin 1.5/30 oral tablet 1.5-30 mg-mcg		2	
larin 1/20 oral tablet 1-20 mg-mcg	Junel 1/20	2	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	
larin fe 1/20 oral tablet 1-20 mg-mcg		2	
larissia oral tablet 0.1-20 mg-mcg	Aubra	2	
lessina oral tablet 0.1-20 mg-mcg	Aubra	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	Amethia	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	Introvale	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Aubra	2	
loryna oral tablet 3-0.02 mg	Gianvi	2	
low-ogestrel oral tablet 0.3-30 mg-mcg		2	
lutera oral tablet 0.1-20 mg-mcg	Aubra	2	
lyza oral tablet 0.35 mg	Camila	2	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		2	
microgestin 1/20 oral tablet 1-20 mg-mcg	Junel 1/20	2	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	
microgestin fe 1/20 oral tablet 1-20 mg-mcg		2	
mili oral tablet 0.25-35 mg-mcg	Estarylla	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nikki oral tablet 3-0.02 mg	Gianvi	2	
nora-be oral tablet 0.35 mg	Camila	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Junel 1/20	2	
norethindrone oral tablet 0.35 mg	Camila	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg		2	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR		4	
ocella oral tablet 3-0.03 mg	Ocella	2	
orsythia oral tablet 0.1-20 mg-mcg	Aubra	2	
previfem oral tablet 0.25-35 mg-mcg	Estarylla	2	
reclipsen oral tablet 0.15-30 mg-mcg	Apri	2	
setlakin oral tablet 0.15-0.03 mg	Introvale	2	
sharobel oral tablet 0.35 mg	Camila	2	
sprintec 28 oral tablet 0.25-35 mg-mcg	Estarylla	2	
sronyx oral tablet 0.1-20 mg-mcg	Aubra	2	
syeda oral tablet 3-0.03 mg	Ocella	2	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	2	
tarina fe 1/20 oral tablet 1-20 mg-mcg		2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
vienva oral tablet 0.1-20 mg-mcg	Aubra	2	
vylibra oral tablet 0.25-35 mg-mcg	Estarylla	2	
xulane transdermal patch weekly 150-35 mcg/24hr		2	
zarah oral tablet 3-0.03 mg	Ocella	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<b>Estrogens and Antiestrogens</b>			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	Amabelz	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY		4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML		4	
depo-estradiol intramuscular oil 5 mg/ml		4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Dotti	2	
DUAVEE ORAL TABLET 0.45-20 MG		3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)		4	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Estrace	2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Dotti	2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Climara	2	
estradiol vaginal cream 0.1 mg/gm	Estrace	2	
estradiol vaginal tablet 10 mcg	Yuvaferm	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	Delestrogen	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Amabelz	2	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Fyavolv	2	
jinteli oral tablet 1-5 mg-mcg	Fyavolv	2	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
letrozole oral tablet 2.5 mg	Femara	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
lopreeza oral tablet 1-0.5 mg	Amabelz	2	
mimvey oral tablet 1-0.5 mg	Amabelz	2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Fyavolv	2	
OSPHENA ORAL TABLET 60 MG		3	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
PREMPHASE ORAL TABLET 0.625-5 MG		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
raloxifene hcl oral tablet 60 mg	Evista	2	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	
yuvafem vaginal tablet 10 mcg	Yuvaferm	2	
<b>Gonadotropins and Antigonadotropins</b>			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG		4	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG		5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG		5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG		5	
ORLISSA ORAL TABLET 150 MG		5	PA; QL (28 EA per 28 days)
ORLISSA ORAL TABLET 200 MG		5	PA; QL (56 EA per 28 days)
SYNAREL NASAL SOLUTION 2 MG/ML		5	

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TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		5	
<b>Parathyroid and Antiparathyroid Agents</b>			
calcitonin (salmon) nasal solution 200 unit/act	Miacalcin	2	
cinacalcet hcl oral tablet 30 mg, 60 mg	Sensipar	5	Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	Sensipar	5	Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		5	PA; Available through CVS Specialty (1-800-237-2767)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Pituitary</b>			
desmopressin ace spray refrig nasal solution 0.01 %		2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	2	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)

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OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
STIMATE NASAL SOLUTION 1.5 MG/ML		5	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Progestins</b>			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		4	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Depo-Provera	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Depo-Provera	2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Provera	2	
megestrol acetate oral suspension 40 mg/ml		2	PA NSO; AGE (Max 64 Years)
megestrol acetate oral suspension 625 mg/5ml	Megace ES	2	PA NSO; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	Aygestin	2	
progesterone micronized oral capsule 100 mg, 200 mg	Prometrium	2	
<b>Somatostatin Agonists and Antagonists</b>			
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	2	
octreotide acetate injection solution 1000 mcg/ml		5	
octreotide acetate injection solution 200 mcg/ml		2	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA

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Drug Name	Reference	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		5	Available through CVS Specialty (1-800-237-2767)
<b>Thyroid and Antithyroid Agents</b>			
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Levoxyl	1	GC
levothyroxine sodium oral tablet 175 mcg, 200 mcg	Levoxyl	1	
levothyroxine sodium oral tablet 300 mcg	Synthroid	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	2	
methimazole oral tablet 10 mg, 5 mg	Tapazole	2	
propylthiouracil oral tablet 50 mg		2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		3	
<b>Miscellaneous Therapeutic Agents</b>			
<b>5-alpha-Reductase Inhibitors</b>			
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	2	
finasteride oral tablet 5 mg	Proscar	2	
<b>Antigout Agents</b>			
COLCHICINE ORAL CAPSULE 0.6 MG		2	QL (60 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	Uloric	2	
ULORIC ORAL TABLET 40 MG, 80 MG		4	ST
<b>Antisense Oligonucleotides</b>			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML		5	PA; QL (6 ML per 28 days)
<b>Bone Resorption Inhibitors</b>			
alendronate sodium oral solution 70 mg/75ml		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
alendronate sodium oral tablet 10 mg, 5 mg		1	GC; QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg		1	GC; QL (4 EA per 28 days)
alendronate sodium oral tablet 40 mg		2	QL (30 EA per 30 days)
alendronate sodium oral tablet 70 mg	Fosamax	1	GC; QL (4 EA per 28 days)
ibandronate sodium oral tablet 150 mg	Boniva	2	QL (1 EA per 28 days)
risedronate sodium oral tablet 150 mg	Actonel	2	QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	Actonel	2	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	Actonel	2	QL (30 EA per 30 days)
risedronate sodium oral tablet delayed release 35 mg	Atelvia	2	QL (4 EA per 28 days)
<b>Complement Inhibitors</b>			
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		5	PA; Available through CVS Specialty (1-800-237-2767)
icatibant acetate subcutaneous solution 30 mg/3ml	Firazyr	5	PA
<b>Disease-modifying Antirheumatic Drugs</b>			
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)

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HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML		5	PA; Available through CVS Specialty (1-800-237-2767)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; QL (18.76 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	Arava	2	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		5	PA; Available through CVS Specialty (1-800-237-2767)
OTEZLA ORAL TABLET 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML		4	
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)

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Drug Name	Reference	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG		5	PA; Available through CVS Specialty (1-800- 237-2767)
<b>Immunomodulatory Agents</b>			
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (28 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (4 EA per 28 days)
GILENYA ORAL CAPSULE 0.5 MG		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (28 EA per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800- 237-2767); QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800- 237-2767); QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)

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REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (12 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG		5	PA; Available through CVS Specialty (1-800- 237-2767)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		5	PA; Available through CVS Specialty (1-800- 237-2767); QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<b>Immunosuppressive Agents</b>			
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA; Available through CVS Specialty (1-800- 237-2767)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA; Available through CVS Specialty (1-800- 237-2767)
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	Gengraf	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	SandIMMUNE	2	PA BvD
gengraf oral capsule 100 mg, 25 mg	Gengraf	2	PA BvD
gengraf oral solution 100 mg/ml	Gengraf	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	CellCept	2	PA BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CellCept	5	PA BvD
mycophenolate mofetil oral tablet 500 mg	CellCept	2	PA BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Myfortic	2	PA BvD

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Drug Name	Reference	Drug Tier	Requirements/Limits
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Rapamune	4	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Prograf	2	PA BvD
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA BvD
<b>Miscellaneous Therapeutic Agents</b>			
acetylcysteine inhalation solution 10 %, 20 %		2	PA BvD
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		5	Available through CVS Specialty (1-800-237-2767)
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	2	
azathioprine oral tablet 50 mg	Imuran	2	PA BvD
colchicine oral tablet 0.6 mg	Colcrys	2	QL (60 EA per 30 days)
disulfiram oral tablet 250 mg, 500 mg	Antabuse	2	
dutasteride oral capsule 0.5 mg	Avodart	2	
ELMIRON ORAL CAPSULE 100 MG		4	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
MESNEX ORAL TABLET 400 MG		5	
SANDIMMUNE ORAL SOLUTION 100 MG/ML		4	PA BvD
sirolimus oral solution 1 mg/ml	Rapamune	2	PA BvD
THALOMID ORAL CAPSULE 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
<b>Other Miscellaneous Therapeutic Agents</b>			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
CERDELGA ORAL CAPSULE 84 MG		5	PA; Available through CVS Specialty (1-800-237-2767); QL (56 EA per 28 days)
CYSTADANE ORAL POWDER		5	

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CYSTAGON ORAL CAPSULE 150 MG, 50 MG		4	
dalfampridine er oral tablet extended release 12 hour 10 mg	Ampyra	5	PA; Available through CVS Specialty (1-800-237-2767); QL (60 EA per 30 days)
DEMSEER ORAL CAPSULE 250 MG		5	
ENDARI ORAL PACKET 5 GM		5	PA; QL (180 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG		5	PA; QL (14 EA per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
KUVAN ORAL TABLET SOLUBLE 100 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
levocarnitine oral solution 1 gm/10ml	Carnitor	2	
LEVOCARNITINE ORAL TABLET 330 MG		2	
miglustat oral capsule 100 mg	Zavesca	5	PA; QL (90 EA per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG		5	PA
ORFADIN ORAL CAPSULE 20 MG		5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA
TYBOST ORAL TABLET 150 MG		3	
<b>Respiratory Tract Agents</b>			
<b>Antifibrotic Agents</b>			
ESBRIET ORAL CAPSULE 267 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ESBRIET ORAL TABLET 267 MG, 801 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Anti-inflammatory Agents</b>			

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cromolyn sodium inhalation nebulization solution 20 mg/2ml		2	PA BvD
cromolyn sodium oral concentrate 100 mg/5ml	Gastrocrom	4	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		5	PA; Available through CVS Specialty (1-800-237-2767)
montelukast sodium oral packet 4 mg	Singulair	2	
montelukast sodium oral tablet 10 mg	Singulair	2	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Singulair	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; QL (3 EA per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	Accolate	2	
<b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b>			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		5	PA
KALYDECO ORAL TABLET 150 MG		5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG		5	PA
<b>Phosphodiesterase Type 4 Inhibitors</b>			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		3	
<b>Respiratory Tract Agents, Miscellaneous</b>			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	

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Drug Name	Reference	Drug Tier	Requirements/Limits
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML		5	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	
<b>Vasodilating Agents</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ambrisentan oral tablet 10 mg, 5 mg	Letairis	5	PA; Available through CVS Specialty (1-800-237-2767)
bosentan oral tablet 125 mg, 62.5 mg	Tracleer	5	PA
OPSUMIT ORAL TABLET 10 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
TRACLEER ORAL TABLET SOLUBLE 32 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
VENTAVIS INHALATION SOLUTION 20 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
<b>Skin and Mucous Membrane Preparations</b>			
<b>Anti-infectives</b>			
acyclovir external cream 5 %	Zovirax	2	
acyclovir external ointment 5 %	Zovirax	4	
AVC VAGINAL VAGINAL CREAM 15 %		3	
benzoyl peroxide-erythromycin external gel 5-3 %	Benzamycin	2	
ciclopirox external gel 0.77 %		2	
ciclopirox external shampoo 1 %	Loprox	2	
ciclopirox external solution 8 %	Ciclodan	2	
ciclopirox olamine external cream 0.77 %	Loprox	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ciclopirox olamine external suspension 0.77 %	Loprox	2	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	2	
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	2	
clindamycin phos-benzoyl perox external gel 1-5 %	BenzaClin	2	
clindamycin phosphate external foam 1 %	Evoclin	2	
clindamycin phosphate external gel 1 %	Cleocin-T	2	
clindamycin phosphate external lotion 1 %	Cleocin-T	2	
clindamycin phosphate external solution 1 %		2	
clindamycin phosphate external swab 1 %	Clindacin ETZ	2	
clindamycin phosphate vaginal cream 2 %	Cleocin	2	
clotrimazole external cream 1 %	Clotrimazole GRx	2	
clotrimazole external solution 1 %	FungiCure Intensive/NailGuard	2	
clotrimazole mouth/throat lozenge 10 mg		2	
clotrimazole-betamethasone external cream 1-0.05 %	Lotrisone	2	
clotrimazole-betamethasone external lotion 1-0.05 %		2	
econazole nitrate external cream 1 %		2	
ery external pad 2 %		2	
erythromycin external gel 2 %	Erygel	2	
erythromycin external solution 2 %		2	
EURAX EXTERNAL CREAM 10 %		4	
EXELDERM EXTERNAL CREAM 1 %		4	
EXELDERM EXTERNAL SOLUTION 1 %		4	
gentamicin sulfate external cream 0.1 %		2	
gentamicin sulfate external ointment 0.1 %		2	
ketoconazole external cream 2 %		2	
ketoconazole external shampoo 2 %	Nizoral	2	
lindane external shampoo 1 %		2	
malathion external lotion 0.5 %	Ovide	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
MENTAX EXTERNAL CREAM 1 %		4	
metronidazole external cream 0.75 %	MetroCream	2	
metronidazole external gel 0.75 %	Rosadan	2	
metronidazole external gel 1 %	Metrogel	2	
metronidazole external lotion 0.75 %	MetroLotion	2	
metronidazole vaginal gel 0.75 %	Vandazole	2	
miconazole 3 vaginal suppository 200 mg		2	
mupirocin calcium external cream 2 %		2	
mupirocin external ointment 2 %	Centany	2	
naftifine hcl external cream 1 %		2	
naftifine hcl external cream 2 %	Naftin	2	
nyamyc external powder 100000 unit/gm	Nyamyc	2	
nystatin external cream 100000 unit/gm		2	
nystatin external ointment 100000 unit/gm		2	
nystatin external powder 100000 unit/gm	Nyamyc	2	
nystop external powder 100000 unit/gm	Nyamyc	2	
oxiconazole nitrate external cream 1 %	Oxistat	2	
permethrin external cream 5 %	Elimite	2	
selenium sulfide external lotion 2.5 %		2	
silver sulfadiazine external cream 1 %	SSD	2	
SSD EXTERNAL CREAM 1 %		2	
sulfacetamide sodium (acne) external lotion 10 %	Klaron	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM		4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		2	
VANDAZOLE VAGINAL GEL 0.75 %		2	
<b>Anti-inflammatory Agents</b>			
ala-cort external cream 1 %	Aveeno Anti-Itch Max St	2	
ala-cort external cream 2.5 %		2	
alclometasone dipropionate external cream 0.05 %		2	
alclometasone dipropionate external ointment 0.05 %		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
besser external lotion 0.05 %	Beser	2	
betamethasone dipropionate aug external cream 0.05 %	Diprolene AF	2	
betamethasone dipropionate aug external gel 0.05 %		2	
betamethasone dipropionate aug external lotion 0.05 %		2	
betamethasone dipropionate aug external ointment 0.05 %	Diprolene	2	
betamethasone dipropionate external cream 0.05 %		2	
betamethasone dipropionate external lotion 0.05 %		2	
betamethasone dipropionate external ointment 0.05 %		2	
betamethasone valerate external cream 0.1 %		2	
betamethasone valerate external lotion 0.1 %		2	
betamethasone valerate external ointment 0.1 %		2	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Taclonex	5	
clobetasol propionate e external cream 0.05 %		2	
clobetasol propionate emulsion external foam 0.05 %	Olux-E	2	
clobetasol propionate external cream 0.05 %	Temovate	2	
clobetasol propionate external gel 0.05 %		2	
clobetasol propionate external liquid 0.05 %	Clobex Spray	2	
clobetasol propionate external lotion 0.05 %	Clobex	2	
clobetasol propionate external ointment 0.05 %	Temovate	2	
clobetasol propionate external shampoo 0.05 %	Clobex	2	
clobetasol propionate external solution 0.05 %		2	

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clocortolone pivalate external cream 0.1 %	Cloderm	2	
colocort rectal enema 100 mg/60ml	Colocort	2	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5		4	
CORTISPORIN EXTERNAL OINTMENT 1 %		4	
DESONATE EXTERNAL GEL 0.05 %		4	
desonide external cream 0.05 %	DesOwen	2	
desonide external lotion 0.05 %		2	
desonide external ointment 0.05 %		2	
desoximetasone external cream 0.05 %, 0.25 %	Topicort	2	
desoximetasone external gel 0.05 %	Topicort	2	
desoximetasone external ointment 0.05 %, 0.25 %	Topicort	2	
diclofenac sodium transdermal gel 1 %	Voltaren	4	
diclofenac sodium transdermal gel 3 %		4	
diclofenac sodium transdermal solution 1.5 %		2	
diflorasone diacetate external cream 0.05 %		2	
diflorasone diacetate external ointment 0.05 %		2	
fluocinolone acetonide external cream 0.01 %		2	
fluocinolone acetonide external cream 0.025 %	Synalar	2	
fluocinolone acetonide external ointment 0.025 %	Synalar	2	
fluocinolone acetonide external solution 0.01 %	Synalar	2	
fluocinolone acetonide scalp external oil 0.01 %	Derma-Smoothe/FS Scalp	2	
fluocinonide emulsified base external cream 0.05 %		2	
fluocinonide external gel 0.05 %		2	
fluocinonide external ointment 0.05 %		2	

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fluocinonide external solution 0.05 %		2	
flurandrenolide external lotion 0.05 %	Nolix	5	
flurandrenolide external ointment 0.05 %	Cordran	3	
fluticasone propionate external cream 0.05 %		2	
fluticasone propionate external lotion 0.05 %	Beser	2	
fluticasone propionate external ointment 0.005 %		2	
halobetasol propionate external cream 0.05 %		2	
halobetasol propionate external ointment 0.05 %		2	
hydrocortisone butyrate external cream 0.1 %	Locoid	2	
hydrocortisone butyrate external ointment 0.1 %		2	
hydrocortisone butyrate external solution 0.1 %	Locoid	2	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	2	
hydrocortisone external cream 2.5 %		2	
hydrocortisone external lotion 2.5 %		2	
hydrocortisone external ointment 1 %	Cortizone-10	2	
hydrocortisone external ointment 2.5 %		2	
hydrocortisone rectal enema 100 mg/60ml	Colocort	2	
hydrocortisone valerate external cream 0.2 %		2	
hydrocortisone valerate external ointment 0.2 %		2	
mometasone furoate external cream 0.1 %	Elocon	2	
mometasone furoate external ointment 0.1 %		2	
mometasone furoate external solution 0.1 %		2	
nolix external lotion 0.05 %	Nolix	4	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		2	

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nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		2	
prednicarbate external cream 0.1 %		2	
prednicarbate external ointment 0.1 %		2	
procto-med hc rectal cream 2.5 %		2	
procto-pak rectal cream 1 %		2	
proctosol hc rectal cream 2.5 %		2	
proctozone-hc rectal cream 2.5 %		2	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %		5	
texacort external solution 2.5 %		4	
triamcinolone acetonide external cream 0.025 %		2	
triamcinolone acetonide external cream 0.1 %, 0.5 %	Triderm	2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		2	
triamcinolone acetonide mouth/throat paste 0.1 %	Oralone	2	
triderm external cream 0.1 %	Triderm	2	
<b>Antipruritics and Local Anesthetics</b>			
doxepin hcl external cream 5 %	Prudoxin	2	
hydrocortisone ace-pramoxine rectal cream 1-1 %	Analpram-HC	2	
lidocaine external ointment 5 %		2	PA
lidocaine external patch 5 %	Lidoderm	2	PA
lidocaine hcl external solution 4 %		2	PA
lidocaine hcl urethral/mucosal external gel 2 %		2	PA
lidocaine-prilocaine external cream 2.5-2.5 %		2	PA
<b>Cell Stimulants and Proliferants</b>			
AVITA EXTERNAL CREAM 0.025 %		2	PA
AVITA EXTERNAL GEL 0.025 %		2	PA
tretinoin external cream 0.025 %	Avita	2	PA

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Drug Name	Reference	Drug Tier	Requirements/Limits
tretinoin external cream 0.05 %, 0.1 %	Retin-A	2	PA
tretinoin external gel 0.025 %	Avita	2	PA
tretinoin microsphere external gel 0.04 %, 0.1 %	Retin-A Micro	2	PA
<b>Depigmenting and Pigmenting Agents</b>			
methoxsalen rapid oral capsule 10 mg	Oxsoralen Ultra	5	
<b>Emollients, Demulcents, and Protectants</b>			
ammonium lactate external cream 12 %	Geri-Hydrolac 12	2	
ammonium lactate external lotion 12 %	AL12	2	
<b>Skin and Mucous Membrane Agents, Misc</b>			
acitretin oral capsule 10 mg, 25 mg	Soriatane	2	
acitretin oral capsule 17.5 mg		5	
adapalene external cream 0.1 %	Differin	2	PA
adapalene external gel 0.1 %, 0.3 %	Differin	2	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	2	
azelaic acid external gel 15 %	Finacea	3	
calcipotriene external cream 0.005 %	Dovonex	2	
calcipotriene external ointment 0.005 %	Calcitrene	2	
calcipotriene external solution 0.005 %		2	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		2	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Claravis	2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
dapsone external gel 5 %	Aczone	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; Available through CVS Specialty (1-800-237-2767)
FINACEA EXTERNAL FOAM 15 %		4	
fluorouracil external cream 0.5 %	Carac	5	

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Drug Name	Reference	Drug Tier	Requirements/Limits
fluorouracil external cream 5 %	Efudex	2	
fluorouracil external solution 2 %, 5 %		2	
imiquimod external cream 5 %	Aldara	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Claravis	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Claravis	2	
PANRETIN EXTERNAL GEL 0.1 %		5	
PICATO EXTERNAL GEL 0.015 %, 0.05 %		5	
pimecrolimus external cream 1 %	Elidel	4	
podofilox external solution 0.5 %		2	
RECTIV RECTAL OINTMENT 0.4 %		4	
REGRANEX EXTERNAL GEL 0.01 %		5	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
tacrolimus external ointment 0.03 %, 0.1 %	Protopic	2	
TARGRETIN EXTERNAL GEL 1 %		5	
tazarotene external cream 0.1 %	Tazorac	3	PA
TAZORAC EXTERNAL CREAM 0.05 %		4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %		4	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA NSO; QL (60 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Claravis	2	
<b>Smooth Muscle Relaxants</b>			
<b>Genitourinary Smooth Muscle Relaxants</b>			
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Enablex	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
flavoxate hcl oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg	Ditropan XL	2	
oxybutynin chloride er oral tablet extended release 24 hour 15 mg		2	
oxybutynin chloride oral syrup 5 mg/5ml		2	
oxybutynin chloride oral tablet 5 mg		2	
solifenacin succinate oral tablet 10 mg, 5 mg	VESIcare	2	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Detrol LA	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	Detrol	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		3	
tropium chloride er oral capsule extended release 24 hour 60 mg		2	
tropium chloride oral tablet 20 mg		2	
VESICARE ORAL TABLET 10 MG, 5 MG		3	
<b>Respiratory Smooth Muscle Relaxants</b>			
theophylline er oral tablet extended release 12 hour 300 mg		2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		2	
theophylline oral solution 80 mg/15ml		2	
<b>Vitamins</b>			
<b>Vitamins</b>			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	2	
calcitriol oral solution 1 mcg/ml	Rocaltrol	2	
niacor oral tablet 500 mg		2	
paricalcitol oral capsule 1 mcg, 2 mcg	Zemplar	2	
paricalcitol oral capsule 4 mcg		2	
prenatal oral tablet 27-1 mg	M-Vit	2	

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

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

## **General Notice About Nondiscrimination and Accessibility Requirements**

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

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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



Harvard Pilgrim  
Health Care

For more information about Stride<sup>SM</sup>, call:

Prospective Members: (877) 431-4742

For TTY service, call 711

Current Members: (888) 609-0692

For TTY service, call 711

Hours of operation:

October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week,

April 1 - September 30, 8 a.m. - 8 p.m., Monday - Friday.

Or visit us online:

[www.harvardpilgrim.org/medicare](http://www.harvardpilgrim.org/medicare)

### **Formulary File ID# 20231 , Version Number 12**

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract.

Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

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This formulary was updated on 1/22/20 . For more recent information or other questions, please contact **Harvard Pilgrim's** Member Services at **1-888-609-0692** or, for TTY users **711**, October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week, and April 1 - September 30, 8 a.m. - 8 p.m., Monday - Friday, or visit [www.harvardpilgrim.org/medicare](http://www.harvardpilgrim.org/medicare).

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93 Worcester Street  
Wellesley, MA 02481

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