Harvard Pilgrim Health Care

HP20FORM **12**

Harvard Pilgrim Health Care Stride℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS) and Stride℠ Gain Rx℠ (HMO)

2020 Formulary (List of Covered Drugs)

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

Formulary File ID#20231, Version Number 23

This formulary was updated on **11/02/20** 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**.

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℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS) and Stride℠ Gain Rx℠ (HMO).

This document includes the list of the drugs (formulary) for our plan which is current as of 11/02/20 . 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℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS) and Stride℠ Gain Rx℠ (HMO) Formulary?

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

Can the Formulary (drug list) change?

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℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS), and Stride℠ Gain Rx℠ (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 11/02/20 . 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.**

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℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS), and Stride℠ Gain Rx℠ (HMO) formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Stride℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS), and Stride℠ Gain Rx℠ (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.**

For more information

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

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

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

Stride℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS), and Stride℠ Gain Rx℠ (HMO)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Stride℠ Basic Rx (HMO), Stride℠ Value Rx (HMO), Stride℠ Value Rx Plus (HMO), Stride℠ Choice Rx (HMO-POS), and Stride℠ Gain Rx℠ (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.

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

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℠ 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℠ Basic Rx (HMO)	Stride℠ Choice Rx (HMO-POS)		Stride℠ Gain Rx℠ (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: • Coinsurance of 5% of the cost of the drug, or • $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs			
	Tier Descriptions 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℠ Value Rx (HMO)			Stride℠ 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: • Coinsurance of 5% of the cost of the drug, or • $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs				

Tier Descriptions
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

Table of Contents

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Antihistamine Drugs			
First Generation Antihistamines			
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)
diphenhydramine hcl injection solution 50 mg/ml		2	PA; AGE (Max 64 Years)
diphenhydramine hcl oral elixir 12.5 mg/5ml		2	PA; AGE (Max 64 Years)
phenadoz rectal suppository 12.5 mg, 25 mg	Promethegan	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, 25 mg, 50 mg	Promethegan	2	PA; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	Promethegan	2	PA; AGE (Max 64 Years)
Second Generation Antihistamines			
cetirizine hcl oral solution 1 mg/ml	KLS Aller-Tec Childrens	2	
desloratadine oral tablet 5 mg	Clarinex	2	
desloratadine oral tablet dispersible 2.5 mg, 5 mg		2	
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal Allergy 24HR	2	
Anti-infective Agents			
Anthelmintics			
albendazole oral tablet 200 mg	Albenza	5	
ivermectin oral tablet 3 mg	Stromectol	2	
praziquantel oral tablet 600 mg	Biltricide	4	
Antibacterials			
amikacin sulfate injection solution 1 gm/4ml, 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

Drug Name	Brand Name (Reference Only)	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 gm, 250 mg, 500 mg		2	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 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 1.5 (1-0.5) gm, 3 (2-1) gm		2	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Unasyn	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		3	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
azithromycin intravenous solution reconstituted 500 mg	Zithromax	2	
AZITHROMYCIN ORAL PACKET 1 GM		2	
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)	Zithromax	2	
azithromycin oral tablet 600 mg		2	
aztreonam injection solution reconstituted 1 gm, 2 gm	Azactam	2	
BAXDELA ORAL TABLET 450 MG		5	
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, 20 gm, 500 mg		2	
cefazolin sodium intravenous solution reconstituted 1 gm		2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)		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 gm		2	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml		2	
cefepime hcl intravenous solution reconstituted 100 gm		2	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)		2	
cefixime oral capsule 400 mg	Suprax	2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Suprax	2	
cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg		2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Cefotan	2	
cefotetan disodium injection solution reconstituted 10 gm		2	
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)		2	
cefoxitin sodium injection solution reconstituted 10 gm		2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm		2	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)		2	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		2	
cefpodoxime 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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)		2	
ceftazidime injection solution reconstituted 2 gm, 6 gm	Tazicef	2	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml		2	
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg		2	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		2	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)		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, 400 mg/200ml		2	
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Cipro	2	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg		2	
clarithromycin er oral tablet extended release 24 hour 500 mg		2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%		2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	Cleocin Phosphate	2	
clindamycin phosphate intravenous solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml		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	
DAXBIA ORAL CAPSULE 333 MG		4	
demeclocycline hcl oral tablet 150 mg, 300 mg		2	
dicloxacillin sodium oral capsule 250 mg, 500 mg		2	
DIFICID ORAL TABLET 200 MG		5	
doripenem intravenous solution reconstituted 250 mg, 500 mg		2	
doxy 100 intravenous solution reconstituted 100 mg	Doxy 100	2	
doxycycline hyclate intravenous solution reconstituted 100 mg	Doxy 100	2	
doxycycline hyclate oral capsule 100 mg	Morgidox	2	
doxycycline hyclate oral capsule 50 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline hyclate oral tablet 150 mg, 75 mg	Acticlate	2	
doxycycline hyclate oral tablet 50 mg	TargaDOX	2	
doxycycline monohydrate oral capsule 100 mg, 75 mg	Mondoxyne NL	2	
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, 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, 50 MG/ML		3	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%		2	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		2	
imipenem-cilastatin intravenous solution reconstituted 250 mg		2	
imipenem-cilastatin intravenous solution reconstituted 500 mg	Primaxin IV	2	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		4	
levofloxacin in d5w intravenous solution 250 mg/50ml, 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 in sodium chloride intravenous solution 600-0.9 mg/300ml-%		5	
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	
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml		2	
minocycline hcl oral capsule 100 mg	Minocin	2	
minocycline hcl oral capsule 50 mg, 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	
mondoxyne nl oral capsule 50 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml		2	
moxifloxacin hcl intravenous solution 400 mg/250ml		2	
moxifloxacin hcl oral tablet 400 mg		2	
nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml		5	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		2	
nafcillin sodium intravenous solution reconstituted 1 gm		2	
nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm		5	
neomycin sulfate oral tablet 500 mg		2	
ofloxacin oral tablet 300 mg, 400 mg		2	
okebo oral capsule 75 mg	Mondoxyne NL	2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML		4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm		4	
oxacillin sodium intravenous solution reconstituted 10 gm		5	
penicillin g pot in dextrose intravenous solution 20000 unit/ml		2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML		2	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 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	
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	Pfizerpen	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm		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	
sulfatrim pediatric oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	2	
SUPRAX ORAL CAPSULE 400 MG		4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		4	
suprax oral tablet chewable 100 mg, 200 mg		4	
tazicef injection solution reconstituted 2 gm, 6 gm	Tazicef	2	
tazicef intravenous solution reconstituted 2 gm		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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE 28 MG		5	Available through CVS Specialty (1-800-237-2767)
tobramycin inhalation nebulization solution 300 mg/4ml	Bethkis	5	PA BvD
tobramycin inhalation nebulization solution 300 mg/5ml	Kitabis Pak	5	PA BvD; Available through CVS Specialty (1-800-237-2767)
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml		2	
tobramycin sulfate injection solution reconstituted 1.2 gm		2	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%		2	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%		2	
vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml		2	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.5 gm, 10 gm, 5 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
Antifungals			
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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Cancidas	4	
CRESEMBA ORAL CAPSULE 186 MG		5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		4	
fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml		2	
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	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Mycamine	5	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML		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	
ONMEL ORAL TABLET 200 MG		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
Antimycobacterials			
cycloserine oral capsule 250 mg		2	
dapsone oral tablet 100 mg, 25 mg		2	
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		2	
RIFATER ORAL TABLET 50-120-300 MG		4	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA
TRECATOR ORAL TABLET 250 MG		4	
Antiprotozoals			
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
IMPAVIDO ORAL CAPSULE 50 MG		5	
mefloquine hcl oral tablet 250 mg		2	
metronidazole in nacl intravenous solution 500-0.74 mg/100ml-%, 500-0.79 mg/100ml-%		2	
metronidazole oral capsule 375 mg	Flagyl	2	
metronidazole oral tablet 250 mg		2	
metronidazole oral tablet 500 mg	Flagyl	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG		4	PA BvD
paromomycin sulfate oral capsule 250 mg		2	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG		4	
pentamidine isethionate inhalation solution reconstituted 300 mg	Nebupent	2	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	Pentam	2	
primaquine phosphate oral tablet 26.3 mg		4	
pyrimethamine oral tablet 25 mg	Daraprim	5	PA
quinine sulfate oral capsule 324 mg	Qualaquin	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
Antivirals			
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
acyclovir oral suspension 200 mg/5ml	Zovirax	2	
acyclovir oral tablet 400 mg, 800 mg		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, 300 mg	Reyataz	5	
ATRIPLA ORAL TABLET 600-200-300 MG		5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	
BIKTARVY ORAL TABLET 50-200-25 MG		5	
CIMDUO ORAL TABLET 300-300 MG		5	
COMPLERA ORAL TABLET 200-25-300 MG		5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		3	
DELSTRIGO ORAL TABLET 100-300-300 MG		5	
DESCOVY ORAL TABLET 200-25 MG		5	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	
EDURANT ORAL TABLET 25 MG		5	
efavirenz oral capsule 200 mg	Sustiva	5	
efavirenz oral capsule 50 mg	Sustiva	4	
efavirenz oral tablet 600 mg	Sustiva	5	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	Atripla	5	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	Symfi Lo	5	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	Symfi	5	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
emtricitabine oral capsule 200 mg	Emtriva	2	
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	5	
EMTRIVA ORAL CAPSULE 200 MG		4	
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	2	
EPCLUSA ORAL TABLET 200-50 MG		5	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML		3	
EVOTAZ ORAL TABLET 300-150 MG		5	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
fosamprenavir calcium oral tablet 700 mg	Lexiva	5	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	Available through CVS Specialty (1-800-237-2767)
GENVOYA ORAL TABLET 150-150-200-10 MG		5	
INTELENCE ORAL TABLET 100 MG, 200 MG		5	
INTELENCE ORAL TABLET 25 MG		4	
INVIRASE ORAL CAPSULE 200 MG		5	
INVIRASE ORAL TABLET 500 MG		5	
ISENTRESS HD ORAL TABLET 600 MG		5	
ISENTRESS ORAL PACKET 100 MG		3	
ISENTRESS ORAL TABLET 400 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	
JULUCA ORAL TABLET 50-25 MG		5	
KALETRA ORAL TABLET 100-25 MG		4	
KALETRA ORAL TABLET 200-50 MG		5	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
lamivudine-zidovudine oral tablet 150-300 mg	Combivir	2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
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)
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	
nevirapine oral tablet 200 mg		2	
NORVIR ORAL PACKET 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	
ODEFSEY ORAL TABLET 200-25-25 MG		5	
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)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	MoviPrep	2	
PIFELTRO ORAL TABLET 100 MG		5	
PREZCOBIX ORAL TABLET 800-150 MG		5	
PREZISTA ORAL SUSPENSION 100 MG/ML		5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG		5	
PREZISTA ORAL TABLET 75 MG		4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
RESCRIPTOR ORAL TABLET 100 MG, 200 MG		4	
REYATAZ ORAL PACKET 50 MG		5	
ribasphere oral capsule 200 mg		2	Available through CVS Specialty (1-800-237-2767)
ribasphere oral tablet 200 mg		2	Available through CVS Specialty (1-800-237-2767)
ribasphere oral tablet 400 mg, 600 mg		5	Available through CVS Specialty (1-800-237-2767)
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG		5	Available through CVS Specialty (1-800-237-2767)
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG		5	Available through CVS Specialty (1-800-237-2767)
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED 6 GM		5	Available through CVS Specialty (1-800-237-2767)
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)
rimantadine hcl oral tablet 100 mg		2	
ritonavir oral tablet 100 mg	Norvir	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		5	
SELZENTRY ORAL SOLUTION 20 MG/ML		5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG		5	
SELZENTRY ORAL TABLET 25 MG		4	
sofosbuvir-velpatasvir oral tablet 400-100 mg	Epclusa	5	PA; Available through CVS Specialty (1-800-237-2767)
stavudine oral capsule 15 mg, 20 mg		2	
stavudine oral capsule 30 mg, 40 mg	Zerit	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG		5	
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	
TEMIXYS ORAL TABLET 300-300 MG		5	
tenofovir disoproxil fumarate oral tablet 300 mg	Viread	4	
TIVICAY ORAL TABLET 10 MG		4	
TIVICAY ORAL TABLET 25 MG, 50 MG		5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		4	
TRIUMEQ ORAL TABLET 600-50-300 MG		5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		5	
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	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG		4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 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 (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG		3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG		3	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML		4	
zidovudine oral capsule 100 mg	Retrovir	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
zidovudine oral syrup 50 mg/5ml	Retrovir	2	
zidovudine oral tablet 300 mg		2	
Urinary Anti-infectives			
fosfomycin tromethamine oral packet 3 gm	Monurol	2	
methenamine hippurate oral tablet 1 gm	Hiprex	2	
MONUROL ORAL PACKET 3 GM		4	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrodantin	2	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	Macrobid	2	
nitrofurantoin oral suspension 25 mg/5ml		2	
trimethoprim oral tablet 100 mg		2	
Antineoplastic Agents			
Antineoplastic Agents			
abiraterone acetate oral tablet 250 mg	Zytiga	5	PA NSO; Available through CVS Specialty (1-800-237-2767)
adriamycin intravenous solution 2 mg/ml	Adriamycin	4	PA BvD
adriamycin intravenous solution reconstituted 10 mg, 50 mg		4	PA BvD
adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml		2	PA BvD
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
anastrozole oral tablet 1 mg	Arimidex	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML		5	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML		5	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA NSO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		5	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML		5	
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG		5	
bexarotene oral capsule 75 mg	Targretin	5	
bicalutamide oral tablet 50 mg	Casodex	2	
bleo 15k injection solution reconstituted 15 (15000 iu) unit		2	PA BvD
bleomycin sulfate injection solution reconstituted 15 unit		2	PA BvD
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG		5	PA BvD
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG		5	PA NSO
BRUKINSA ORAL CAPSULE 80 MG		5	PA NSO
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
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	PA NSO
carmustine intravenous solution reconstituted 100 mg	BiCNU	5	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		5	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		5	PA NSO

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO
COTELLIC ORAL TABLET 20 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg		5	
cyclophosphamide oral capsule 25 mg, 50 mg		2	PA BvD
dacarbazine intravenous solution reconstituted 100 mg		2	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML		5	
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML		5	
daunorubicin hcl intravenous solution 50 mg/10ml		2	
DAURISMO ORAL TABLET 100 MG, 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
docetaxel intravenous concentrate 200 mg/10ml		5	
doxorubicin hcl intravenous solution 2 mg/ml	Adriamycin	4	PA BvD
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	Doxil	5	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		4	
EMCYT ORAL CAPSULE 140 MG		5	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	PA NSO
epirubicin hcl intravenous solution 50 mg/25ml	Ellence	2	
ERBITUX INTRAVENOUS SOLUTION 200 MG/100ML		5	
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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; Available through CVS Specialty (1-800-237-2767)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	Afinitor	5	PA NSO; Available through CVS Specialty (1-800-237-2767)
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)
floxuridine injection solution reconstituted 0.5 gm		5	PA BvD
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 50 MG/2ML		5	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml		2	PA BvD
flutamide oral capsule 125 mg		2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML		5	
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML		5	
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml		5	
gemcitabine hcl intravenous solution reconstituted 2 gm, 200 mg		5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG		4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML		5	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		5	
HEXALEN ORAL CAPSULE 50 MG		5	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA NSO
ICLUSIG ORAL TABLET 15 MG, 45 MG		5	PA NSO
idarubicin hcl intravenous solution 20 mg/20ml, 5 mg/5ml	Idamycin PFS	2	
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml		2	
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	Ifex	2	
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, 70 MG		5	PA NSO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		5	PA NSO
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
INQOVI ORAL TABLET 35-100 MG		5	PA NSO; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	Available through CVS Specialty (1-800-237-2767)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	Available through CVS Specialty (1-800-237-2767)
IRESSA ORAL TABLET 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
irinotecan hcl intravenous solution 40 mg/2ml	Camptosar	2	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
irinotecan hcl intravenous solution 500 mg/25ml		2	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG		5	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		5	PA NSO; QL (120 EA per 30 days)
lapatinib ditosylate oral tablet 250 mg	Tykerb	5	PA NSO
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, 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA NSO
LYSODREN ORAL TABLET 500 MG		3	
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML		5	
MATULANE ORAL CAPSULE 50 MG		5	
megestrol acetate oral tablet 20 mg, 40 mg		2	PA NSO; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
MEKTOVI ORAL TABLET 15 MG		5	PA NSO
mercaptopurine oral tablet 50 mg		2	
methotrexate oral tablet 2.5 mg		2	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		2	
methotrexate sodium injection solution 50 mg/2ml		2	
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	Mutamycin	5	
mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	Mutamycin	5	
NERLYNX ORAL TABLET 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
NEXAVAR ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
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; Available through CVS Specialty (1-800-237-2767)
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		5	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML		5	
OPDIVO INTRAVENOUS SOLUTION 240 MG/24ML		5	
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml		2	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg		2	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG		5	PA NSO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		5	PA NSO; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA NSO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA NSO
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG		5	PA NSO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML		5	
PURIXAN ORAL SUSPENSION 2000 MG/100ML		5	
QINLOCK ORAL TABLET 50 MG		5	PA NSO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG		5	PA NSO; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML		5	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ROMIDEPSIN INTRAVENOUS SOLUTION 27.5 MG/5.5ML		5	
romidepsin intravenous solution reconstituted 10 mg	Istodax (Overfill)	5	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
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)
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	
TABRECTA ORAL TABLET 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767); QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG		5	PA NSO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
TAZVERIK ORAL TABLET 200 MG		5	PA NSO
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	Available through CVS Specialty (1-800-237-2767)
TIBSOVO ORAL TABLET 250 MG		5	PA NSO
topotecan hcl intravenous solution 4 mg/4ml		5	
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
TUKYSA ORAL TABLET 150 MG		5	PA NSO; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG		5	PA NSO; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG		5	PA NSO
TYKERB ORAL TABLET 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML		5	
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20ML		5	
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)
vincasar pfs intravenous solution 1 mg/ml		2	PA BvD
vincristine sulfate intravenous solution 1 mg/ml		2	PA BvD

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
vinorelbine tartrate intravenous solution 10 mg/ml	Navelbine	2	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
VIZIMPRO ORAL TABLET 15 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
VIZIMPRO ORAL TABLET 30 MG, 45 MG		5	PA NSO
VOTRIENT ORAL TABLET 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
XATMEP ORAL SOLUTION 2.5 MG/ML		4	
XOSPATA ORAL TABLET 40 MG		5	PA NSO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO
XTANDI ORAL CAPSULE 40 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML		5	PA NSO

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZALTRAP INTRAVENOUS SOLUTION 200 MG/8ML		5	
ZEJULA ORAL CAPSULE 100 MG		5	PA NSO
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		4	
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 CAPSULE 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZYKADIA ORAL TABLET 150 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
ZYTIGA ORAL TABLET 500 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
Antitoxins, Immune Globulins, Toxoids, and Vaccines			
Antitoxins and Immune Globulins			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML		5	PA BvD
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM		5	PA BvD
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML		5	PA BvD
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML		5	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		5	PA BvD
GAMASTAN INTRAMUSCULAR INJECTABLE		3	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	PA BvD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		5	PA BvD
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML		5	PA BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		5	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		5	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		5	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		5	PA BvD
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML		4	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		5	PA BvD
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML		4	
nabi-hb intramuscular solution		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML		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 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		5	PA BvD
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		4	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		5	PA BvD
Toxoids			
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	
Vaccines			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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		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	
MENQUADFI 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	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED		4	
ROTATEQ ORAL SOLUTION		4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		3	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		4	
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	
Autonomic Drugs			
Anticholinergic Agents			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml, 1 mg/10ml		2	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
dicyclomine hcl oral tablet 20 mg		2	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml		2	
glycopyrrolate oral tablet 1 mg, 2 mg		2	
glycopyrrolate oral tablet 1.5 mg	Glycate	2	
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	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	
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)
Autonomic Drugs, Miscellaneous			
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	
Parasympathomimetic (Cholinergic) Agents			
bethanechol chloride oral tablet 5 mg, 50 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
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		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	
Skeletal Muscle Relaxants			
baclofen oral tablet 5 mg		2	
carisoprodol oral tablet 250 mg, 350 mg	Soma	2	PA; AGE (Max 64 Years)
chlorzoxazone oral tablet 250 mg, 500 mg		2	PA; AGE (Max 64 Years)
chlorzoxazone oral tablet 375 mg, 750 mg	Lorzone	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
metaxalone oral tablet 400 mg		2	PA; AGE (Max 64 Years)
metaxalone oral tablet 800 mg	Skelaxin	2	PA; AGE (Max 64 Years)
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	
Sympatholytic (Adrenergic Blocking) Agents			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	2	
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	
Sympathomimetic (Adrenergic) Agents			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		2	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	
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 (nda020503), 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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
dobutamine hcl intravenous solution 500 mg/40ml		2	PA BvD
dobutamine in d5w intravenous solution 1-5 mg/ml-%, 2 mg/ml, 4-5 mg/ml-%		2	PA BvD
dopamine hcl intravenous solution 160 mg/ml, 40 mg/ml, 80 mg/ml		2	PA BvD
dopamine in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%		2	PA BvD
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	
metaproterenol sulfate oral tablet 10 mg, 20 mg		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)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		3	PA BvD

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
PHENYLEPHRINE HCL INJECTION SOLUTION 10 MG/ML		4	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		4	
terbutaline sulfate oral tablet 2.5 mg, 5 mg		2	
Blood Formation,Coagulation & Thrombosis			
Antihemorrhagic Agents			
aminocaproic acid intravenous solution 250 mg/ml		2	
tranexamic acid oral tablet 650 mg	Lysteda	2	
Antithrombotic Agents			
anagrelide hcl oral capsule 0.5 mg	Agrylin	2	
anagrelide hcl oral capsule 1 mg		2	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		2	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	
cilostazol oral tablet 100 mg, 50 mg		2	
clopidogrel bisulfate oral tablet 300 mg		2	
clopidogrel bisulfate oral tablet 75 mg	Plavix	1	GC
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	
enoxaparin sodium injection solution 300 mg/3ml	Lovenox	2	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Lovenox	2	Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 (porcine) in d5w intravenous solution 50-5 unit/ml-%		2	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%		2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		2	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml		2	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 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	
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	
Blood Formation, Coagulation, and Thrombosis Agents Misc.			
TAVALISSE ORAL TABLET 100 MG, 150 MG		5	PA
Hematopoietic Agents			
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)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML		4	PA; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML		4	PA; Available through CVS Specialty (1-800-237-2767)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 300 MCG/0.6ML, 60 MCG/0.3ML		5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 200 MCG/0.4ML, 500 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
MULPLETA ORAL TABLET 3 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	Available through CVS Specialty (1-800-237-2767)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	Available through CVS Specialty (1-800-237-2767)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		4	PA; Available through CVS Specialty (1-800-237-2767)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
PROMACTA ORAL PACKET 12.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
PROMACTA ORAL PACKET 25 MG		5	PA

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
Hemorrheologic Agents			
pentoxifylline er oral tablet extended release 400 mg		2	
Cardiovascular Drugs			
alpha-Adrenergic Blocking Agents			
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	
Antilipemic Agents			
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	1	GC
cholestyramine light oral packet 4 gm	Prevalite	2	
cholestyramine light oral powder 4 gm/dose	Prevalite	2	
cholestyramine oral packet 4 gm	Questran	2	
cholestyramine oral powder 4 gm/dose	Questran	2	
colesevelam hcl oral packet 3.75 gm	Welchol	2	
colesevelam hcl oral tablet 625 mg	Welchol	2	
colestipol hcl oral granules 5 gm	Colestid	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, 54 mg		2	
fenofibrate oral tablet 48 mg	Tricor	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Trilipix	2	
fenofibric acid oral tablet 105 mg, 35 mg	Fibricor	2	
gemfibrozil oral tablet 600 mg	Lopid	2	
icosapent ethyl oral capsule 1 gm	Vascepa	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	
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	Prevalite	2	
prevalite oral powder 4 gm/dose	Prevalite	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		4	PA
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	1	GC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Zocor	1	GC
simvastatin oral tablet 5 mg		1	GC
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM		3	
beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	1	GC

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
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	
esmolol hcl intravenous solution 100 mg/10ml	Brevibloc	2	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	Brevibloc in NaCl	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	
nadolol-bendroflumethiazide oral tablet 40-5 mg		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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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, 160 mg, 80 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	
Calcium-Channel Blocking Agents			
afeditab cr oral tablet extended release 24 hour 30 mg, 60 mg	Afeditab CR	2	
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
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	GC
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cartia XT	2	
diltiazem cd oral capsule extended release 24 hour 240 mg	Cartia XT	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Taztia XT	2	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tiadylt ER	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 coated beads oral capsule extended release 24 hour 360 mg	Cardizem CD	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Matzim LA	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		2	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		2	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml		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	
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	Matzim LA	2	
nicardipine hcl oral capsule 20 mg, 30 mg		2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Afeditab CR	2	
nifedipine er oral tablet extended release 24 hour 90 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Procardia XL	2	
nimodipine oral capsule 30 mg		5	
NYMALIZE ORAL SOLUTION 6 MG/ML, 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, 180 mg, 240 mg, 300 mg, 360 mg	Taztia XT	2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Twynsta	1	GC
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Taztia XT	2	
tiadylt er oral capsule extended release 24 hour 420 mg	Tiadylt ER	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	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Calan SR	2	
verapamil hcl intravenous solution 2.5 mg/ml		2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		2	
Cardiac Drugs			
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Pacerone	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
CORLANOR ORAL SOLUTION 5 MG/5ML		3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG		3	PA
digitek oral tablet 125 mcg, 250 mcg	Digox	2	
digox oral tablet 125 mcg, 250 mcg	Digox	1	GC
DIGOXIN ORAL SOLUTION 0.05 MG/ML		3	
digoxin oral tablet 125 mcg, 250 mcg	Digox	1	GC
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tikosyn	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml		2	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%		2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		2	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml		5	PA BvD
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; Available through CVS Specialty (1-800-237-2767)
VYNDAQEL ORAL CAPSULE 20 MG		5	PA; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Hypotensive Agents			
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	
Renin-Angiotensin-Aldosterone Sys Inhib			
aliskiren fumarate oral tablet 150 mg, 300 mg	Tekturna	2	
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
enalapril-hydrochlorothiazide oral tablet 10-25 mg	Vaseretic	1	GC

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	
EPANED ORAL SOLUTION 1 MG/ML		5	
eplerenone oral tablet 25 mg, 50 mg	Inspra	2	
eprosartan mesylate oral tablet 600 mg		1	
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	Prinivil	1	GC
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 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
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg		1	
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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	2	
spironolactone-hctz oral tablet 25-25 mg	Aldactazide	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		3	
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
Vasodilating Agents			
alyq oral tablet 20 mg	Alyq	5	PA; Available through CVS Specialty (1-800-237-2767)
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 40 mg, 5 mg	Isordil Titradose	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 in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 100 mg, 25 mg, 50 mg	Viagra	2	EX; QL (4 EA per 30 days)
sildenafil citrate oral tablet 20 mg	Revatio	2	PA; Available through CVS Specialty (1-800-237-2767)
TADALAFIL (PAH) ORAL TABLET 20 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
tadalafil oral tablet 10 mg, 20 mg	Cialis	2	EX; QL (4 EA per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	Cialis	2	PA
vardenafil hcl oral tablet 10 mg, 20 mg	Levitra	2	EX; QL (4 EA per 30 days)
vardenafil hcl oral tablet 2.5 mg, 5 mg		2	EX; QL (4 EA per 30 days)
vardenafil hcl oral tablet dispersible 10 mg	Staxyn	2	EX; QL (4 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
Central Nervous System Agents			
Analgesics and Antipyretics			
acetaminophen-codeine #3 oral tablet 300-30 mg		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		2	QL (180 EA per 30 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG		4	QL (60 EA per 30 days)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
butalbital-acetaminophen oral tablet 50-300 mg	Bupap	2	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	2	
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	
butalbital-apap-caffeine oral capsule 50-325-40 mg	Zebutal	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Esgic	2	
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	
butorphanol tartrate nasal solution 10 mg/ml		2	QL (5 ML per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	CeleBREX	2	
CODEINE SULFATE ORAL TABLET 15 MG		2	QL (180 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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
ec-naproxen oral tablet delayed release 375 mg	EC-Naprosyn	2	
ec-naproxen oral tablet delayed release 500 mg		2	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG		4	QL (60 EA per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 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)
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 10-325 mg/15ml, 7.5-325 mg/15ml		2	QL (2700 ML per 30 days)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg		2	QL (390 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Norco	2	QL (360 EA per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		2	
hydrocodone-acetaminophen oral tablet 5-300 mg	Xodol	2	QL (390 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 extended release 24 hour 12 mg, 16 mg, 8 mg		2	QL (30 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg		2	QL (60 EA per 30 days)
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml	Dilaudid	2	
hydromorphone hcl injection solution 4 mg/ml		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 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml		2	
ibuprofen lysine intravenous solution 10 mg/ml	NeoProfen	2	
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	
indomethacin sodium intravenous solution reconstituted 1 mg		2	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		5	QL (60 EA per 30 days)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ketoprofen er oral capsule extended release 24 hour 200 mg		2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		2	
levorphanol tartrate oral tablet 2 mg, 3 mg		5	QL (180 EA per 30 days)
lorcet hd oral tablet 10-325 mg	Norco	2	QL (360 EA per 30 days)
lorcet oral tablet 5-325 mg	Norco	2	QL (360 EA per 30 days)
lorcet plus oral tablet 7.5-325 mg	Norco	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 intensol oral concentrate 10 mg/ml	Methadone HCl Intensol	2	QL (360 ML per 30 days)
methadone hcl oral concentrate 10 mg/ml	Methadone HCl Intensol	2	QL (360 ML per 30 days)
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)
methadose oral concentrate 10 mg/ml	Methadone HCl Intensol	2	QL (360 ML per 30 days)
methadose sugar-free oral concentrate 10 mg/ml	Methadone HCl Intensol	2	QL (360 ML 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)
morphine sulfate oral solution 10 mg/5ml		2	QL (700 ML per 30 days)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	Relafen	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, 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	Roxicodone	2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 5 mg	Oxaydo	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml		2	
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)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 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	Opana	2	QL (180 EA per 30 days)
oxymorphone hcl oral tablet 5 mg		2	QL (180 EA per 30 days)
phrenilin forte oral capsule 50-300-40 mg	Fioricet	2	
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 100 mg		2	QL (120 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 es oral tablet 7.5-300 mg		2	QL (390 EA per 30 days)
vicodin hp oral tablet 10-300 mg		2	QL (390 EA per 30 days)
vicodin oral tablet 5-300 mg	Xodol	2	QL (390 EA per 30 days)
zebutal oral capsule 50-325-40 mg	Zebutal	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG		3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG		3	QL (60 EA per 30 days)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Anorexigenic Agents and Respiratory and CNS Stimulants			
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)
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)

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
methylphenidate 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
SUNOSI ORAL TABLET 150 MG, 75 MG		4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG		4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		4	PA; QL (30 EA per 30 days)
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		5	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML		5	
BANZEL ORAL TABLET 200 MG, 400 MG		5	
BRIVIACT ORAL SOLUTION 10 MG/ML		5	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
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
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	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO
fosphenytoin sodium injection solution 500 mg pe/10ml	Cerebyx	2	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LaMICtal ODT	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Subvenite	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	
lamotrigine starter kit-blue oral kit 35 x 25 mg	Subvenite Starter Kit-Blue	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Subvenite Starter Kit-Green	2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Subvenite Starter Kit-Orange	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 40 gm/1000ml		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	
phenytoin sodium injection solution 50 mg/ml		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)
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, 750 mg	Roweepra	2	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	Roweepra XR	2	
rufinamide oral suspension 40 mg/ml	Banzel	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG		4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Subvenite	2	
subvenite starter kit-blue oral kit 35 x 25 mg	Subvenite Starter Kit-Blue	2	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	Subvenite Starter Kit-Green	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Subvenite Starter Kit-Orange	2	
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	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML		5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML		5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		5	QL (10 EA per 30 days)
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
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG		4	PA NSO
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		4	PA NSO

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		4	PA NSO; QL (30 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		4	PA NSO
zonisamide oral capsule 100 mg, 25 mg	Zonegran	2	
zonisamide oral capsule 50 mg		2	
Antimanic Agents			
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	
Antimigraine Agents			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; Available through CVS Specialty (1-800-237-2767)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		3	PA; QL (1.5 ML per 28 days)
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	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
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)
Antiparkinsonian Agents			
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		2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Sinemet	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
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	
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, 0.5 mg, 0.75 mg, 1 mg	Mirapex	2	
pramipexole dihydrochloride oral tablet 0.25 mg, 1.5 mg		2	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Azilect	2	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG		5	
Anxiolytics, Sedatives, and Hypnotics			
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	
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 injection solution 5 mg/ml		2	
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)
diazepam rectal gel 10 mg, 20 mg	Diastat AcuDial	2	
diazepam rectal gel 2.5 mg	Diastat Pediatric	2	
droperidol injection solution 2.5 mg/ml		2	
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 intramuscular solution 50 mg/ml		2	
hydroxyzine hcl oral syrup 10 mg/5ml		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 injection solution 2 mg/ml, 4 mg/ml	Ativan	2	
lorazepam intensol oral concentrate 2 mg/ml	LORazepam Intensol	2	QL (150 ML per 30 days)
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)
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml		2	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml		2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		2	
phenobarbital oral elixir 20 mg/5ml		2	PA NSO; AGE (Max 64 Years)
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)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Central Nervous System Agents, Misc			
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	
NUEDEXTA ORAL CAPSULE 20-10 MG		4	PA
riluzole oral tablet 50 mg	Rilutek	2	
selegiline hcl oral tablet 5 mg		2	
XYREM ORAL SOLUTION 500 MG/ML		5	PA
Fibromyalgia Agents			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		4	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		4	
Opiate Antagonists			
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Psychotherapeutic Agents			
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)
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, 150 mg, 200 mg	Wellbutrin SR	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Forfivo XL	2	
bupropion hcl oral tablet 100 mg, 75 mg		2	
CAPLYTA ORAL CAPSULE 42 MG		5	ST
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
chlorpromazine hcl injection solution 25 mg/ml		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, 20 mg, 40 mg	CeleXA	1	GC
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	
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		2	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Pristiq	2	
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, 30 MG, 40 MG, 60 MG		4	
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	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Lexapro	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	ST
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	ST
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		4	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST
fluoxetine hcl (pmdd) oral capsule 10 mg		1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PROzac	1	GC
fluoxetine hcl oral capsule delayed release 90 mg		2	
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	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	Haldol Decanoate	2	
haloperidol lactate injection solution 5 mg/ml	Haldol	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML		5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML		5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		5	ST
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	
mirtazapine oral tablet 45 mg, 7.5 mg		2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	2	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		2	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 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; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
NUPLAZID ORAL TABLET 17 MG		5	PA NSO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZyPREXA	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZyPREXA Zydis	2	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg	Invega	4	
paliperidone er oral tablet extended release 24 hour 9 mg	Invega	5	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Paxil CR	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Paxil	2	
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	
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, 200 mg, 300 mg, 400 mg, 50 mg	SEROquel XR	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	ST
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
risperidone oral solution 1 mg/ml	RisperDAL	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		5	ST
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	PA NSO
sertraline hcl oral concentrate 20 mg/ml	Zoloft	2	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Zoloft	1	GC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO
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	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Effexor XR	2	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	ST
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
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Geodon	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG		4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG		5	
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
INGREZZA ORAL CAPSULE 40 MG, 80 MG		5	PA
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		5	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Xenazine	5	PA; Available through CVS Specialty (1-800-237-2767)
Devices			
Devices			
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, 29g x 1/2" 1 ml		2	QL (200 EA per 30 days)
Electrolytic, Caloric, and Water Balance			

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Alkalinizing Agents			
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	
Ammonia Detoxicants			
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 encephalopathy 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	
Caloric Agents			
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %		4	PA BvD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %		4	PA BvD
AMINOSYN INTRAVENOUS SOLUTION 10 %, 8.5 %		4	PA BvD
AMINOSYN M INTRAVENOUS SOLUTION 3.5 %		4	PA BvD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %		4	PA BvD
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %		4	PA BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %		4	PA BvD
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %		4	PA BvD

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %		4	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		4	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		4	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		4	PA BvD
clinisol sf intravenous solution 15 %		4	PA BvD
DEXTROSE INTRAVENOUS SOLUTION 10 %		2	PA BvD
dextrose intravenous solution 20 %, 250 mg/ml, 5 %, 50 %, 70 %		2	PA BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %		4	PA BvD
FREAMINE III INTRAVENOUS SOLUTION 10 %		4	PA BvD
glucose intravenous solution 5 %		2	PA BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %		4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		4	PA BvD

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
KABIVEN INTRAVENOUS EMULSION 3.3-9.8-3.9-0.7 %		4	PA BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %		4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA BvD
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML		4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %		5	PA BvD
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
smoflipid intravenous emulsion 20 %		2	PA BvD
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %		4	PA BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %, 6 %		4	PA BvD
Diuretics			
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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; Available through CVS Specialty (1-800-237-2767)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
methyclothiazide oral tablet 5 mg		2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
torsemide 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
Ion-removing Agents			
AURYXIA ORAL TABLET 1 GM 210 MG(FE)		5	PA
FOSRENOL ORAL PACKET 1000 MG, 750 MG		5	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate rectal suspension 30 gm/120ml		2	
sps oral suspension 15 gm/60ml	Kionex	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG		5	
Irrigating Solutions			
acetic acid irrigation solution 0.25 %		2	
SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %		2	
Replacement Preparations			
calcium acetate (phos binder) oral capsule 667 mg	PhosLo	2	
calcium acetate (phos binder) oral tablet 667 mg	Calphron	2	
dextrose 5%/electrolyte #48 intravenous solution		2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %		2	PA BvD
dextrose-nacl intravenous solution 5-0.225 %, 5-0.3 %, 5-0.33 %		2	PA BvD
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-S INTRAVENOUS SOLUTION		4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		4	
kcl in d5w lactated ringers intravenous solution 40 meq/l		2	PA BvD
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 in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%		2	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		2	PA BvD

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

Drug Name	Brand Name (Reference Only)	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 10 meq, 8 meq	Klor-Con Sprinkle	2	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%		2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION		4	
NORMOSOL-R INTRAVENOUS SOLUTION		4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
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-%		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
potassium chloride in dextrose intravenous solution 40-5 meq/l-%		2	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%		2	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		2	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML		2	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml		2	
potassium chloride oral packet 20 meq	Klor-Con	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		2	
potassium chloride proamp intravenous solution 2 meq/ml		2	
sodium chloride injection solution 2.5 meq/ml		2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 3 %, 5 %		2	
sodium chloride intravenous solution 0.9 %		2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		4	
Uricosuric Agents			
colchicine-probenecid oral tablet 0.5-500 mg		2	
probenecid oral tablet 500 mg		2	
Enzymes			
Enzymes			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG		5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA BvD; Available through CVS Specialty (1-800-237-2767)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		5	PA

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		5	
Eye, Ear, Nose & Throat Preparations			
Antiallergic Agents			
azelastine hcl nasal solution 0.1 %, 0.15 %		2	
azelastine hcl ophthalmic solution 0.05 %		2	
cromolyn sodium ophthalmic solution 4 %		2	
epinastine hcl ophthalmic solution 0.05 %		2	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %		4	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Pataday	2	
Antiglaucoma Agents			
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 %		2	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		3	ST
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	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %		4	
Anti-infectives			
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Polycin	2	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
neo-polycin ophthalmic ointment 3.5-400-10000	Neo-Polycin	2	
ofloxacin ophthalmic solution 0.3 %	Ocuflox	2	
ofloxacin otic solution 0.3 %		2	
paroex mouth/throat solution 0.12 %	Paroex	2	
periogard mouth/throat solution 0.12 %	Paroex	2	
polycin ophthalmic ointment 500-10000 unit/gm	Polycin	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	
tobramycin ophthalmic solution 0.3 %	Tobrex	2	
TOBREX OPHTHALMIC OINTMENT 0.3 %		4	
trifluridine ophthalmic solution 1 %		2	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
Anti-inflammatory Agents			
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Neo-Polycin HC	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Ciprodex	2	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML		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	
ketorolac tromethamine ophthalmic solution 0.5 %	Acular	2	
LOTEMAX OPHTHALMIC GEL 0.5 %		4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 solution 3.5-10000-1		2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		2	
neo-polycin hc ophthalmic ointment 1 %	Neo-Polycin HC	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		4	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		4	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		4	
prednisolone acetate ophthalmic suspension 1 %	Pred Forte	2	
prednisolone sodium phosphate ophthalmic solution 1 %		2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %		4	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		4	
RESTASIS OPHTHALMIC EMULSION 0.05 %		4	
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		4	
EENT Drugs, Miscellaneous			
acetic acid otic solution 2 %		2	
apraclonidine hcl ophthalmic solution 0.5 %		2	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %		5	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	
Local Anesthetics			
lidocaine hcl mouth/throat solution 4 %		2	
lidocaine viscous hcl mouth/throat solution 2 %		2	
proparacaine hcl ophthalmic solution 0.5 %	Alcaine	2	
Mydriatics			
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		2	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	Cyclogyl	2	
Vasoconstrictors			
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Altafrin	2	
Eye, Ear, Nose + Throat Preparations			
Anti-infectives			
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Moxeza	2	
Anti-inflammatory Agents			
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	
EENT Drugs, Miscellaneous			

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
OXERVATE OPHTHALMIC SOLUTION 0.002 %		5	PA
Vasoconstrictors			
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Altafrin	2	
Gastrointestinal Drugs			
Antidiarrhea Agents			
diphenatol oral tablet 2.5-0.025 mg	Lomotil	2	
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	
loperamide hcl oral solution 1 mg/7.5ml, 2 mg/15ml		2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG		4	
XERMELO ORAL TABLET 250 MG		5	PA
Antiemetics			
ANZEMET ORAL TABLET 100 MG		5	PA BvD
ANZEMET ORAL TABLET 50 MG		4	PA BvD
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
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, 8 mg		2	PA BvD
ondansetron hcl oral tablet 4 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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Anti-inflammatory Agents			
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 er oral capsule extended release 24 hour 0.375 gm	Apriso	2	
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	
mesalamine-cleanser rectal kit 4 gm	Rowasa	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		3	
Antiulcer Agents and Acid Suppressants			
amoxicill-clarithro-lansopraz oral		2	
CARAFATE ORAL SUSPENSION 1 GM/10ML		4	
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 intravenous solution 200 mg/20ml, 40 mg/4ml		2	
famotidine oral suspension reconstituted 40 mg/5ml		2	
famotidine oral tablet 20 mg, 40 mg	Pepcid	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 injection solution 150 mg/6ml		2	
ranitidine hcl oral capsule 150 mg, 300 mg		2	
ranitidine hcl oral syrup 75 mg/5ml		2	
ranitidine hcl oral tablet 150 mg, 300 mg		2	
sucralfate oral suspension 1 gm/10ml	Carafate	2	
sucralfate oral tablet 1 gm	Carafate	2	
Cathartics and Laxatives			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML		3	
gavilyte-c oral solution reconstituted 240 gm	GaviLyte-C	2	
gavilyte-g oral solution reconstituted 236 gm	GaviLyte-G	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	
peg-3350/electrolytes oral solution reconstituted 236 gm	GaviLyte-G	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	MoviPrep	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Digestants			
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	
GI Drugs, Miscellaneous			
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)
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	
Prokinetic Agents			
metoclopramide hcl oral solution 10 mg/10ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	2	
Gold Compounds			
Gold Compounds			
RIDAURA ORAL CAPSULE 3 MG		5	
Heavy Metal Antagonists			

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Heavy Metal Antagonists			
CHEMET ORAL CAPSULE 100 MG		5	
clovique oral capsule 250 mg	Clovique	5	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Exjade	5	Available through CVS Specialty (1-800-237-2767)
deferiprone oral tablet 500 mg	Ferriprox	5	
DEPEN TITRATABS ORAL TABLET 250 MG		5	
FERRIPROX ORAL SOLUTION 100 MG/ML		5	
FERRIPROX ORAL TABLET 1000 MG, 500 MG		5	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG		5	
penicillamine oral tablet 250 mg	Depen Titratabs	5	
trientine hcl oral capsule 250 mg	Clovique	5	
Hormones and Synthetic Substitutes			
Adrenals			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	Celestone Soluspan	2	PA BvD
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		3	
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	
deltasone oral tablet 20 mg		2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		4	
dexamethasone oral elixir 0.5 mg/5ml		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
dexamethasone oral solution 0.5 mg/5ml		2	
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)	HiDex 6-Day	2	
dexamethasone oral tablet therapy pack 1.5 mg (35), 1.5 mg (51)		2	
dexamethasone sod phosphate pf injection solution 10 mg/ml		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml		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 acetate injection suspension 40 mg/ml	Depo-Medrol	2	
methylprednisolone acetate injection suspension 80 mg/ml	DEPO-Medrol	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Medrol	2	
methylprednisolone oral tablet therapy pack 4 mg	Medrol	2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg	Solu-MEDROL	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	SOLU-medrol	2	
methylprednisolone sodium succ injection solution reconstituted 500 mg	SOLU-Medrol	2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 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	
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 INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT		4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		4	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 2 GM, 40 MG, 500 MG		4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH		3	
triamcinolone acetonide injection suspension 40 mg/ml	Kenalog	3	
Androgens			

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
ANADROL-50 ORAL TABLET 50 MG		5	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR		3	
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	
testosterone transdermal gel 10 mg/act (2%)	Fortesta	2	
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	2	
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	AndroGel	2	
testosterone transdermal gel 20.25 mg/act (1.62%)	AndroGel Pump	2	
Antidiabetic Agents			
acarbose oral tablet 100 mg, 25 mg, 50 mg	Precose	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Amaryl	1	GC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Glucotrol XL	1	GC
glipizide oral tablet 10 mg, 5 mg	Glucotrol	1	GC
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Glucotrol XL	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	GC
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Glynase	1	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	GC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	GC

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 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 U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 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	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		3	
HUMULIN R U-500 VIAL 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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		3	
INVOKANA ORAL TABLET 100 MG, 300 MG		3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG		3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG		3	
KORLYM ORAL TABLET 300 MG		5	PA
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	
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	Fortamet	1	GC
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg		1	GC
metformin hcl oral solution 500 mg/5ml	Riomet	2	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		1	GC
nateglinide oral tablet 120 mg, 60 mg	Starlix	1	GC

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		3	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		3	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 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, 30 mg, 45 mg	Actos	1	GC
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Duetact	1	GC
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Actoplus Met	1	GC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		1	GC
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg		2	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML		4	
RIOMET ORAL SOLUTION 500 MG/5ML		4	
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	
tolazamide oral tablet 250 mg, 500 mg		1	
tolbutamide oral tablet 500 mg		1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	
TRADJENTA ORAL TABLET 5 MG		3	
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 MG/0.5ML, 4.5 MG/0.5ML		3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		3	QL (9 ML per 30 days)
Antihypoglycemic Agents			
diazoxide oral suspension 50 mg/ml	Proglycem	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
GLUCAGON EMERGENCY KIT INJECTION KIT 1 MG		3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	Afirmelle	2	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Cyclafem 7/7/7	2	
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 eq oral tablet 0.1-20 mg-mcg	Afirmelle	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
aubra oral tablet 0.1-20 mg-mcg	Afirmelle	2	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
aurovela 1/20 oral tablet 1-20 mg-mcg	Aurovela 1/20	2	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
aviane oral tablet 0.1-20 mg-mcg	Afirmelle	2	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
camila oral tablet 0.35 mg	Camila	2	
camrese oral tablet 0.15-0.03 &0.01 mg	Amethia	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	Cyclafem 7/7/7	2	
cyred oral tablet 0.15-30 mg-mcg	Apri	2	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Cyclafem 7/7/7	2	
daysee oral tablet 0.15-0.03 &0.01 mg	Amethia	2	
deblitane oral tablet 0.35 mg	Camila	2	
delyla oral tablet 0.1-20 mg-mcg	Afirmelle	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Apri	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	Gianvi	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	Ocella	2	
elinest oral tablet 0.3-30 mg-mcg		2	
ELLA ORAL TABLET 30 MG		3	
eluryng vaginal ring 0.12-0.015 mg/24hr	EluRyng	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	EluRyng	2	
falmina oral tablet 0.1-20 mg-mcg	Afirmelle	2	
femynor oral tablet 0.25-35 mg-mcg	Estarylla	2	
gianvi oral tablet 3-0.02 mg	Gianvi	2	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
hailey fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
heather oral tablet 0.35 mg	Camila	2	
incassia oral tablet 0.35 mg	Camila	2	
introvale oral tablet 0.15-0.03 mg	Introvale	2	
isibloom oral tablet 0.15-30 mg-mcg	Apri	2	
jaimiess oral tablet 0.15-0.03 &0.01 mg	Amethia	2	
jasmiel oral tablet 3-0.02 mg	Gianvi	2	
jencycla oral tablet 0.35 mg	Camila	2	
jolessa oral tablet 0.15-0.03 mg	Introvale	2	
jolivette oral tablet 0.35 mg	Camila	2	
juleber oral tablet 0.15-30 mg-mcg	Apri	2	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
junel 1/20 oral tablet 1-20 mg-mcg	Aurovela 1/20	2	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
junel fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
junel fe 24 oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
kalliga oral tablet 0.15-30 mg-mcg	Apri	2	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
larin 1/20 oral tablet 1-20 mg-mcg	Aurovela 1/20	2	
larin 24 fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
larin fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
larissia oral tablet 0.1-20 mg-mcg	Afirmelle	2	
lessina oral tablet 0.1-20 mg-mcg	Afirmelle	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg	Amethia	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	Introvale	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Afirmelle	2	
loryna oral tablet 3-0.02 mg	Gianvi	2	
low-ogestrel oral tablet 0.3-30 mg-mcg		2	
lo-zumandimine oral tablet 3-0.02 mg	Gianvi	2	
lutera oral tablet 0.1-20 mg-mcg	Afirmelle	2	
lyza oral tablet 0.35 mg	Camila	2	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
microgestin 1/20 oral tablet 1-20 mg-mcg	Aurovela 1/20	2	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
mili oral tablet 0.25-35 mg-mcg	Estarylla	2	
mono-linyah oral tablet 0.25-35 mg-mcg	Estarylla	2	
mononessa oral tablet 0.25-35 mg-mcg	Estarylla	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Cyclafem 7/7/7	2	
nikki oral tablet 3-0.02 mg	Gianvi	2	
nora-be oral tablet 0.35 mg	Camila	2	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Aurovela 1/20	2	
norethindrone oral tablet 0.35 mg	Camila	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
norlyda oral tablet 0.35 mg	Camila	2	
norlyroc oral tablet 0.35 mg	Camila	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	Cyclafem 7/7/7	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	Afirmelle	2	
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Cyclafem 7/7/7	2	
previfem oral tablet 0.25-35 mg-mcg	Estarylla	2	
quasense oral tablet 0.15-0.03 mg	Introvale	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	
simpesse oral tablet 0.15-0.03 &0.01 mg	Amethia	2	
sprintec 28 oral tablet 0.25-35 mg-mcg	Estarylla	2	
sronyx oral tablet 0.1-20 mg-mcg	Afirmelle	2	
syeda oral tablet 3-0.03 mg	Ocella	2	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	Aurovela 24 FE	2	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
tarina fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
tri-lo-mili 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	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	2	
tulana oral tablet 0.35 mg	Camila	2	
tyblume oral tablet 0.1-20 mg-mcg	Afirmelle	2	
vestura oral tablet 3-0.02 mg	Gianvi	2	
vienva oral tablet 0.1-20 mg-mcg	Afirmelle	2	
vylibra oral tablet 0.25-35 mg-mcg	Estarylla	2	
wera oral tablet 0.5-35 mg-mcg		2	
xulane transdermal patch weekly 150-35 mcg/24hr		2	
zarah oral tablet 3-0.03 mg	Ocella	2	
zumandimine oral tablet 3-0.03 mg	Ocella	2	
Estrogens and Antiestrogens			
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	Yuvafem	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	Delestrogen	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Amabelz	2	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg		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	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	Amabelz	2	
mimvey lo oral tablet 0.5-0.1 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	Yuvafem	2	
Gonadotropins and Antigonadotropins			
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 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	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG		5	PA; QL (56 EA per 28 days)
ORILISSA ORAL TABLET 150 MG, 200 MG		5	PA
SYNAREL NASAL SOLUTION 2 MG/ML		5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		5	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG		5	
Parathyroid and Antiparathyroid Agents			
calcitonin (salmon) nasal solution 200 unit/act	Miacalcin	2	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Sensipar	5	Available through CVS Specialty (1-800-237-2767)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 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)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		5	PA

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; Available through CVS Specialty (1-800-237-2767)
Pituitary			
desmopressin ace spray refrig nasal solution 0.01 %		2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	2	
desmopressin acetate spray nasal solution 0.01 %	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 PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
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	Available through CVS Specialty (1-800-237-2767)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
Progestins			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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, 625 mg/5ml		2	PA NSO; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	Aygestin	2	
progesterone intramuscular oil 50 mg/ml		2	
progesterone micronized oral capsule 100 mg, 200 mg	Prometrium	2	
Somatostatin Agonists and Antagonists			
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
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)
Somatotropin Agonists and Antagonists			
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG		5	PA
Thyroid and Antithyroid Agents			
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	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
Local Anesthetics			
Local Anesthetics			
lidocaine hcl (pf) injection solution 1 %, 1.5 %, 2 %	Xylocaine-MPF	2	
lidocaine hcl (pf) injection solution 4 %		2	
lidocaine hcl injection solution 0.5 %, 1 %	Xylocaine	2	
Miscellaneous Therapeutic Agents			
5-alpha-Reductase Inhibitors			
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	2	
finasteride oral tablet 5 mg	Proscar	2	
Antidotes			
CETYLEV ORAL TABLET EFFERVESCENT 2.5 GM, 500 MG		4	
levoleucovorin calcium intravenous solution reconstituted 175 mg, 50 mg		5	
levoleucovorin calcium pf intravenous solution 250 mg/25ml		5	
Antigout Agents			
COLCHICINE ORAL CAPSULE 0.6 MG		2	
febuxostat oral tablet 40 mg, 80 mg	Uloric	2	
ULORIC ORAL TABLET 40 MG, 80 MG		4	ST
Antisense Oligonucleotides			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML		5	PA
Bone Resorption Inhibitors			

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
alendronate sodium oral solution 70 mg/75ml		2	
alendronate sodium oral tablet 10 mg, 35 mg		1	GC
alendronate sodium oral tablet 40 mg		2	
alendronate sodium oral tablet 5 mg		1	
alendronate sodium oral tablet 70 mg	Fosamax	1	GC
etidronate disodium oral tablet 200 mg, 400 mg		2	
ibandronate sodium oral tablet 150 mg	Boniva	2	
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg		2	
risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack)	Actonel	2	
risedronate sodium oral tablet 5 mg		2	
risedronate sodium oral tablet delayed release 35 mg	Atelvia	2	
Cariostatic Agents			
fluorabon oral solution 0.55 (0.25 f) mg/0.6ml		2	
fluoritab oral solution 0.275 (0.125 f) mg/drop	NaFrinse Drops	2	
fluoritab oral tablet chewable 1.1 (0.5 f) mg		2	
fluoritab oral tablet chewable 2.2 (1 f) mg	NaFrinse	2	
ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg		2	
ludent oral tablet chewable 2.2 (1 f) mg	NaFrinse	2	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg		2	
sodium fluoride oral tablet chewable 2.2 (1 f) mg	NaFrinse	2	
Complement Inhibitors			
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)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
icatibant acetate subcutaneous solution 30 mg/3ml	Firazyr	5	PA; Available through CVS Specialty (1-800-237-2767)
Disease-modifying Antirheumatic Drugs			
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 25 MG/0.5ML		5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 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
leflunomide oral tablet 10 mg, 20 mg	Arava	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
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)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
Immunomodulatory Agents			
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tecfidera	5	PA
dimethyl fumarate starter pack oral 120 & 240 mg	Tecfidera	5	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		5	PA; Available through CVS Specialty (1-800-237-2767)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767)
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Glatopa	5	PA; Available through CVS Specialty (1-800-237-2767)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		5	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800-237-2767)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		5	PA; Available through CVS Specialty (1-800-237-2767)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		5	PA; Available through CVS Specialty (1-800-237-2767)
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)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
Immunosuppressive Agents			
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

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
cyclosporine oral capsule 100 mg, 25 mg	SandIMMUNE	2	PA BvD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Zortress	5	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
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA BvD
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG		5	
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
Miscellaneous Therapeutic Agents			
acetylcysteine inhalation solution 10 %, 20 %		2	PA BvD
acetylcysteine intravenous solution 200 mg/ml	Acetadote	2	
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	
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG		5	PA; Available through CVS Specialty (1-800-237-2767)
azathioprine oral tablet 50 mg	Imuran	2	PA BvD
colchicine oral tablet 0.6 mg	Colcrys	2	
disulfiram oral tablet 250 mg, 500 mg	Antabuse	2	
dutasteride oral capsule 0.5 mg	Avodart	2	
ELMIRON ORAL CAPSULE 100 MG		4	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
flura-drops oral solution 0.55 (0.25 f) mg/drop		2	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml		2	
leucovorin calcium injection solution reconstituted 50 mg		2	
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
sodium fluoride oral solution 1.1 (0.5 f) mg/ml		2	
THALOMID ORAL CAPSULE 50 MG		5	PA NSO; Available through CVS Specialty (1-800-237-2767)
Other Miscellaneous Therapeutic Agents			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
CERDELGA ORAL CAPSULE 84 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
CYSTADANE ORAL POWDER		5	
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)
DEMSER ORAL CAPSULE 250 MG		5	
ENDARI ORAL PACKET 5 GM		5	PA
GALAFOLD ORAL CAPSULE 123 MG		5	PA
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)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
levocarnitine oral solution 1 gm/10ml	Carnitor	2	
LEVOCARNITINE ORAL TABLET 330 MG		2	
metyrosine oral capsule 250 mg	Demser	5	
miglustat oral capsule 100 mg	Zavesca	5	PA; Available through CVS Specialty (1-800-237-2767)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Orfadin	5	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Kuvan	5	PA
sapropterin dihydrochloride oral tablet soluble 100 mg	Kuvan	5	PA
TYBOST ORAL TABLET 150 MG		3	
Protective Agents			
dexrazoxane intravenous solution reconstituted 500 mg		2	
Oxytocics			
Oxytocics			
methergine oral tablet 0.2 mg	Methergine	2	
methylergonovine maleate injection solution 0.2 mg/ml		2	
methylergonovine maleate oral tablet 0.2 mg	Methergine	2	
Respiratory Tract Agents			
Antifibrotic Agents			
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)
Anti-inflammatory Agents			

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		5	PA
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; Available through CVS Specialty (1-800-237-2767)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; Available through CVS Specialty (1-800-237-2767)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; Available through CVS Specialty (1-800-237-2767)
zafirlukast oral tablet 10 mg, 20 mg	Accolate	2	
Antitussives			
benzonatate oral capsule 100 mg	Tessalon Perles	2	EX
benzonatate oral capsule 150 mg, 200 mg		2	EX
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml		2	EX
hydrocodone-homatropine oral tablet 5-1.5 mg		2	EX
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml		2	EX
promethazine-codeine oral syrup 6.25-10 mg/5ml		2	EX
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml		2	EX
tussigon oral tablet 5-1.5 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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Cystic Fibrosis Transmembrane Conductance Regulator Modulators			
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
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG		5	PA
Phosphodiesterase Type 4 Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		3	
Respiratory Tract Agents, Miscellaneous			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG		5	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML		5	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		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	
Vasodilating Agents			
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)

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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; Available through CVS Specialty (1-800-237-2767)
epoprostenol sodium intravenous solution reconstituted 0.5 mg	Flolan	2	PA BvD
epoprostenol sodium intravenous solution reconstituted 1.5 mg	Flolan	5	PA BvD
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)
Skin and Mucous Membrane Preparations			
Anti-infectives			
acyclovir external cream 5 %	Zovirax	2	
acyclovir external ointment 5 %	Zovirax	4	
ALTABAX EXTERNAL OINTMENT 1 %		4	
AVC VAGINAL VAGINAL CREAM 15 %		3	
BACTROBAN NASAL NASAL OINTMENT 2 %		4	
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	
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	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
clindamycin phos-benzoyl perox external gel 1-5 %	BenzaClin	2	
clindamycin phosphate external foam 1 %	Evoclin	2	
clindamycin phosphate external gel 1 %	Clindagel	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 %	Desenex	2	
clotrimazole external solution 1 %	FungiCure Intensive/NailGuard	2	
clotrimazole mouth/throat troche 10 mg		2	
clotrimazole-betamethasone external cream 1-0.05 %		2	
clotrimazole-betamethasone external lotion 1-0.05 %		2	
crotan external lotion 10 %		2	
econazole nitrate external cream 1 %		2	
ery external pad 2 %		2	
erythromycin external gel 2 %	Erygel	2	
erythromycin external pad 2 %		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 %		2	
lindane external shampoo 1 %		2	
malathion external lotion 0.5 %	Ovide	2	
MENTAX EXTERNAL CREAM 1 %		4	
metronidazole external cream 0.75 %	Rosadan	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
rosadan external cream 0.75 %	Rosadan	2	
rosadan external gel 0.75 %	Rosadan	2	
selenium sulfide external lotion 2.5 %		2	
silver sulfadiazine external cream 1 %	SSD	2	
SSD EXTERNAL CREAM 1 %		2	
sulconazole nitrate external solution 1 %	Exelderm	4	
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	
Anti-inflammatory Agents			
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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
alclometasone dipropionate external ointment 0.05 %		2	
beser 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	
calcipotriene-betameth diprop external suspension 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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
clobetasol propionate external shampoo 0.05 %	Clobex	2	
clobetasol propionate external solution 0.05 %		2	
clocortolone pivalate external cream 0.1 %	Cloderm	2	
clocortolone pivalate pump external cream 0.1 %	Cloderm	2	
colocort rectal enema 100 mg/60ml	Cortenema	2	
CORTIFOAM EXTERNAL FOAM 10 %		4	
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 gel 0.05 %	Desonate	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 body external oil 0.01 %	Derma-Smoothe/FS Body	2	
fluocinolone acetonide external cream 0.01 %		2	
fluocinolone acetonide external cream 0.025 %	Synalar	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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 cream 0.05 %		2	
fluocinonide external gel 0.05 %		2	
fluocinonide external ointment 0.05 %		2	
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 (perianal) external cream 2.5 %	Procto-Med HC	2	
hydrocortisone butyr lipo base external cream 0.1 %	Locoid Lipocream	2	
hydrocortisone butyrate external cream 0.1 %		2	
hydrocortisone butyrate external ointment 0.1 %		2	
hydrocortisone butyrate external solution 0.1 %		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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
hydrocortisone external ointment 2.5 %		2	
hydrocortisone in absorbase external ointment 1 %	Cortizone-10	2	
hydrocortisone rectal cream 1 %	Procto-Pak	2	
hydrocortisone rectal enema 100 mg/60ml	Cortenema	2	
hydrocortisone valerate external cream 0.2 %		2	
hydrocortisone valerate external ointment 0.2 %		2	
klofensaid ii external solution 1.5 %		2	
mometasone furoate external cream 0.1 %		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	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		2	
oralone mouth/throat paste 0.1 %	Oralone	2	
prednicarbate external cream 0.1 %		2	
prednicarbate external ointment 0.1 %		2	
procto-med hc external cream 2.5 %	Procto-Med HC	2	
procto-pak external cream 1 %	Procto-Pak	2	
proctosol hc external cream 2.5 %	Procto-Med HC	2	
proctozone-hc external cream 2.5 %	Procto-Med HC	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	

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

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		2	
triamcinolone acetonide external ointment 0.05 %	Trianex	2	
triamcinolone acetonide mouth/throat paste 0.1 %	Oralone	2	
triderm external cream 0.1 %, 0.5 %	Triderm	2	
Antipruritics and Local Anesthetics			
doxepin hcl external cream 5 %	Prudoxin	2	
glydo external prefilled syringe 2 %		2	PA
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram-HC	2	
lidocaine external ointment 5 %		2	PA
lidocaine external patch 5 %	Lidoderm	2	PA
lidocaine hcl external gel 2 %	7T Lido	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
Cell Stimulants and Proliferants			
AVITA EXTERNAL CREAM 0.025 %		2	PA
AVITA EXTERNAL GEL 0.025 %		2	PA
tretinoin external cream 0.025 %	Avita	2	PA
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
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Retin-A Micro	2	PA
Depigmenting and Pigmenting Agents			
methoxsalen rapid oral capsule 10 mg	Oxsoralen Ultra	5	
Emollients, Demulcents, and Protectants			
ammonium lactate external cream 12 %		2	
ammonium lactate external lotion 12 %	AL12	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Agents, Misc			
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	
calcitrene external ointment 0.005 %	Calcitrene	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	
doxycycline oral capsule delayed release 40 mg	Oracea	2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML		5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; Available through CVS Specialty (1-800-237-2767)
FINACEA EXTERNAL FOAM 15 %		4	
FLUOROPLEX EXTERNAL CREAM 1 %		5	
fluorouracil external cream 0.5 %	Carac	5	
fluorouracil external cream 5 %	Efudex	2	
fluorouracil external solution 2 %, 5 %		2	
imiquimod external cream 5 %	Aldara	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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Claravis	2	
Smooth Muscle Relaxants			
Genitourinary Smooth Muscle Relaxants			
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Enablex	2	
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	

Drug Name	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
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	
trospium chloride er oral capsule extended release 24 hour 60 mg		2	
trospium chloride oral tablet 20 mg		2	
VESICARE ORAL TABLET 10 MG, 5 MG		3	
Respiratory Smooth Muscle Relaxants			
aminophylline intravenous solution 25 mg/ml		2	
elixophyllin oral elixir 80 mg/15ml		2	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg		2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		2	
theophylline oral solution 80 mg/15ml		2	
Vitamins			
Multivitamin Preparations			
adc/f (0.5mg/ml) oral solution 0.5 mg/ml		2	
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml		2	
multivitamin/fluoride oral solution 0.5 mg/ml	Quflora Pediatric	2	
multivitamin/fluoride oral tablet chewable 1 mg	Quflora Pediatric	2	
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml		2	
mvc-fluoride oral tablet chewable 1 mg	Quflora Pediatric	2	
poly-vi-flor oral suspension 0.25 mg/ml		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	Brand Name (Reference Only)	Drug Tier	Requirements/Limits
poly-vi-flor oral tablet chewable 1 mg		2	
poly-vi-flor/iron oral suspension 0.25-7 mg/ml		2	
poly-vi-flor/iron oral tablet chewable 0.5-10 mg		2	
tri-vi-flor oral suspension 0.25 mg/ml, 0.5 mg/ml		2	
tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml		2	
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml		2	
vitamins acd-fluoride oral solution 0.25 mg/ml		2	
Vitamin B Complex			
cyanocobalamin injection solution 1000 mcg/ml		2	EX
folic acid oral tablet 1 mg		1	EX
niacin (antihyperlipidemic) oral tablet 500 mg	Niacor	2	
Vitamin D			
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Drisdol	1	EX; QL (4 EA per 28 days)
Vitamins			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	2	
calcitriol oral solution 1 mcg/ml	Rocaltrol	2	
niacor oral tablet 500 mg	Niacor	2	
paricalcitol oral capsule 1 mcg, 2 mcg	Zemplar	2	
paricalcitol oral capsule 4 mcg		2	
prenatal oral tablet 27-1 mg	NeoNatal Plus	2	

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

A

D

E

Harvard Pilgrim Health Care

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)

إنتباه: إذا أنت تتكلم ألُلُغةِ **ألعربية** ، خَدَمات ألمُساعَدة ألُلُغَوية مُتَوفرة لك مَجانا.ً **إتصل على 1 -888-609-0692**

(TTY: 711)

ខ្មែរ (Cambodian) ប្រសុំជូនដំណឹង៖ បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-609-0692 (TTY: 711)។

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

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

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

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

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

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

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

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

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. 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[SM], 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

Formulary File ID# 20231 , Version Number 23

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract.
Enrollment in Stride[SM] (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

This formulary was updated on 11/02/20 . 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**.

93 Worcester Street
Wellesley, MA 02481

Y0098_20134_C