

Value 5-Tier 2022 Prescription Drug List



Call Member Services at **(888) 333-4742** (TTY: 711)



Visit **harvardpilgrim.org/rx** to:

- Locate a participating retail pharmacy
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



This list is subject to change at any time. Created: August 1, 2021
Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,
Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

About Harvard Pilgrim's formulary

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

Harvard Pilgrim's Value 5-Tier Prescription Drug Program

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

How do I use my Value 5-Tier Prescription Drug List?

The following list is alphabetical, with a coverage indicator listed to the right of the drug name. To find out how we cover a drug you are currently taking:

1. Under "Drug," look up the name of your medication.
2. Once you find the medication, check the coverage indicator to the right of the drug name.

Coverage indicator	Description
\$0	Drug may be covered without member cost sharing for some benefit plans.
Tier 1 (\$)	Tier 1 is made up of lower costing generic drugs that have been selected by Harvard Pilgrim. These drugs contain the same active ingredients as their brand-name counterparts.
Tier 2 (\$\$)	Tier 2 is made up of higher costing generic drugs. These drugs contain the same active ingredients as their brand-name counterparts.
Tier 3 (\$\$\$)	Tier 3 is primarily made up of preferred brand name drugs that have no generic equivalents available. These drugs have been selected by Harvard Pilgrim because of their overall high value based on a review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
Tier 4 (\$\$\$\$)	Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs. Tier 4 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
Tier 5 (\$\$\$\$\$)	Tier 5 is primarily made up of non-preferred specialty drugs. Tier 5 may also include selected brand and generic drugs.
Medical (MD)	Drug covered under medical benefit and may be obtained at a retail pharmacy.

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

Request an Exception

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

Glossary of Notes

In this drug list, some medications are noted with letters next to them to help you see which drugs may have coverage requirements or limitations. Your benefit plan determines how these medications may be covered for you.

Keyword*	Description
ACA	Affordable Care Act. This medication is eligible for \$0 cost share under most benefit plans. Age restrictions may apply. Examples of these medications include oral contraceptives, hormone replacement therapy (HRT), fluoride.
AL	Age Limit. Medications may be limited to a certain age.
CH	Oral Chemotherapy Mandate. This includes oral chemotherapy (anti-cancer) medications used to treat cancer. These drugs may be eligible for a \$0 copayment under certain benefit plans.
HSA	HSA Preventive Drug. If your plan includes the Preventive Drug Benefit, covered preventive health drugs will not be subject to your plan deductible. Applicable copayment will apply. Examples include diabetes medications, medications for high blood pressure, prenatal vitamins.
INS	Insulin Mandate. Under certain benefit plans, member cost sharing for insulin, medications and supplies used to treat diabetes may not exceed a certain dollar amount.
IVF	IVF/Fertility Pharmacy Medications. These medications must be obtained from one of our designated IVF Pharmacy vendors - Freedom Drug (877) 585-4603 or Village Pharmacy (866) 890-8930. This drug is only covered if your plan includes an infertility benefit. Please refer to the plan's Schedule of Benefits for details on coverage.
LDD	Limited Distribution Drug. Some medications may only be obtained through one or more pharmacies in a limited distribution network as required by the Food and Drug Administration (FDA) or product manufacturer. See specific note for Pharmacy information.
MAINS	MA Health Connector Tier 1 Insulin. For MA Health Connector plans, this insulin medication used to treat diabetes will be covered at a Tier 1 copay amount.
PA	Prior Authorization. Some medications require Prior Authorization.
PAQ	Prior Authorization for Quantity Limit Exceeded. Some medications require Prior Authorization only when the quantity requested for treatment exceeds the standard quantity limit.
QL	Quantity Limit. Medications may be limited to a certain quantity.
SPP	Specialty Pharmacy Medications. These medications should be obtained from our Specialty Pharmacy vendor CVS Specialty (800) 237-2767. All specialty pharmacy drugs are limited to a maximum 30-day supply.
ST	Step Therapy. Harvard Pilgrim may require that members first try one drug to treat a condition before we will cover another drug for that condition. This ensures that certain medications are used safely and effectively for members in specified age groups.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen oral tablet delayed release 81 mg	\$0	ACA*
aspirin adult low dose oral tablet delayed release 81 mg	\$0	ACA*
aspirin adult low strength oral tablet delayed release 81 mg	\$0	ACA*
aspirin childrens oral tablet chewable 81 mg	\$0	ACA*
aspirin ec low dose oral tablet delayed release 81 mg	\$0	ACA*
aspirin ec low strength oral tablet delayed release 81 mg	\$0	ACA*
aspirin ec oral tablet delayed release 325 mg	\$0	ACA*
aspirin low dose oral tablet chewable 81 mg	\$0	ACA*
aspirin low dose oral tablet delayed release 81 mg	\$0	ACA*
aspirin oral tablet 325 mg	\$0	ACA*
aspirin oral tablet delayed release 325 mg, 81 mg	\$0	ACA*
aspirin rectal suppository 300 mg	\$0	ACA*
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	3	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	2	
diclofenac sodium external gel 1 %	2	
diclofenac sodium external solution 1.5 %	2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	2	
diclofenac sodium oral tablet delayed release 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
diflunisal oral tablet 500 mg	2	
DUEXIS ORAL TABLET 800-26.6 MG	5	PA*
ec-naproxen oral tablet delayed release 375 mg, 500 mg	2	
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, 500 mg	2	
fenoprofen calcium oral capsule 200 mg, 400 mg	4	
fenoprofen calcium oral tablet 600 mg	4	
fenortho oral capsule 200 mg	4	
FLECTOR EXTERNAL PATCH 1.3 %	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
flurbiprofen oral tablet 100 mg	2	
flurbiprofen oral tablet 50 mg	1	
goodsense aspirin adults oral tablet 325 mg	\$0	ACA*
goodsense aspirin low dose oral tablet delayed release 81 mg	\$0	ACA*
goodsense ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen infants oral suspension 50 mg/1.25ml	1	
ibuprofen oral suspension 100 mg/5ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	5	PA*
INDOCIN ORAL SUSPENSION 25 MG/5ML	4	
INDOCIN RECTAL SUPPOSITORY 50 MG	4	
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg	1	
indomethacin oral capsule 50 mg	2	
ketoprofen er oral capsule extended release 24 hour 200 mg	2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	2	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	4	QL*: Max. quantity of 5 per fill
ketorolac tromethamine oral tablet 10 mg	2	QL*: Max. 5 Days Supply; Max. quantity of 20 per fill
meclofenamate sodium oral capsule 100 mg, 50 mg	3	
mefenamic acid oral capsule 250 mg	2	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naproxen oral suspension 125 mg/5ml	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	2	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	4	
naproxen sodium oral tablet 550 mg	2	
naproxen sodium tablet 275 mg oral 275 mg	2	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	3	PA*
oxaprozin oral tablet 600 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
piroxicam oral capsule 10 mg, 20 mg	2	
salsalate oral tablet 500 mg, 750 mg	2	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	4	QL*: Max. quantity of 5 per fill
sulindac oral tablet 150 mg, 200 mg	2	
tri-buffered aspirin oral tablet 325 mg	\$0	ACA*
Analgesics - Drugs for Pain		
acetaminophen-codeine #2 oral tablet 300-15 mg	2	
acetaminophen-codeine #3 oral tablet 300-30 mg	2	
acetaminophen-codeine #4 oral tablet 300-60 mg	2	
acetaminophen-codeine oral solution 120-12 mg/5ml	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	2	
ascomp-codeine oral capsule 50-325-40-30 mg	2	
bac oral tablet 50-325-40 mg	2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	3	QL*: Max. 4 per 28 days
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	2	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL 50-300 MG	4	
butalbital-acetaminophen oral tablet 50-300 mg	3	
butalbital-acetaminophen oral tablet 50-325 mg	2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	2	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	2	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	
butorphanol tartrate nasal solution 10 mg/ml	2	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	2	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	2	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA*; QL*: Max. 120 per 30 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA*; QL*: Max. 120 per 30 days
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	2	QL*: Max. 15 per 30 days
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA*; QL*: Max. 120 per 30 days
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 40 mg, 60 mg, 80 mg	5	PA*; QL*: Max. 1 per day
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg	5	PA*; QL*: Max. 2 per day
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	2	QL*: Max. 2 per day
hydromorphone hcl oral liquid 1 mg/ml	2	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	
hydromorphone hcl rectal suppository 3 mg	2	
levorphanol tartrate oral tablet 2 mg, 3 mg	4	
meperidine hcl oral solution 50 mg/5ml	2	
meperidine hcl oral tablet 50 mg	2	
methadone hcl intensol oral concentrate 10 mg/ml	2	
methadone hcl oral concentrate 10 mg/ml	2	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	2	
methadone hcl oral tablet 10 mg, 5 mg	2	
methadone hcl oral tablet soluble 40 mg	2	
methadose oral concentrate 10 mg/ml	2	
methadose oral tablet soluble 40 mg	2	
methadose sugar-free oral concentrate 10 mg/ml	2	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	2	QL*: Max. 2 per day

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DRUG NAME	TIER	LIMITATIONS / *NOTES
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	2	QL*: Max. 2 per day
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	QL*: Max. 90 per 30 days
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	
morphine sulfate oral tablet 15 mg, 30 mg	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	5	PA*; QL*: Max. 2 per day
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	
OXAYDO ORAL TABLET 5 MG, 7.5 MG	4	
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	5	PA*; QL*: Max. 4 per day; Xtampza preferred
oxycodone hcl oral capsule 5 mg	2	
oxycodone hcl oral concentrate 100 mg/5ml	2	
oxycodone hcl oral solution 5 mg/5ml	2	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	5	PA*; QL*: Max. 4 per day; Xtampza preferred
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*: Max. 3 per day
oxymorphone hcl oral tablet 10 mg, 5 mg	2	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	2	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA*; QL*: Max. 120 per 30 days
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	generic Ryzolt
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	2	generic Conzip
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	generic Ultram ER
tramadol hcl oral tablet 100 mg, 50 mg	2	
tramadol-acetaminophen oral tablet 37.5-325 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	QL*: Max. 2 per day
Anesthetics		
ethyl chloride external aerosol	2	
glydo external prefilled syringe 2 %	2	
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	2	
lidocaine hcl external cream 3 %	2	
lidocaine hcl external solution 4 %	2	
lidocaine hcl urethral/mucosal external gel 2 %	2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	2	
lidocaine-prilocaine external cream 2.5-2.5 %	2	
SYNERA EXTERNAL PATCH 70-70 MG	4	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	2	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	\$0	QL*: Max. 182 Days Supply in 365 days; HSA*; ACA*
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	4	QL*: Max. 3 per day
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	\$0	QL*: Max. 180 Days Supply in 365 days; HSA*; ACA*
disulfiram oral tablet 250 mg, 500 mg	2	
goodsense nicotine mouth/throat lozenge 4 mg	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
habitrol transdermal patch 24 hour 21 mg/24hr	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
LUCEMYRA ORAL TABLET 0.18 MG	4	QL*: Max. 14 Days Supply; Max. quantity of 224 per fill; ST*
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	MD	QL*: Max. 2 ML(s) per 15 days
naloxone hcl injection solution cartridge 0.4 mg/ml	MD	QL*: Max. 2 cartridges per 15 day(s)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	MD	QL*: Max. 2 ML(s) per 15 days
naltrexone hcl oral tablet 50 mg	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	MD	QL*: Max. 1 box (2 sprays) in 15 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nicotine polacrilex mini mouth/throat lozenge 2 mg	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
nicotine transdermal kit 21-14-7 mg/24hr	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
NICOTROL INHALATION INHALER 10 MG	\$0	QL*: Max. 180 Days Supply per 365 days; HSA*; ACA*
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0	QL*: Max. 4 bottles per fill; Max. 180 Days Supply per 365 days; HSA*; ACA*
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	\$0	QL*: Max. 182 Days Supply in 365 days; HSA*; ACA*
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	MD	SPP*: Must use CVS Specialty
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	
Antibacterials		
ALTABAX EXTERNAL OINTMENT 1 %	4	
amoxicillin oral capsule 250 mg, 500 mg	2	
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, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	
ampicillin oral capsule 500 mg	2	
avidoxy oral tablet 100 mg	3	
azithromycin oral packet 1 gm	2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
BAXDELA ORAL TABLET 450 MG	3	QL*: Max. 2 per day; Max. 28 in 90 days
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	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefixime oral capsule 400 mg	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	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	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	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, 250 mg, 500 mg, 750 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
clindamycin phosphate vaginal cream 2 %	2	
CLINDESSE VAGINAL CREAM 2 %	4	
coremino oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	2	PA*
demeclocycline hcl oral tablet 150 mg, 300 mg	2	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	QL*: Max. 136 ml per 10 days
DIFICID ORAL TABLET 200 MG	3	QL*: Limit fills to 1 in 30 days; Max. 20 per 10 days
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral capsule 150 mg	3	
doxycycline monohydrate oral capsule 75 mg	4	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 100 mg	3	
doxycycline monohydrate oral tablet 150 mg, 75 mg	2	
doxycycline monohydrate oral tablet 50 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	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	2	
erythromycin ethylsuccinate oral tablet 400 mg	2	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	3	QL*: Limit fills to 1 in 30 days; Max. 300 ML(s) per 10 days
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	4	QL*: Limit fills to 1 in 30 days; Max. 300 ML(s) per 10 days
fosfomycin tromethamine oral packet 3 gm	2	
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
levofloxacin oral solution 25 mg/ml	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
linezolid oral suspension reconstituted 100 mg/5ml	2	
linezolid oral tablet 600 mg	4	
mafenide acetate external packet 5 %	2	
methenamine hippurate oral tablet 1 gm	2	
methenamine mandelate oral tablet 0.5 gm, 1 gm	2	
metronidazole oral capsule 375 mg	2	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75 %	2	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	2	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	2	PA*
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	2	
mondoxyme nl oral capsule 100 mg	2	
morgidox oral capsule 100 mg	2	
moxifloxacin hcl oral tablet 400 mg	2	
mupirocin calcium external cream 2 %	2	
mupirocin external ointment 2 %	2	
neomycin sulfate oral tablet 500 mg	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nitrofurantoin oral suspension 25 mg/5ml	2	
NUZYRA ORAL TABLET 150 MG	4	
ofloxacin oral tablet 300 mg, 400 mg	2	
paromomycin sulfate oral capsule 250 mg	2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
PRIMSOL ORAL SOLUTION 50 MG/5ML	4	
silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %	2	
silver sulfadiazine external cream 1 %	2	
SIVEXTRO ORAL TABLET 200 MG	5	QL*: Max Quantity 6 per copay
SOLOSEC ORAL PACKET 2 GM	4	QL*: Max. quantity of 1 per fill
ssd external cream 1 %	2	
sulfadiazine oral tablet 500 mg	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
sulfatrim pediatric oral suspension 200-40 mg/5ml	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	4	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	2	
vancomycin hcl oral capsule 125 mg, 250 mg	3	
vancomycin hcl oral solution reconstituted 250 mg/5ml	3	QL*: Limit fills to 1 in 30 days; Max. 300 ML(s) per 10 days
vandazole vaginal gel 0.75 %	2	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	4	
XIFAXAN ORAL TABLET 200 MG	4	QL*: Max Quantity 9 per copay
XIFAXAN ORAL TABLET 550 MG	3	

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	HSA*
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	HSA*
enoxaparin sodium injection solution 300 mg/3ml	2	SPP*: CVS Specialty; HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	SPP*: CVS Specialty; HSA*
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	4	SPP*: CVS Specialty; HSA*
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	SPP*: CVS Specialty; HSA*
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	HSA*
heparin sodium (porcine) pf injection solution 5000 unit/ml	2	HSA*
jantoven oral tablet 1 mg, 2.5 mg	2	HSA*
jantoven oral tablet 10 mg, 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	HSA*
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	HSA*
warfarin sodium oral tablet 1 mg, 10 mg, 2.5 mg	2	HSA*
warfarin sodium oral tablet 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	HSA*
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	HSA*
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	HSA*
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	
BANZEL ORAL TABLET 200 MG, 400 MG	4	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL*: Max. 2 per day
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet chewable 100 mg	2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
CELONTIN ORAL CAPSULE 300 MG	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
clobazam oral suspension 2.5 mg/ml	2	PA*: Prior Authorization required for members 18 and older
clobazam oral tablet 10 mg, 20 mg	2	PA*: Prior Authorization required for members 18 and older
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	4	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA*
epitol oral tablet 200 mg	2	
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	
felbamate oral suspension 600 mg/5ml	2	
felbamate oral tablet 400 mg, 600 mg	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	QL*: Max 30 day supply
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	QL*: Max 30 day supply
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
KEPPRA ORAL SOLUTION 100 MG/ML	4	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	4	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	4	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
lamotrigine oral kit 25 & 50 & 100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	2	
lamotrigine starter kit-blue oral kit 35 x 25 mg	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA*: Prior Authorization required for members 18 and older
ONFI ORAL TABLET 10 MG, 20 MG	4	PA*: Prior Authorization required for members 18 and older
oxcarbazepine oral suspension 300 mg/5ml	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	
phenobarbital oral tablet 15 mg, 60 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin infatabs oral tablet chewable 50 mg	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 500 mg	2	
rufinamide oral suspension 40 mg/ml	4	
rufinamide oral tablet 200 mg, 400 mg	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 25 mg, 50 mg	1	
topiramate oral tablet 200 mg	2	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	4	
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin oral packet 500 mg	3	SPP*: Must use CVS Specialty
vigabatrin oral tablet 500 mg	3	SPP*: Must use CVS Specialty
vigadrone oral packet 500 mg	3	LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
VIMPAT ORAL SOLUTION 10 MG/ML	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5ML	4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	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	2	
galantamine hydrobromide oral solution 4 mg/ml	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	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	2	
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg	1	
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	1	
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
bupropion hcl oral tablet 100 mg, 75 mg	2	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	2	
citalopram hydrobromide oral solution 10 mg/5ml	2	HSA*
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	HSA*
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	2	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	generic Khedezla
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	2	generic Pristiq
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	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
duloxetine hcl oral capsule delayed release particles 40 mg	2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	
escitalopram oxalate oral solution 5 mg/5ml	2	HSA*
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	HSA*
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	5	ST*: Step only required for 18 years and older
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	5	ST*: Step only required for 18 years and older
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	2	
fluoxetine hcl oral capsule 10 mg, 20 mg	1	HSA*
fluoxetine hcl oral capsule 40 mg	2	HSA*
fluoxetine hcl oral capsule delayed release 90 mg	2	HSA*
fluoxetine hcl oral solution 20 mg/5ml	2	HSA*
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	2	HSA*
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	2	HSA*
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	HSA*
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	ST*: Step only required for 18 years and older
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg	1	
mirtazapine oral tablet 45 mg, 7.5 mg	2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 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	2	
nortriptyline hcl oral solution 10 mg/5ml	2	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	2	HSA*
paroxetine hcl oral suspension 10 mg/5ml	3	HSA*
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	HSA*
paroxetine mesylate oral capsule 7.5 mg	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PAXIL ORAL SUSPENSION 10 MG/5ML	3	HSA*
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
phenelzine sulfate oral tablet 15 mg	2	
protriptyline hcl oral tablet 10 mg, 5 mg	2	
sertraline hcl oral concentrate 20 mg/ml	1	HSA*
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	HSA*
tranylcypromine sulfate oral tablet 10 mg	2	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST*: Step only required for 18 years and older
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	4	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST*: Step only required for 18 years and older
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	ST*: Step only required for 18 years and older
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	5	PA*; QL*: Max Quantity 3 per copay
aprepitant oral 80 & 125 mg	2	QL*: Max Quantity 1 pack per copay
aprepitant oral capsule 125 mg	2	QL*: Max Quantity 1 per copay
aprepitant oral capsule 40 mg	2	QL*: Max Quantity 4 per copay
aprepitant oral capsule 80 & 125 mg	2	QL*: Max Quantity 1 pack per copay
aprepitant oral capsule 80 mg	2	QL*: Max Quantity 2 per copay
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	4	
compro rectal suppository 25 mg	2	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	QL*: Max 30 Days Supply
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	QL*: Max Quantity 1 packet per copay
granisetron hcl oral tablet 1 mg	2	QL*: Max Quantity 6 per copay

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DRUG NAME	TIER	LIMITATIONS / *NOTES
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 10 mg, 5 mg	2	
ondansetron hcl oral solution 4 mg/5ml	2	QL*: Max Quantity 100mL per copay
ondansetron hcl oral tablet 24 mg	2	QL*: Max Quantity 3 per copay
ondansetron hcl oral tablet 4 mg	2	QL*: Max Quantity 18 per copay
ondansetron hcl oral tablet 8 mg	2	QL*: Max Quantity 9 per copay
ondansetron odt oral tablet dispersible 4 mg	2	QL*: Max Quantity 18 per copay
ondansetron odt oral tablet dispersible 8 mg	2	QL*: Max Quantity 9 per copay
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	2	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	4	QL*: Max Quantity 4 per copay
scopolamine transdermal patch 72 hour 1 mg/3days	2	QL*: Max Quantity 4 per copay
trimethobenzamide hcl oral capsule 300 mg	2	
Antifungals		
antifungal (clotrimazole) external cream 1 %	1	
antifungal clotrimazole external cream 1 %	1	
athletes foot (clotrimazole) external cream 1 %	1	
ciclodan external solution 8 %	2	
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clotrimazole 3 vaginal cream 2 %	1	
clotrimazole athletes foot external cream 1 %	1	
clotrimazole external cream 1 %	1	
clotrimazole mouth/throat troche 10 mg	2	
clotrimazole vaginal cream 1 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA*
cvs clotrimazole 3 vaginal cream 2 %	1	
econazole nitrate external cream 1 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ERTACZO EXTERNAL CREAM 2 %	5	PA*
EXELDERM EXTERNAL CREAM 1 %	4	
EXELDERM EXTERNAL SOLUTION 1 %	4	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	2	
fungal nail eraser external solution 1 %	1	
griseofulvin microsize oral suspension 125 mg/5ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
hydrocortisone-iodoquinol external cream 1-1 %	2	
itraconazole oral capsule 100 mg	2	QL*: Max. 168 in 180 days;Max. quantity of 42 per fill
itraconazole oral solution 10 mg/ml	3	
ketoconazole external cream 2 %	2	
ketoconazole external foam 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	
ketodan external foam 2 %	2	
LULICONAZOLE EXTERNAL CREAM 1 %	3	PA*
MENTAX EXTERNAL CREAM 1 %	5	PA*
micaderm external cream 2 %	1	
miconazole 7 vaginal cream 2 %	1	
miconazole 7 vaginal suppository 100 mg	1	
miconazole nitrate external cream 2 %	1	
naftifine hcl external cream 1 %, 2 %	2	
naftifine hcl external gel 1 %	3	
NAFTIN EXTERNAL GEL 2 %	4	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	
nyamyc external powder 100000 unit/gm	2	
nystatin external cream 100000 unit/gm	2	
nystatin external ointment 100000 unit/gm	2	
nystatin external powder 100000 unit/gm	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	2	
ORAVIG BUCCAL TABLET 50 MG	4	
oxiconazole nitrate external cream 1 %	2	
OXISTAT EXTERNAL LOTION 1 %	4	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
tavaborole external solution 5 %	3	PA*
terbinafine hcl oral tablet 250 mg	2	QL*: Max. quantity of 28 per fill; Max. 84 in 365 days
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
tolnaftate antifungal external cream 1 %	1	
voriconazole oral suspension reconstituted 40 mg/ml	4	
voriconazole oral tablet 200 mg, 50 mg	4	
XOLEGEL EXTERNAL GEL 2 %	4	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
COLCHICINE ORAL CAPSULE 0.6 MG	2	
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	2	
febuxostat oral tablet 40 mg, 80 mg	3	
probenecid oral tablet 500 mg	2	
Anti-inflammatory Agents		
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA*; QL*: Max. 1 ML(s) per day; LDD*: Accredo (800) 803-2523
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA*; QL*: Max. 1 per day; LDD*: Accredo (800) 803-2523
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	SPP*: CVS Specialty; PA*; QL*: Max. 1 syringe per 30 day(s)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	4	SPP*: CVS Specialty; PA*; QL*: Max. 1 syringe per 30 day(s)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	4	SPP*: CVS Specialty; PA*; QL*: Max. 1 syringe per 30 day(s)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
almotriptan malate oral tablet 12.5 mg	2	QL*: Max Quantity 6 per copay
almotriptan malate oral tablet 6.25 mg	2	QL*: Max Quantity 12 per copay
dihydroergotamine mesylate injection solution 1 mg/ml	2	
dihydroergotamine mesylate nasal solution 4 mg/ml	4	
eletriptan hydrobromide oral tablet 20 mg	2	QL*: Max Quantity 12 per copay
eletriptan hydrobromide oral tablet 40 mg	2	QL*: Max Quantity 6 per copay
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. 3 pens per 30 day(s)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	SPP*: CVS Specialty; PA*; QL*: Max 1 pen per 30 day(s)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	SPP*: CVS Specialty; PA*; QL*: Max 1 pen per 30 day(s)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	3	
ergotamine-caffeine oral tablet 1-100 mg	2	
frovatriptan succinate oral tablet 2.5 mg	2	QL*: Max Quantity 9 per copay; ST*
naratriptan hcl oral tablet 1 mg	2	QL*: Max Quantity 15 per copay
naratriptan hcl oral tablet 2.5 mg	2	QL*: Max Quantity 6 per copay
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA*; QL*: Max. 8 per 30 days
rizatriptan benzoate oral tablet 10 mg	2	QL*: Max Quantity 9 per copay
rizatriptan benzoate oral tablet 5 mg	2	QL*: Max Quantity 18 per copay
rizatriptan benzoate oral tablet dispersible 10 mg	2	QL*: Max Quantity 9 per copay
rizatriptan benzoate oral tablet dispersible 5 mg	2	QL*: Max Quantity 18 per copay
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	QL*: Max Quantity 6 per copay
sumatriptan succinate oral tablet 100 mg	2	QL*: Max Quantity 6 per copay
sumatriptan succinate oral tablet 25 mg	2	QL*: Max Quantity 24 per copay
sumatriptan succinate oral tablet 50 mg	2	QL*: Max Quantity 12 per copay
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2	QL*: Max Quantity 3 per copay
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL*: Max Quantity 3 boxes (6 injections) per copay
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL*: Max Quantity 3 boxes (6 injections) per copay
sumatriptan-naproxen sodium oral tablet 85-500 mg	3	QL*: Max Quantity 9 per copay; ST*
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA*; QL*: Max. 10 per 30 days
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG, 5 MG	4	QL*: Max Quantity 6 per copay
zolmitriptan oral tablet 2.5 mg	2	QL*: Max Quantity 12 per copay
zolmitriptan oral tablet 5 mg	2	QL*: Max Quantity 6 per copay
zolmitriptan oral tablet dispersible 2.5 mg	2	QL*: Max Quantity 12 per copay

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DRUG NAME	TIER	LIMITATIONS / *NOTES
zolmitriptan oral tablet dispersible 5 mg	2	QL*: Max Quantity 6 per copay
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	4	QL*: Max Quantity 6 per copay
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	3	
pyridostigmine bromide oral tablet 30 mg, 60 mg	2	
Antimycobacterials		
cycloserine oral capsule 250 mg	2	
dapsone oral tablet 100 mg, 25 mg	2	
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid oral syrup 50 mg/5ml	2	
isoniazid oral tablet 100 mg, 300 mg	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifabutin oral capsule 150 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG	5	PA*; QL*: Max. quantity of 32 per fill
SIRTURO ORAL TABLET 20 MG	5	QL*: Max. 6.1 per day
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	3	SPP*: CVS Specialty; PA*; CH*
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	4	SPP*: CVS Specialty; PA*; CH*
AFINITOR ORAL TABLET 10 MG	4	SPP*: CVS Specialty; PA*; CH*
ALECENSA ORAL CAPSULE 150 MG	5	SPP*: CVS Specialty; PA*; CH*
ALUNBRIG ORAL TABLET 180 MG	5	PA*; QL*: Max. 1 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ALUNBRIG ORAL TABLET 30 MG	5	PA*; QL*: Max. 6 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ALUNBRIG ORAL TABLET 90 MG	5	PA*; QL*: Max. 2 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA*; QL*: Max. 1 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
anastrozole oral tablet 1 mg	2	HSA*; CH*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA*; QL*: Max. 1 per day; CH*; LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
BALVERSA ORAL TABLET 3 MG	5	PA*; QL*: 3 per day; CH*; US Bioservices Specialty Pharmacy
BALVERSA ORAL TABLET 4 MG	5	PA*; QL*: 2 per day; CH*; US Bioservices Specialty Pharmacy
BALVERSA ORAL TABLET 5 MG	5	PA*; QL*: 1 per day; CH*; US Bioservices Specialty Pharmacy
bexarotene oral capsule 75 mg	2	CH*
bicalutamide oral tablet 50 mg	2	CH*
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	SPP*: CVS Specialty; PA*; CH*
BRAFTOVI ORAL CAPSULE 75 MG	4	PA*; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
BRUKINSA ORAL CAPSULE 80 MG	5	PA*; QL*: Max. 4 per day; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118.
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*
CALQUENCE ORAL CAPSULE 100 MG	5	PA*; QL*: Max. 2 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
capecitabine oral tablet 150 mg, 500 mg	2	SPP*: CVS Specialty; CH*
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	CH*
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	4	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118.
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA*; QL*: Max. 56 per 28 days; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118.
COTELLIC ORAL TABLET 20 MG	4	SPP*: CVS Specialty; PA*; CH*
cyclophosphamide oral capsule 25 mg, 50 mg	3	CH*
DAURISMO ORAL TABLET 100 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*
DAURISMO ORAL TABLET 25 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 2 per day; CH*
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
EMCYT ORAL CAPSULE 140 MG	3	PA*; CH*
ERIVEDGE ORAL CAPSULE 150 MG	5	SPP*: CVS Specialty; PA*; CH*
ERLEADA ORAL TABLET 60 MG	5	SPP*: CVS Specialty; PA*; QL*: Max 30 Days Supply; CH*
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	SPP*: CVS Specialty; CH*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
etoposide oral capsule 50 mg	2	CH*
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	3	SPP*: CVS Specialty; PA*; CH*
exemestane oral tablet 25 mg	2	HSA*; CH*
flutamide oral capsule 125 mg	2	CH*
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA*; QL*: Max. 21 caps per 28 days; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
GAVRETO ORAL CAPSULE 100 MG	5	PA*; QL*: Max. 4 per day; CH*; LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA*; QL*; CH*; LDD*: Accredo (800) 803-2523
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	CH*
GLEOSTINE ORAL CAPSULE 100 MG	3	CH*
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	SPP*: CVS Specialty; CH*
hydroxyurea oral capsule 500 mg	2	CH*
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	SPP*: CVS Specialty; PA*; CH*
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	SPP*: CVS Specialty; PA*; CH*
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA*; CH*
IDHIFA ORAL TABLET 100 MG, 50 MG	4	SPP*: CVS Specialty; PA*; CH*
imatinib mesylate oral tablet 100 mg, 400 mg	3	SPP*: CVS Specialty; QL*; CH*
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118 or Onco360 Pharmacy 1-877-662-6633.
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118 or Onco360 Pharmacy 1-877-662-6633.
INLYTA ORAL TABLET 1 MG, 5 MG	5	SPP*: CVS Specialty; PA*; CH*
INQOVI ORAL TABLET 35-100 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*
INREBIC ORAL CAPSULE 100 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 4 per day; CH*
IRESSA ORAL TABLET 250 MG	4	SPP*: CVS Specialty; CH*
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	SPP*: CVS Specialty; PA*; CH*
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	SPP*: CVS Specialty; PA*; CH*
KISQALI ORAL TABLET THERAPY PACK 200 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 63 tabs per 28 day(s); CH*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
KOSELUGO ORAL CAPSULE 10 MG	5	PA*; QL*: Max. 10 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
KOSELUGO ORAL CAPSULE 25 MG	5	PA*; QL*: Max. 4 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
lapatinib ditosylate oral tablet 250 mg	4	SPP*: CVS Specialty; CH*
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA*; CH*; LDD*: Accredo (800) 803-2523
letrozole oral tablet 2.5 mg	2	HSA*; CH*
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
LEUKERAN ORAL TABLET 2 MG	3	CH*
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	SPP*: CVS Specialty; PA*; CH*
LORBRENA ORAL TABLET 100 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*
LORBRENA ORAL TABLET 25 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 3 per day; CH*
LUMAKRAS ORAL TABLET 120 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 8 per day; CH*
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	SPP*: CVS Specialty; PA*; CH*
LYSODREN ORAL TABLET 500 MG	3	CH*
MATULANE ORAL CAPSULE 50 MG	3	CH*; LDD*: Walgreens Specialty (800) 424-9002
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	SPP*: CVS Specialty; CH*
MEKTOVI ORAL TABLET 15 MG	4	PA*; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
melphalan oral tablet 2 mg	2	CH*
mercaptopurine oral tablet 50 mg	2	CH*
MESNEX ORAL TABLET 400 MG	4	
MYLERAN ORAL TABLET 2 MG	3	CH*
NERLYNX ORAL TABLET 40 MG	5	SPP*: CVS Specialty; PA*; CH*
NEXAVAR ORAL TABLET 200 MG	5	SPP*: CVS Specialty; CH*
nilutamide oral tablet 150 mg	2	CH*
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	SPP*: CVS Specialty; PA*; CH*
NUBEQA ORAL TABLET 300 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 4 per day; CH*
ODOMZO ORAL CAPSULE 200 MG	4	SPP*: CVS Specialty; PA*; CH*
ONUREG ORAL TABLET 200 MG, 300 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ORGOVYX ORAL TABLET 120 MG	5	PA*; QL*: Max. 1 per day; Biologics by Mckesson or US Bioservices; CH*
PANRETIN EXTERNAL GEL 0.1 %	4	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA*; QL*: Max. 1 per day; Biologics by Mckesson. (800) 850-4306.; CH*
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 2 per day; CH*
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	SPP*: CVS Specialty; PA*; CH*
PURIXAN ORAL SUSPENSION 2000 MG/100ML	4	CH*
QINLOCK ORAL TABLET 50 MG	5	PA*; QL*: Max. 3 per day; CH*; LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
RETEVMO ORAL CAPSULE 40 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 6 per day; CH*
RETEVMO ORAL CAPSULE 80 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 4 per day; CH*
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	SPP*: CVS Specialty; PA*; CH*
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 6 per day; CH*
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	SPP*: CVS Specialty; PA*; CH*
RYDAPT ORAL CAPSULE 25 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 8 per day; CH*
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	HSA*; CH*; ACA*
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	SPP*: CVS Specialty; CH*
STIVARGA ORAL TABLET 40 MG	4	SPP*: CVS Specialty; PA*; CH*
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	SPP*: CVS Specialty; CH*
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	SPP*: CVS Specialty; CH*
TABLOID ORAL TABLET 40 MG	3	CH*
TABRECTA ORAL TABLET 150 MG, 200 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 4 per day; CH*
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	SPP*: CVS Specialty; CH*
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	SPP*: CVS Specialty; PA*; CH*
TALZENNA ORAL CAPSULE 0.25 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 3 per day; CH*
TALZENNA ORAL CAPSULE 1 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 1 per day; CH*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
tamoxifen citrate oral tablet 10 mg, 20 mg	2	HSA*; CH*; ACA*
TARGRETIN EXTERNAL GEL 1 %	5	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	SPP*: CVS Specialty; CH*
TAZVERIK ORAL TABLET 200 MG	5	PA*; QL*: Max. 8 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	2	SPP*: CVS Specialty; CH*
TEPMETKO ORAL TABLET 225 MG	5	PA*; QL*: Max. 2 per day; Biologics by Mckesson; CH*
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	SPP*: CVS Specialty; CH*
TIBSOVO ORAL TABLET 250 MG	4	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118.
toremifene citrate oral tablet 60 mg	3	HSA*; CH*
tretinoin oral capsule 10 mg	4	CH*
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA*; QL*: Max. 1 pack per 21 days; US Bioservices Specialty Pharmacy or Biologics by Mckesson; CH*
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA*; QL*: Max. 1 pack per 21 days; US Bioservices Specialty Pharmacy or Biologics by Mckesson; CH*
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA*; QL*: Max. 1 pack per 21 days; US Bioservices Specialty Pharmacy or Biologics by Mckesson; CH*
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA*; QL*: Max. 2 packs per 21 days; US Bioservices Specialty Pharmacy or Biologics by Mckesson; CH*
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA*; QL*: Max. 4 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
TURALIO ORAL CAPSULE 200 MG	5	PA*; QL*: Max. 4 per day; CH*
UKONIQ ORAL TABLET 200 MG	5	PA*; QL*: Max. 4 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633.
VALCHLOR EXTERNAL GEL 0.016 %	5	QL*: Max. 60 grams per 30 day(s); LDD*: Eversana (866) 849-4481
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118 or Onco360 Pharmacy 1-877-662-6633.
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	4	PA*; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118 or Onco360 Pharmacy 1-877-662-6633.

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DRUG NAME	TIER	LIMITATIONS / *NOTES
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	SPP*: CVS Specialty; PA*; CH*
VITRAKVI ORAL CAPSULE 100 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 2 per day; CH*
VITRAKVI ORAL CAPSULE 25 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 6 per day; CH*
VITRAKVI ORAL SOLUTION 20 MG/ML	5	SPP*: CVS Specialty; PA*; QL*: Max. 10 ML per day; CH*
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	SPP*: CVS Specialty; PA*; CH*
VOTRIENT ORAL TABLET 200 MG	4	SPP*: CVS Specialty; CH*
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	SPP*: CVS Specialty; PA*; QL*: Max. 2 per day; CH*
XOSPATA ORAL TABLET 40 MG	5	PA*; QL*: Max. 3 per day; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA*; QL*: Max. 100mg once weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA*; QL*: Max. 40mg once weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA*; QL*: Max. 40mg twice weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA*; QL*: Max. 60mg once weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA*; QL*: Max. 60mg twice weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA*; QL*: Max. 80mg once weekly; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA*; QL*: Max. 1 CARTON (4 BLISTER PACKS) / 28 DAYS; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
XTANDI ORAL CAPSULE 40 MG	4	SPP*: CVS Specialty; PA*; CH*
XTANDI ORAL TABLET 40 MG, 80 MG	4	SPP*: CVS Specialty; PA*; CH*
YONSA ORAL TABLET 125 MG	4	SPP*: CVS Specialty; PA*; CH*
ZEJULA ORAL CAPSULE 100 MG	4	PA*; QL*: Max. 3 per day; CH*; LDD*: Optum Specialty Pharmacy (877) 977-9118.

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ZELBORAF ORAL TABLET 240 MG	5	SPP*: CVS Specialty; CH*
ZOLINZA ORAL CAPSULE 100 MG	5	SPP*: CVS Specialty; CH*
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA*; CH*; LDD*: Onco360 Pharmacy 1-877-662-6633
ZYKADIA ORAL TABLET 150 MG	5	SPP*: CVS Specialty; CH*
Antiparasitics		
albendazole oral tablet 200 mg	3	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	
atovaquone oral suspension 750 mg/5ml	2	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	QL*: Max Quantity 24 per copay
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL*: Max Quantity 6 per copay
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	
ivermectin external lotion 0.5 %	2	
ivermectin oral tablet 3 mg	2	QL*: Max. 20 per fill. Max. 1 fill per 90 days
LAMPIT ORAL TABLET 120 MG	4	QL*: Max. 7.5 per day
LAMPIT ORAL TABLET 30 MG	4	QL*: Max. 12 per day
lindane external shampoo 1 %	2	
malathion external lotion 0.5 %	2	
mefloquine hcl oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg	3	
pentamidine isethionate inhalation solution reconstituted 300 mg	3	
permethrin external cream 5 %	2	
praziquantel oral tablet 600 mg	3	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrimethamine oral tablet 25 mg	4	PA*
quinine sulfate oral capsule 324 mg	2	
spinosad external suspension 0.9 %	2	
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral syrup 50 mg/5ml	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
amantadine hcl oral tablet 100 mg	2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine mesylate oral capsule 5 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	2	
carbidopa oral tablet 25 mg	2	
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	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
entacapone oral tablet 200 mg	2	
INBRIJA INHALATION CAPSULE 42 MG	4	QL*: Max. 10 per day; ST*
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	QL*: Max. 5 per day; ST*
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	5	
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	2	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.5 mg	1	
pramipexole dihydrochloride oral tablet 0.25 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	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, 4 mg	1	
ropinirole hcl oral tablet 1 mg, 2 mg, 3 mg, 5 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
tolcapone oral tablet 100 mg	2	
trihexyphenidyl hcl oral solution 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	HSA*
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	4	HSA*
BRILINTA ORAL TABLET 60 MG, 90 MG	3	HSA*
CABLIVI INJECTION KIT 11 MG	5	PA*; QL*: Max. 1 per day; Biologics by Mckesson
cilostazol oral tablet 100 mg, 50 mg	2	HSA*
clopidogrel bisulfate oral tablet 300 mg, 75 mg	2	HSA*
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	HSA*
prasugrel hcl oral tablet 10 mg, 5 mg	2	HSA*
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	4	HSA*
ZONTIVITY ORAL TABLET 2.08 MG	5	HSA*
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution 1 mg/ml	2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
aripiprazole oral tablet dispersible 10 mg, 15 mg	2	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	QL*: Max. 28 Days Supply
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	2	QL*: Max. 28 Days Supply
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	
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	
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	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet 20 mg	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	2	
pimozide oral tablet 1 mg, 2 mg	2	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg	1	
thiothixene oral capsule 10 mg, 2 mg, 5 mg	2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	QL*: Max. 28 Days Supply
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
Antivirals		
abacavir sulfate oral solution 20 mg/ml	2	
abacavir sulfate oral tablet 300 mg	2	
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	2	
acyclovir external cream 5 %	3	QL*: Max. 5 grams per 30 day(s)
acyclovir external ointment 5 %	2	QL*: Max. 15 grams per 30 day(s)
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
adefovir dipivoxil oral tablet 10 mg	2	
APTIVUS ORAL CAPSULE 250 MG	4	
atazanavir sulfate oral capsule 150 mg	2	
atazanavir sulfate oral capsule 200 mg, 300 mg	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BIKTARVY ORAL TABLET 50-200-25 MG	3	
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	4	
CRIXIVAN ORAL CAPSULE 400 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DENAVIR EXTERNAL CREAM 1 %	4	QL*: Max. 5 grams per 30 day(s)
DESCOVY ORAL TABLET 200-25 MG	3	If used for PrEP a PA may be submitted to request a \$0 cost share
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	4	
efavirenz oral capsule 200 mg, 50 mg	2	
efavirenz oral tablet 600 mg	2	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	3	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	3	
emtricitabine oral capsule 200 mg	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	
emtricitabine-tenofovir df oral tablet 200-300 mg	3	If used for PrEP a PA may be submitted to request a \$0 cost share.
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
entecavir oral tablet 0.5 mg, 1 mg	2	
EPCLUSA ORAL TABLET 200-50 MG	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per day
EPCLUSA ORAL TABLET 400-100 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
etravirine oral tablet 100 mg, 200 mg	3	
EVOTAZ ORAL TABLET 300-150 MG	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir calcium oral tablet 700 mg	3	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	SPP*: Must use CVS Specialty

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DRUG NAME	TIER	LIMITATIONS / *NOTES
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per day
HARVONI ORAL TABLET 45-200 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
HARVONI ORAL TABLET 90-400 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	SPP*: Must use CVS Specialty
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	SPP*: Must use CVS Specialty
INVIRASE ORAL TABLET 500 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet 150-300 mg	2	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	3	
MAVYRET ORAL TABLET 100-40 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 3 per day
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	2	
nevirapine oral suspension 50 mg/5ml	2	
nevirapine oral tablet 200 mg	2	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	QL*: Max. 10 Days Supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	QL*: Max. 10 Days Supply
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	4	SPP*: Must use CVS Specialty
PIFELTRO ORAL TABLET 100 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	QL*: Max Quantity 20 per copay
REYATAZ ORAL PACKET 50 MG	3	
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	2	SPP*: Must use CVS Specialty
ribavirin oral tablet 200 mg	2	SPP*: Must use CVS Specialty
rimantadine hcl oral tablet 100 mg	2	
ritonavir oral tablet 100 mg	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	4	PA*; QL*: Max. 2 per day
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
SOVALDI ORAL PACKET 150 MG, 200 MG	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per day
SOVALDI ORAL TABLET 200 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
SOVALDI ORAL TABLET 400 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TEMIXYS ORAL TABLET 300-300 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	2	If used for PrEP a PA may be submitted to request a \$0 cost share
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml	2	
valganciclovir hcl oral tablet 450 mg	2	
VEMLIDY ORAL TABLET 25 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
VIREAD ORAL POWDER 40 MG/GM	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL*: Max. quantity of 1 per fill. Max. 2 per 180 days.
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL*: Max. quantity of 2 per fill; Max. 4 in 180 days
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL*: Max. quantity of 1 per fill. Max. 2 per 180 days.
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL*: Max. quantity of 2 per fill; Max. 4 in 180 days
ZEPATIER ORAL TABLET 50-100 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
zidovudine oral capsule 100 mg	2	
zidovudine oral syrup 50 mg/5ml	2	
zidovudine oral tablet 300 mg	2	
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	
alprazolam oral tablet 2 mg	2	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	1	
buspirone hcl oral tablet 30 mg, 7.5 mg	2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	2	
hydroxyzine hcl oral syrup 10 mg/5ml	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	
lorazepam intensol oral concentrate 2 mg/ml	2	
lorazepam oral concentrate 2 mg/ml	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
meprobamate oral tablet 200 mg, 400 mg	2	
midazolam hcl oral syrup 2 mg/ml	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	
quazepam oral tablet 15 mg	2	
triazolam oral tablet 0.125 mg, 0.25 mg	2	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
lithium carbonate er oral tablet extended release 300 mg	1	
lithium carbonate er oral tablet extended release 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	2	
Blood Products and Modifiers - Drugs for Blood Disorders		
aminocaproic acid oral solution 0.25 gm/ml	2	
aminocaproic acid oral tablet 1000 mg, 500 mg	2	
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	HSA*
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 4 ML(s) per fill
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 200 MCG/0.4ML, 40 MCG/0.4ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 1.6 ML(s) per fill
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 2 ML(s) per fill
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 1.2 ML(s) per fill

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 1.68 ML(s) per fill
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 2.4 ML(s) per fill
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 4 ML(s) per fill
DOPTELET ORAL TABLET 20 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day; HSA*
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 12 ML(s) per fill
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 4 ML(s) per fill
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 14 ML(s) per fill
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 22.4 ML(s) per fill
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 7 ML(s) per fill
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 11.2 ML(s) per fill
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*; QL*: Max. 1.2 ML(s) per fill
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*; QL*: Max. 1.2 ML(s) per fill
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 14 ML(s) per fill
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 22.4 ML(s) per fill
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 7 ML(s) per fill
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 11.2 ML(s) per fill
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	SPP*: CVS Specialty; PA*
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	SPP*: CVS Specialty; PA*
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*; QL*: Max. 1.2 ML(s) per fill

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 12 ML(s) per fill
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 4 ML(s) per fill
PROMACTA ORAL PACKET 12.5 MG	5	SPP*: Must use CVS Specialty; HSA*
PROMACTA ORAL PACKET 25 MG	5	SPP*: Must use CVS Specialty
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	SPP*: Must use CVS Specialty; HSA*
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 12 ML(s) per fill
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 4 ML(s) per fill
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA*; QL*: Max. 2 per day; Must use U.S. Bioservices (888) 518-7246
tranexamic acid oral tablet 650 mg	2	QL*: Max. 1 per day
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 7 ML(s) per fill
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	4	SPP*: CVS Specialty; PA*; QL*: Max. quantity of 11.2 ML(s) per fill
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	SPP*: CVS Specialty; PA*
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral capsule 200 mg, 400 mg	2	HSA*
aliskiren fumarate oral tablet 150 mg	3	QL*: Max. 1.5 per day; HSA*
aliskiren fumarate oral tablet 300 mg	3	QL*: Max. 1 per day; HSA*
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	4	HSA*
amiloride hcl oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	HSA*
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	HSA*
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	HSA*
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	HSA*
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	HSA*
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	2	HSA*
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	HSA*
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	HSA*
atorvastatin calcium oral tablet 10 mg, 20 mg	\$0	HSA*; ACA*
atorvastatin calcium oral tablet 40 mg, 80 mg	2	HSA*
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HSA*
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	HSA*
betaxolol hcl oral tablet 10 mg, 20 mg	2	HSA*
BIDIL ORAL TABLET 20-37.5 MG	3	HSA*
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	HSA*
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	HSA*
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	HSA*
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	HSA*
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	HSA*
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	HSA*
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	HSA*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	HSA*
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	HSA*
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	HSA*
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	3	HSA*
chlorthalidone oral tablet 25 mg, 50 mg	2	HSA*
cholestyramine light oral packet 4 gm	2	HSA*
cholestyramine light oral powder 4 gm/dose	2	HSA*
cholestyramine oral packet 4 gm	2	HSA*
cholestyramine oral powder 4 gm/dose	2	HSA*
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	HSA*
colesevelam hcl oral packet 3.75 gm	3	HSA*
colesevelam hcl oral tablet 625 mg	3	HSA*
colestipol hcl oral granules 5 gm	2	HSA*
colestipol hcl oral packet 5 gm	2	HSA*
colestipol hcl oral tablet 1 gm	2	HSA*
CORLANOR ORAL SOLUTION 5 MG/5ML	3	QL*: Max. 10 ml per day; HSA*
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL*: Max. 2 per day; HSA*
digitek oral tablet 125 mcg, 250 mcg	2	HSA*
digox oral tablet 125 mcg, 250 mcg	2	HSA*
digoxin oral solution 0.05 mg/ml	3	HSA*
digoxin oral tablet 125 mcg, 250 mcg	2	HSA*
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA*
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	HSA*
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA*
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	HSA*
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	HSA*
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	HSA*
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	HSA*
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
DIURIL ORAL SUSPENSION 250 MG/5ML	4	HSA*
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	HSA*
droxidopa oral capsule 100 mg	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 18 per day; HSA*
droxidopa oral capsule 200 mg	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 9 per day; HSA*
droxidopa oral capsule 300 mg	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 6 per day; HSA*
EDARBI ORAL TABLET 40 MG, 80 MG	4	HSA*
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	2	HSA*
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL*: Max. 2 per day; HSA*
eplerenone oral tablet 25 mg, 50 mg	2	HSA*
ethacrynic acid oral tablet 25 mg	3	HSA*
ezetimibe oral tablet 10 mg	2	QL*: Max. 1 per day; HSA*
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	QL*: Max. 1 per day; HSA*
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	HSA*
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	HSA*
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	2	HSA*
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	2	HSA*
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	HSA*
fenofibric acid oral tablet 105 mg, 35 mg	2	HSA*
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	3	HSA*
fluvastatin sodium oral capsule 20 mg, 40 mg	3	HSA*
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	2	HSA*
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	2	HSA*
furosemide oral solution 10 mg/ml	2	HSA*
furosemide oral solution 8 mg/ml	1	HSA*
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	HSA*
gemfibrozil oral tablet 600 mg	2	HSA*
guanfacine hcl oral tablet 1 mg, 2 mg	2	HSA*
hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg	1	HSA*
hydralazine hcl oral tablet 100 mg	2	HSA*
hydrochlorothiazide oral capsule 12.5 mg	1	HSA*
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	HSA*
icosapent ethyl oral capsule 1 gm	3	HSA*
indapamide oral tablet 1.25 mg, 2.5 mg	2	HSA*
irbesartan oral tablet 150 mg, 300 mg, 75 mg	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	HSA*
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	HSA*
isosorbide dinitrate oral tablet 40 mg	3	HSA*
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	2	HSA*
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	HSA*
isoxsuprine hcl oral tablet 10 mg, 20 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	2	HSA*
KATERZIA ORAL SUSPENSION 1 MG/ML	4	HSA*
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	HSA*
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	4	HSA*
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	HSA*
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	HSA*
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	HSA*
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	2	HSA*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	2	HSA*
lovastatin oral tablet 10 mg, 20 mg, 40 mg	\$0	HSA*; ACA*
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA*
methyldopa oral tablet 250 mg, 500 mg	2	HSA*
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	HSA*
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2	HSA*
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	1	HSA*
metoprolol tartrate oral tablet 75 mg	2	HSA*
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	HSA*
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	HSA*
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	HSA*
minoxidil oral tablet 10 mg, 2.5 mg	2	HSA*
moexipril hcl oral tablet 15 mg, 7.5 mg	2	HSA*
MULTAQ ORAL TABLET 400 MG	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	HSA*
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	HSA*
NEXLETOL ORAL TABLET 180 MG	4	PA*; QL*: Max. 1 per day; HSA*
NEXLIZET ORAL TABLET 180-10 MG	4	PA*; QL*: Max. 1 per day; HSA*
niacin (antihyperlipidemic) oral tablet 500 mg	2	HSA*
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	HSA*
niacor oral tablet 500 mg	2	HSA*
nicardipine hcl oral capsule 20 mg, 30 mg	2	HSA*
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	HSA*
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	HSA*
nifedipine oral capsule 10 mg, 20 mg	2	HSA*
nimodipine oral capsule 30 mg	2	HSA*
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	HSA*
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	HSA*
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	HSA*
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	HSA*
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	HSA*
nitroglycerin translingual solution 0.4 mg/spray	2	HSA*
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	4	HSA*
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	HSA*
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	2	HSA*
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	HSA*
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	2	HSA*
omega-3-acid ethyl esters oral capsule 1 gm	2	HSA*
pentoxifylline er oral tablet extended release 400 mg	2	HSA*
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	HSA*
phenoxybenzamine hcl oral capsule 10 mg	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
pindolol oral tablet 10 mg, 5 mg	2	HSA*
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	5	PA*; QL*: Max. 2 pens per 28 day(s); HSA*
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	HSA*
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	HSA*
prevalite oral packet 4 gm	2	HSA*
prevalite oral powder 4 gm/dose	2	HSA*
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	2	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	HSA*
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	HSA*
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	HSA*
quinapril hcl oral tablet 10 mg, 5 mg	1	HSA*
quinapril hcl oral tablet 20 mg, 40 mg	2	HSA*
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	HSA*
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg	2	HSA*
ramipril oral capsule 5 mg	1	HSA*
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	3	HSA*
RECTIV RECTAL OINTMENT 0.4 %	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA*; QL*: Max. 1 system per 30 day(s); HSA*
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA*; QL*: Max. 2 syringes per 28 day(s); HSA*
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA*; QL*: Max. 2 pens per 28 day(s); HSA*
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	HSA*
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	\$0	HSA*; ACA*
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	HSA*
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	HSA*
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
spironolactone oral tablet 100 mg, 50 mg	2	HSA*
spironolactone oral tablet 25 mg	1	HSA*
spironolactone-hctz oral tablet 25-25 mg	2	HSA*
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	HSA*
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	QL*: Max. 1 per day; HSA*
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	HSA*
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	2	QL*: Max. 1 per day; HSA*
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	HSA*
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA*
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	HSA*
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	HSA*
trandolapril oral tablet 1 mg, 2 mg, 4 mg	2	HSA*
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	2	HSA*
triamterene oral capsule 100 mg, 50 mg	3	HSA*
triamterene-hctz oral capsule 37.5-25 mg	1	HSA*
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	HSA*
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	HSA*
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	HSA*
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	HSA*
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	2	HSA*
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	HSA*
verapamil hcl oral tablet 120 mg, 80 mg	1	HSA*
verapamil hcl oral tablet 40 mg	2	HSA*
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL*: Max. 1 per day; HSA*
VYNDAMAX ORAL CAPSULE 61 MG	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per day
VYNDAQEL ORAL CAPSULE 20 MG	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 4 per day

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DRUG NAME	TIER	LIMITATIONS / *NOTES
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	2	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	4	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral solution 5 mg/5ml	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.

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DRUG NAME	TIER	LIMITATIONS / *NOTES
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	2	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methamphetamine hcl oral tablet 5 mg	4	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.

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DRUG NAME	TIER	LIMITATIONS / *NOTES
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	2	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	4	PA*; State/Federal limits on prescription drug dispensing may apply.
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA*: Prior Authorization required for members 18 and older; State/Federal limits on prescription drug dispensing may apply.

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO ORAL TABLET 14 MG, 7 MG	5	SPP*: Must use CVS Specialty; QL*: Max. 1 per day
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	4	SPP*: Must use CVS Specialty; QL*: Max. 1 kit (4 syringes) per 28 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	4	SPP*: Must use CVS Specialty; QL*: Max. 1 kit (4 syringes) per 28 days
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	4	SPP*: Must use CVS Specialty; QL*: Max. 4 per day
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	SPP*: Must use CVS Specialty; QL*: Max. 1 box per month
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	SPP*: Must use CVS Specialty; QL*: Max. 1 syringe per day
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	SPP*: Must use CVS Specialty; QL*: Max. 12 syringes per 28 days
dalfampridine er oral tablet extended release 12 hour 10 mg	3	SPP*: Must use CVS Specialty; QL*: Max. 2 per day
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	SPP*: Must use CVS Specialty; QL*: Max. 2 per day

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DRUG NAME	TIER	LIMITATIONS / *NOTES
dimethyl fumarate starter pack oral 120 & 240 mg	4	SPP*: Must use CVS Specialty; QL*: Max. 2 packs per year
GILENYA ORAL CAPSULE 0.5 MG	5	SPP*: Must use CVS Specialty; QL*: Max. 1 per day
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	SPP*: Must use CVS Specialty; QL*: Max. 1 syringe per day
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	SPP*: Must use CVS Specialty; QL*: Max. 12 syringes per 28 days
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	SPP*: Must use CVS Specialty; QL*: Max. 1 syringe per day
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	SPP*: Must use CVS Specialty; QL*: Max. 12 syringes per 28 days
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	4	SPP*: Must Use CVS Specialty; QL*: Max. 1 per 28 days
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	5	SPP*: Must use CVS Specialty; QL*: 40 caps per Lifetime; ST*
MAYZENT ORAL TABLET 0.25 MG	5	SPP*: Must use CVS Specialty; QL*: Max. 4 per day
MAYZENT ORAL TABLET 2 MG	5	SPP*: Must use CVS Specialty; QL*: Max. 1 per day
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	SPP*: Must use CVS Specialty; QL*: Max. 2 packs per year
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 2 prefilled syringes per 28 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 2 prefilled syringes per 28 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 2 prefilled syringes per 28 days
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 2 prefilled syringes per 28 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 2 prefilled syringes per 28 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 12 syringes per 28 days
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	SPP*: Must use CVS Specialty; QL*: Max. 1 pack per 365 days
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	SPP*: Must use CVS Specialty; QL*: Max. 12 syringes per 28 days
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	SPP*: Must use CVS Specialty; QL*: Max. 1 pack per 365 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	4	SPP*: Must use CVS Specialty; QL*: Max. 4 per day
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 2 packs per 365 days
ZEPOSIA ORAL CAPSULE 0.92 MG	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per day
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 kit per 365 days
Central Nervous System Agents - Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 per day
AUSTEDO ORAL TABLET 6 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	2	
CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	4	PA*
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA*; LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	4	PA*; LDD*: Pantherx Specialty Pharmacy 1-855-726-8479
NUDEXTA ORAL CAPSULE 20-10 MG	4	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	2	PA*; QL*
phendimetrazine tartrate oral tablet 35 mg	2	PA*; QL*
phentermine hcl oral capsule 15 mg	2	PA*
phentermine hcl oral capsule 30 mg, 37.5 mg	1	PA*
phentermine hcl oral tablet 37.5 mg	1	PA*
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	2	
riluzole oral tablet 50 mg	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST*: Step only required for 18 years and older
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	ST*: Step only required for 18 years and older
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA*
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA*; QL*: Max. 4 syringes per 28 day(s); LDD*: Accredo (800) 803-2523
tetrabenazine oral tablet 12.5 mg, 25 mg	2	SPP*: Must use CVS Specialty

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	4	PA*; QL*: Max. 4 syringes per 28 days
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest dental gel 1.1 %	1	
cevimeline hcl oral capsule 30 mg	2	
chlorhexidine gluconate mouth/throat solution 0.12 %	2	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	4	
DENTAGEL DENTAL GEL 1.1 %	4	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	3	
lidocaine viscous hcl mouth/throat solution 2 %	2	
oralone mouth/throat paste 0.1 %	2	
periogard mouth/throat solution 0.12 %	2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	4	
PREVIDENT DENTAL GEL 1.1 %	4	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents - Drugs for Skin Conditions		
acutane oral capsule 20 mg, 30 mg, 40 mg	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	2	
ACZONE EXTERNAL GEL 7.5 %	4	
adapalene external cream 0.1 %	2	PA*: Prior Authorization required for members 30 and older
adapalene external gel 0.1 %, 0.3 %	2	PA*: Prior Authorization required for members 30 and older
ADAPALENE EXTERNAL SOLUTION 0.1 %	2	PA*: Prior Authorization required for members 30 and older

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DRUG NAME	TIER	LIMITATIONS / *NOTES
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	PA*: Prior Authorization required for members 30 and older
ALA SCALP EXTERNAL LOTION 2 %	2	
ala-cort external cream 1 %, 2.5 %	1	
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
amcinonide external cream 0.1 %	2	
amcinonide external lotion 0.1 %	2	
amcinonide external ointment 0.1 %	2	
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	2	
amnestem oral capsule 10 mg, 20 mg, 40 mg	3	
APEXICON E EXTERNAL CREAM 0.05 %	4	
azelaic acid external gel 15 %	3	
AZELEX EXTERNAL CREAM 20 %	4	
benzoyl peroxide-erythromycin external gel 5-3 %	2	
betamethasone dipropionate aug external cream 0.05 %	2	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	2	
betamethasone dipropionate aug external ointment 0.05 %	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 foam 0.12 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
calcipotriene external cream 0.005 %	4	
calcipotriene external ointment 0.005 %	4	
calcipotriene external solution 0.005 %	4	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	
calcitriol external ointment 3 mcg/gm	2	
CAPEX EXTERNAL SHAMPOO 0.01 %	4	
cerovel external lotion 40 %	2	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	2	
clindamycin phosphate external foam 1 %	2	
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate external swab 1 %	2	
clindamycin phosphate gel 1 % external 1 %	2	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL 1 %	2	
clindamycin-tretinoin external gel 1.2-0.025 %	3	PA*: Prior Authorization required for members 30 and older
clobetasol prop emollient base external cream 0.05 %	2	
clobetasol propionate e external cream 0.05 %	2	
clobetasol propionate emulsion external foam 0.05 %	2	
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external foam 0.05 %	2	
clobetasol propionate external gel 0.05 %	2	
clobetasol propionate external liquid 0.05 %	2	
clobetasol propionate external lotion 0.05 %	2	
clobetasol propionate external ointment 0.05 %	2	
clobetasol propionate external shampoo 0.05 %	2	
clobetasol propionate external solution 0.05 %	2	
clocortolone pivalate external cream 0.1 %	2	
clodan external shampoo 0.05 %	2	
CONDYLOX EXTERNAL GEL 0.5 %	4	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	4	
dapsone external gel 5 %	3	
DAPSONE EXTERNAL GEL 7.5 %	4	
desonide external cream 0.05 %	2	
desonide external gel 0.05 %	3	
desonide external lotion 0.05 %	2	
desonide external ointment 0.05 %	2	
desoximetasone external cream 0.05 %, 0.25 %	2	
desoximetasone external gel 0.05 %	2	
desoximetasone external liquid 0.25 %	2	
desoximetasone external ointment 0.05 %, 0.25 %	2	
desrx external gel 0.05 %	3	
diclofenac sodium external gel 3 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
DIFFERIN EXTERNAL LOTION 0.1 %	4	PA*: PA required for members age 30 years and older
diflorasone diacetate external cream 0.05 %	3	
diflorasone diacetate external ointment 0.05 %	3	
doxepin hcl external cream 5 %	4	
DRYSOL EXTERNAL SOLUTION 20 %	4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 syringes per 28 day(s)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 pens per 28 day(s)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 syringes per 28 day(s); HSA*
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	4	PA*
ery external pad 2 %	2	
erythromycin external gel 2 %	2	
erythromycin external solution 2 %	2	
EUCRISA EXTERNAL OINTMENT 2 %	4	PA*
FABIOR EXTERNAL FOAM 0.1 %	4	PA*: Prior Authorization required for members 30 and older
FINACEA EXTERNAL FOAM 15 %	3	
fluocinolone acetonide body external oil 0.01 %	2	
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external cream 0.05 %, 0.1 %	2	
fluocinonide external gel 0.05 %	2	
fluocinonide external ointment 0.05 %	2	
fluocinonide external solution 0.05 %	2	
FLUOROPLEX EXTERNAL CREAM 1 %	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	2	
fluorouracil external solution 2 %, 5 %	2	
flurandrenolide external cream 0.05 %	2	
flurandrenolide external lotion 0.05 %	2	
flurandrenolide external ointment 0.05 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
fluticasone propionate external cream 0.05 %	2	
fluticasone propionate external lotion 0.05 %	2	
fluticasone propionate external ointment 0.005 %	2	
goodsense anti-itch maximum st external ointment 1 %	1	
gordons urea external cream 40 %	2	
halcinonide external cream 0.1 %	3	
halobetasol propionate external cream 0.05 %	2	
halobetasol propionate external ointment 0.05 %	2	
hydrocortisone ace-pramoxine external cream 2.5-1 %	2	
hydrocortisone butyr lipo base external cream 0.1 %	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 0.5 %, 1 %, 2.5 %	1	
hydrocortisone external lotion 1 %	1	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream 0.2 %	2	
hydrocortisone valerate external ointment 0.2 %	2	
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	2	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %	4	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3	
ivermectin external cream 1 %	3	
lactic acid e external cream 10-3500 %-unt/30gm	2	
lactic acid external lotion 10 %	2	
methoxsalen rapid oral capsule 10 mg	2	
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	2	
MIRVASO EXTERNAL GEL 0.33 %	4	
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	5	PA*
neuac external gel 1.2-5 %	2	
nolix external cream 0.05 %	2	
pimecrolimus external cream 1 %	3	ST*
podocon external solution 25 %	2	
podofilox external solution 0.5 %	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	3	
PRAMOXINE-HC EXTERNAL CREAM 1-2.35 %	2	
prednicarbate external ointment 0.1 %	2	
QBREXZA EXTERNAL PAD 2.4 %	4	PA*; QL*: Max. 1 per day
REGRANEX EXTERNAL GEL 0.01 %	5	QL*: Limit fills to 3 in 365 days
rosadan external cream 0.75 %	2	
salicylic acid external shampoo 6 %	2	
salicylic acid external solution 26 %	2	
salicylic acid wart remover external liquid 27.5 %	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
selenium sulfide external lotion 2.5 %	2	
selenium sulfide external shampoo 2.25 %	2	
sodium sulfacetamide external shampoo 10 %	2	
sodium sulfacetamide wash external liquid 10 %	2	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	2	
SOOLANTRA EXTERNAL CREAM 1 %	4	
sss 10-5 external cream 10-5 %	2	
sulfacetamide sodium (acne) external lotion 10 %	2	
sulfacetamide sodium external gel 10 % (cleans)	2	
sulfacetamide sodium external liquid 10 %	2	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	2	
sulfacetamide sodium-sulfur external emulsion 10-5 %	2	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	2	
tacrolimus external ointment 0.03 %, 0.1 %	2	ST*
tazarotene external cream 0.1 %	2	PA*: Prior Authorization required for members 30 and older

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA*: Prior Authorization required for members 30 and older
TAZORAC EXTERNAL CREAM 0.05 %	4	PA*: Prior Authorization required for members 30 and older
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA*: Prior Authorization required for members 30 and older
TEXACORT EXTERNAL SOLUTION 2.5 %	4	
tovet external foam 0.05 %	2	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA*: Prior Authorization required for members 30 and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	2	PA*: Prior Authorization required for members 30 and older
tretinoin microsphere external gel 0.04 %, 0.1 %	2	PA*: Prior Authorization required for members 30 and older
tretinoin microsphere pump external gel 0.04 %, 0.1 %	2	PA*: Prior Authorization required for members 30 and older
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %	1	
triamcinolone acetonide external ointment 0.05 %, 0.1 %, 0.5 %	2	
triamcinolone in absorbbase external ointment 0.05 %	2	
triderm external cream 0.1 %, 0.5 %	1	
tritocin external ointment 0.05 %	2	
urea cream 40 % external 40 %	2	
urea external cream 39 %	2	
urea external lotion 40 %	2	
uredeb external cream 39 %	2	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	HSA*; INS*
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	5	ST*; HSA*; INS*
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL*: Max. 4 pens per 28 day(s); ST*; HSA*; INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	QL*: Max. 1 pen per 30 day(s); ST*; HSA*; INS*
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	QL*: Max. 1 pen per 30 day(s); ST*; HSA*; INS*
CYCLOSET ORAL TABLET 0.8 MG	4	HSA*; INS*
FARXIGA ORAL TABLET 10 MG, 5 MG	3	HSA*; INS*
glimepiride oral tablet 1 mg, 2 mg	1	HSA*; INS*
glimepiride oral tablet 4 mg	2	HSA*; INS*
glipizide er oral tablet extended release 24 hour 10 mg, 5 mg	2	HSA*; INS*
glipizide er oral tablet extended release 24 hour 2.5 mg	1	HSA*; INS*
glipizide oral tablet 10 mg, 5 mg	1	HSA*; INS*
glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg	2	HSA*; INS*
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	HSA*; INS*
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	HSA*; INS*
glyburide micronized oral tablet 1.5 mg	1	HSA*; INS*
glyburide micronized oral tablet 3 mg, 6 mg	2	HSA*; INS*
glyburide oral tablet 1.25 mg, 2.5 mg	1	HSA*; INS*
glyburide oral tablet 5 mg	2	HSA*; INS*
glyburide-metformin oral tablet 1.25-250 mg	1	HSA*; INS*
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	HSA*; INS*
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	HSA*; INS*
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	HSA*; INS*
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	HSA*; INS*
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	HSA*; INS*
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	HSA*; INS*
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	HSA*; INS*
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	HSA*; INS*
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	2	HSA*; INS*
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	2	HSA*; INS*; Generic Fortamet
metformin hcl er oral tablet extended release 24 hour 500 mg	2	HSA*; INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
metformin hcl er oral tablet extended release 24 hour 750 mg	2	HSA*; INS*; Generic Glucophage XR
metformin hcl oral solution 500 mg/5ml	2	HSA*; INS*
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	HSA*; INS*
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	HSA*; INS*
nateglinide oral tablet 120 mg, 60 mg	2	HSA*; INS*
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL*: Max. 2 pens per 28 day(s); ST*; HSA*; INS*
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	HSA*; INS*
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	2	HSA*; INS*
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	HSA*; INS*
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	HSA*; INS*
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL*; ST*; HSA*; INS*
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	HSA*; INS*
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	HSA*; INS*
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	HSA*; INS*
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	HSA*; INS*
tolbutamide oral tablet 500 mg	2	HSA*; INS*
TRADJENTA ORAL TABLET 5 MG	3	HSA*; INS*
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	QL*: Max. 1 per day; HSA*; INS*
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*: Max. 4 pens per 28 day(s); ST*; HSA*; INS*
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL*: Max. 3 pens per 30 day(s); ST*; HSA*; INS*
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	HSA*; INS*
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA*; HSA*; INS*
Diabetes - Glucose Monitoring		
CHEMSTRIP 10 MD IN VITRO STRIP	3	INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
CHEMSTRIP 10/SG IN VITRO STRIP	3	INS*
CHEMSTRIP 2 GP IN VITRO STRIP	3	INS*
CHEMSTRIP 5 OB IN VITRO STRIP	3	INS*
CHEMSTRIP 7 IN VITRO STRIP	3	INS*
CHEMSTRIP 9 IN VITRO STRIP	3	INS*
CHEMSTRIP K IN VITRO STRIP	3	INS*
FREESTYLE FREEDOM LITE KIT W/DEVICE	MD	QL*: Per 365 days- Max. 1 for age 18 and above;Max. 2 for age 0-17 years; HSA*; INS*
FREESTYLE INSULINX SYSTEM KIT W/DEVICE	MD	QL*: Per 365 days- Max. 1 for age 18 and above;Max. 2 for age 0-17 years; HSA*; INS*
FREESTYLE INSULINX TEST IN VITRO STRIP	3	QL*: Max. 204 per 30 days; HSA*; INS*
FREESTYLE LIBRE 14 DAY READER DEVICE	4	PA*; QL*: Max. 1 in 365 days; HSA*; INS*
FREESTYLE LIBRE 14 DAY SENSOR	4	PA*; QL*: Max. 2 in 30 days; HSA*; INS*
FREESTYLE LIBRE 2 READER DEVICE	4	PA*; QL*: Max 1 per 365 days; HSA*; INS*
FREESTYLE LIBRE 2 SENSOR	4	PA*; QL*: Max 2 per 28 days; HSA*; INS*
FREESTYLE LIBRE READER DEVICE	4	PA*; QL*: Max. 1 in 365 days; HSA*; INS*
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	3	QL*: Max. 204 per 30 days; HSA*; INS*
KETONE TEST IN VITRO STRIP	3	INS*
KETOSTIX IN VITRO STRIP	3	INS*
LANCETS	3	HSA*; INS*
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	QL*: Max. 204 per 30 days; HSA*; INS*
PRECISION XTRA DEVICE	MD	QL*: Per 365 days- Max. 1 for age 18 and above;Max. 2 for age 0-17 years; HSA*; INS*
V-GO 20 KIT	4	QL*: Max. 1 per day; HSA*; INS*
V-GO 30 KIT	4	QL*: Max. 1 per day; HSA*; INS*
V-GO 40 KIT	4	QL*: Max. 1 per day; HSA*; INS*
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	HSA*; INS*
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	HSA*; INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
diazoxide oral suspension 50 mg/ml	3	HSA*; INS*
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	HSA*; INS*
glucagon emergency kit 1 mg injection 1 mg	3	HSA*; INS*
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	HSA*; INS*
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	HSA*; INS*
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	4	HSA*; INS*
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	4	HSA*; INS*
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	4	HSA*; INS*
Diabetes - Insulins		
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	3	HSA*; INS*
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	3	HSA*; INS*
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	HSA*; INS*
CARETOUCH HYPODERMIC NEEDLE 22G X 1"	4	
DROPLET MICRON 34G X 3.5 MM	3	HSA*; INS*
EASYPPOINT NEEDLE 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8"	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	HSA*; INS*; MAINS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	HSA*; INS*
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	HSA*; INS*
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	HSA*; INS*; MAINS*
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	HSA*; INS*; MAINS*
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	HSA*; INS*; MAINS*
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML	3	HSA*; INS*; MAINS*
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	PA*; HSA*; INS*
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA*; HSA*; INS*
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	HSA*; INS*
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	HSA*; INS*
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	HSA*; INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	HSA*; INS*
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*; MAINS*
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	HSA*; INS*; MAINS*
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA*; INS*
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	HSA*; INS*
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	HSA*; INS*
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	3	HSA*; INS*
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	3	HSA*; INS*
NOVOFINE PEN NEEDLE 32G X 6 MM	3	HSA*; INS*
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	3	HSA*; INS*
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG RELION SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA*; HSA*; INS*
NOVOTWIST PEN NEEDLE 32G X 5 MM	3	HSA*; INS*
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1"	4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	HSA*; INS*
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	HSA*; INS*
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	HSA*; INS*
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	HSA*; INS*
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA*; INS*
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU ORAL TABLET 200 MG	5	LDD*: Accredo (800) 803-2523
CHEMET ORAL CAPSULE 100 MG	4	
clovique oral capsule 250 mg	3	PA*
curity sterile saline irrigation solution 0.9 %	2	
cyanocobalamin injection solution 1000 mcg/ml	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
cytra k crystals oral packet 3300-1002 mg	2	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	SPP*: Must use CVS Specialty
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	SPP*: Must use CVS Specialty
deferiprone oral tablet 500 mg	4	LDD*: Eversana (866) 849-4481
effe-r-k oral tablet effervescent 25 meq	2	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FERRIPROX ORAL SOLUTION 100 MG/ML	4	LDD*: Eversana (866) 849-4481
FERRIPROX ORAL TABLET 1000 MG	4	LDD*: Eversana (866) 849-4481
FERRIPROX ORAL TABLET 500 MG	5	LDD*: Eversana (866) 849-4481
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	4	LDD*: Eversana (866) 849-4481
fluoritab oral solution 0.275 (0.125 f) mg/drop	\$0	ACA*; AL* (Max 5 Years)
folic acid oral tablet 1 mg	1	ACA*; Female Only; AL* (Min 12 Years and Max 50 Years)
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	2	
iodine strong oral solution 5 %	2	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	2	
klor-con m15 oral tablet extended release 15 meq	2	
klor-con m20 oral tablet extended release 20 meq	2	
klor-con oral packet 20 meq	3	
klor-con oral tablet extended release 8 meq	2	
klor-con/ef oral tablet effervescent 25 meq	2	
k-prime oral tablet effervescent 25 meq	2	
levocarnitine oral solution 1 gm/10ml	2	
levocarnitine oral tablet 330 mg	2	
levocarnitine sf oral solution 1 gm/10ml	2	
LOKELMA ORAL PACKET 10 GM	4	HSA*
LOKELMA ORAL PACKET 5 GM	4	QL*: Max. 1 packet per day; HSA*
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	\$0	ACA*; AL* (Max 5 Years)
nafrinse oral tablet chewable 2.2 (1 f) mg	\$0	ACA*; AL* (Max 5 Years)
NEONATAL COMPLETE ORAL TABLET 29-1 MG	2	HSA*
NESTABS ONE ORAL CAPSULE 38-1-225 MG	2	HSA*
ORACIT ORAL SOLUTION 490-640 MG/5ML	3	
phytonadione oral tablet 5 mg	2	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
potassium chloride er oral capsule extended release 10 meq	2	
potassium chloride er oral capsule extended release 8 meq	1	
potassium chloride er oral tablet extended release 10 meq	1	
potassium chloride er oral tablet extended release 20 meq, 8 meq	2	
potassium chloride oral packet 20 meq	3	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	
PREMESISRX ORAL TABLET 1 MG	4	HSA*
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	HSA*
prenatal oral tablet 27-1 mg	1	HSA*
prenatal plus iron oral tablet 29-1 mg	1	HSA*
prenatal vitamin plus low iron oral tablet 27-1 mg	1	HSA*
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	4	HSA*
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	4	HSA*
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	4	HSA*
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	4	HSA*
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	4	HSA*
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	4	HSA*
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	4	HSA*
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	4	HSA*
preplus oral tablet 27-1 mg	1	HSA*
PRETAB ORAL TABLET 29-1 MG	2	HSA*
RELNATE DHA ORAL CAPSULE 28-1-200 MG	2	HSA*
SAMSCA ORAL TABLET 15 MG	5	SPP*: Must Use CVS Specialty; PA*
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	HSA*
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	\$0	ACA*; AL* (Max 5 Years)
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	2	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	\$0	ACA*; AL* (Max 5 Years)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
sodium polystyrene sulfonate oral powder	2	
sps oral suspension 15 gm/60ml	2	
TOLVAPTAN ORAL TABLET 15 MG	5	SPP*: Must Use CVS Specialty; PA*
tolvaptan oral tablet 30 mg	4	SPP*: Must Use CVS Specialty; PA*
trientine hcl oral capsule 250 mg	3	PA*
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	LDD*: Walgreens Specialty (800) 424-9002
VINATE ONE ORAL TABLET 60-1 MG	4	HSA*
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG	2	HSA*
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	2	HSA*
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vp-pnv-dha oral capsule 28-1-215.8 mg	2	HSA*
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
acid reducer maximum strength oral tablet 20 mg	1	
acid reducer oral tablet 10 mg	1	
cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml	2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	2	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	5	PA*
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	
famotidine maximum strength oral tablet 20 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 10 mg, 20 mg	1	
famotidine oral tablet 40 mg	2	
famotidine orig st oral tablet 10 mg	1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	4	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	4	
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	3	
misoprostol oral tablet 100 mcg	2	
misoprostol oral tablet 200 mcg	1	
mm acid-pep maximum strength oral tablet 20 mg	1	
mm famotidine oral tablet 20 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	1	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	4	
nizatidine oral capsule 150 mg, 300 mg	2	
nizatidine oral solution 15 mg/ml	2	
omeprazole oral capsule delayed release 10 mg, 20 mg	1	
omeprazole oral capsule delayed release 40 mg	2	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	4	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	2	
pantoprazole sodium oral packet 40 mg	3	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	
rabeprazole sodium oral tablet delayed release 20 mg	2	
sucralfate oral suspension 1 gm/10ml	3	
sucralfate oral tablet 1 gm	2	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	Female Only
alvimopan oral capsule 12 mg	3	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	
amoxicill-clarithro-lansopraz oral	2	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	2	
bisacodyl ec oral tablet delayed release 5 mg	1	
bisacodyl rectal suppository 10 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	2	
citroma oral solution 1.745 gm/30ml	1	
clearlax oral powder 17 gm/scoop	1	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML	3	
constulose oral solution 10 gm/15ml	1	
cromolyn sodium oral concentrate 100 mg/5ml	2	
CUVPOSA ORAL SOLUTION 1 MG/5ML	4	SPP*: Must Use CVS Specialty

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DRUG NAME	TIER	LIMITATIONS / *NOTES
cvs gentle laxative rectal suppository 10 mg	1	
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
enulose oral solution 10 gm/15ml	1	
fiber oral powder 28.3 %	1	
fiber therapy oral powder 25 %	1	
gavilax oral powder 17 gm/scoop	1	
gavilyte-c oral solution reconstituted 240 gm	\$0	ACA*
gavilyte-g oral solution reconstituted 236 gm	\$0	ACA*
gavilyte-n with flavor pack oral solution reconstituted 420 gm	\$0	ACA*
generlac oral solution 10 gm/15ml	1	
gentle laxative oral tablet delayed release 5 mg	1	
gentle laxative rectal suppository 10 mg	1	
geri-kot oral tablet 8.6 mg	1	
glycolax oral powder 17 gm/scoop	1	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
gnp senna lax oral tablet 8.6 mg	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	3	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	
magnesium citrate oral solution 1.745 gm/30ml	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
mm clearlax oral powder 17 gm/scoop	1	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	4	ST*
natural senna laxative oral tablet 8.6 mg	1	
opium oral tincture 10 mg/ml (1%)	2	QL*: Max 30 Days Supply
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	\$0	ACA*
peg-3350/electrolytes oral solution reconstituted 236 gm	\$0	ACA*
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	\$0	ACA*
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	\$0	ACA*
peg-prep oral kit 5-210 mg-gm	\$0	ACA*
polyethylene glycol 3350 oral powder 17 gm/scoop	1	
qc magnesium citrate oral solution 1.745 gm/30ml	1	
reguloid oral powder 28.3 %, 43 %, 51.7 %, 58.6 %	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	
senna oral tablet 8.6 mg	1	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	SPP*: Must use CVS Specialty; PA*
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
TRULANCE ORAL TABLET 3 MG	3	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	
wal-mucil oral powder 43 %, 51.7 %	1	
XERMELO ORAL TABLET 250 MG	5	PA*; QL*: Max. 3 per day; LDD*: Optum Specialty Pharmacy (877) 977-9118.

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA ORAL CAPSULE 84 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTADANE ORAL POWDER	5	AnovoRx (888) 487-4703
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	
GALAFOLD ORAL CAPSULE 123 MG	5	PA*; QL*: Max. 1 cap every other day; LDD*: Accredo (800) 803-2523
miglustat oral capsule 100 mg	3	SPP*: Must use CVS Specialty
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	LDD*: Accredo (800) 803-2523

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DRUG NAME	TIER	LIMITATIONS / *NOTES
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5	PA*; LDD*: Eversana (866) 849-4481
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA*; LDD*: Optum Specialty Pharmacy (877) 977-9118.
ORFADIN ORAL CAPSULE 20 MG	5	PA*; LDD*: Eversana (866) 849-4481
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA*; LDD*: Eversana (866) 849-4481
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	5	SPP*: CVS Specialty; PA*; QL*: Max. of 2 syringes per day
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	4	ST*
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	4	ST*
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	SPP*: Must use CVS Specialty
sapropterin dihydrochloride oral tablet 100 mg	4	SPP*: Must use CVS Specialty
sodium phenylbutyrate oral powder 3 gm/tsp	2	
sodium phenylbutyrate oral tablet 500 mg	3	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	LDD*: Accredo (800) 803-2523
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	4	ST*
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate (phos binder) oral tablet 667 mg	2	
calcium acetate oral tablet 667 mg	2	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	4	QL*: Max. 6 vials per 30 day(s); Male Only; AL* (Min 18 Years)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	4	QL*: Max. 6 vials per 30 day(s); Male Only; AL* (Min 18 Years)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	2	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	4	QL*: Max. 6 vials per 30 day(s); Male Only; AL* (Min 18 Years)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ELMIRON ORAL CAPSULE 100 MG	4	
flavoxate hcl oral tablet 100 mg	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	5	
INTRAROSA VAGINAL INSERT 6.5 MG	4	QL*: Max. 1 per day
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	3	QL*: Max. 6 supp per 30 day(s); Male Only; AL* (Min 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet 250 mg	3	PA*
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	3	
sevelamer carbonate oral tablet 800 mg	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL*: Prior Authorization required for Quantity exceeding 4 per 30 days; Male Only; AL* (Min 18 Years)
solifenacin succinate oral tablet 10 mg, 5 mg	2	
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	QL*: Prior Authorization required for Quantity exceeding 4 per 30 days; Male Only; AL* (Min 18 Years)
THIOLA ORAL TABLET 100 MG	5	PA*; LDD*: Eversana (866) 849-4481
tiopronin oral tablet 100 mg	4	PA*; LDD*: Eversana (866) 849-4481
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	4	
tropium chloride er oral capsule extended release 24 hour 60 mg	2	
tropium chloride oral tablet 20 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	QL*: Prior Authorization required for Quantity exceeding 4 per 30 days; Male Only; AL* (Min 18 Years)
VELPHORO ORAL TABLET CHEWABLE 500 MG	5	PA*
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	4	HSA*
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	2	
finasteride oral tablet 5 mg	2	
silodosin oral capsule 4 mg, 8 mg	2	
tamsulosin hcl oral capsule 0.4 mg	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	HSA*
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	2	
dexamethasone oral elixir 0.5 mg/5ml	2	
dexamethasone oral solution 0.5 mg/5ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 6 mg	1	
dexamethasone oral tablet 2 mg, 4 mg	2	
dexamethasone sod phosphate pf injection solution 10 mg/ml	MD	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION 10 MG/ML	MD	
dexamethasone sodium phosphate solution 10 mg/ml injection 10 mg/ml	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION 4 MG/ML	MD	
dexamethasone sodium phosphate solution 4 mg/ml injection 4 mg/ml	MD	
fludrocortisone acetate oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet therapy pack 4 mg	2	
prednisolone oral solution 15 mg/5ml	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	2	
prednisone intensol oral concentrate 5 mg/ml	4	
prednisone oral solution 5 mg/5ml	2	
prednisone oral tablet 1 mg	2	
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	HSA*
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4	PA*: Prior Authorization required for members 18 and older; QL*: Max. 30 Days Supply; Max. 2 per day
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24HR	4	PA*: Prior Authorization required for members 18 and older; QL*: Max. 30 Days Supply; Max. 1 per day
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
METHITEST ORAL TABLET 10 MG	4	PA*; QL*: Max. 30 Days Supply
oxandrolone oral tablet 10 mg, 2.5 mg	2	QL*: Max. 30 Days Supply
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 10 ML per 30 day(s)
testosterone cypionate intramuscular solution 100 mg/ml	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 10 ML per 30 day(s)
testosterone cypionate solution 200 mg/ml intramuscular 200 mg/ml	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 10 ML per 30 day(s)
testosterone cypionate solution 200 mg/ml intramuscular 200 mg/ml	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 4 ML per 30 day(s)
testosterone enanthate intramuscular solution 200 mg/ml	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 5 ML per 30 day(s)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 150 grams per 30 day(s)
testosterone transdermal gel 10 mg/act (2%)	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 120 grams per 30 day(s)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 300 grams per 30 day(s)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	3	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 35 grams per 28 day(s)
testosterone transdermal gel 25 mg/2.5gm (1%)	2	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 70 grams per 28 day(s)
testosterone transdermal solution 30 mg/act	3	PA*: Prior Authorization required for members 18 and older; QL*: Max 30 Days Supply; Max. 180 ML per 30 day(s)

Hormonal Agents - Osteoporosis

OSPHENA ORAL TABLET 60 MG	4	
raloxifene hcl oral tablet 60 mg	2	HSA*; ACA*

Hormonal Agents - Pituitary

cabergoline oral tablet 0.5 mg	2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA*; QL*: Max. 30 Days Supply; IVF*
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	PA*; QL*: Max. 30 Days Supply; IVF*
clomiphene citrate oral tablet 50 mg	2	
desmopressin ace spray refrig nasal solution 0.01 %	2	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	SPP*: CVS Specialty
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
desmopressin acetate spray nasal solution 0.01 %	2	
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	5	PA*; QL*: Max. 30 Days Supply; IVF*
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	4	PA*; QL*: Max. 30 Days Supply; IVF*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	4	PA*; QL*: Max. 30 Days Supply; IVF*
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	PA*; QL*: Max. 30 Days Supply; IVF*
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	SPP*: Must use CVS Specialty; PA*
leuprolide acetate injection kit 1 mg/0.2ml	2	QL*: Max. 30 Days Supply; IVF*
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	5	PA*; QL*: Max. 30 Days Supply; IVF*
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 per day
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT	3	PA*; QL*: Max. 30 Days Supply; IVF*
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	4	SPP*: Must use CVS Specialty; PA*
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	4	SPP*: Must use CVS Specialty; PA*
ORLISSA ORAL TABLET 150 MG, 200 MG	4	PA*; QL*: Max. 1 per day
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	4	PA*; QL*: Max. 30 Days Supply; IVF*
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	PA*; QL*: Max. 30 Days Supply; IVF*
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	4	LDD*: Accredo (800) 803-2523
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	SPP*: Must use CVS Specialty
STIMATE NASAL SOLUTION 1.5 MG/ML	4	SPP*: CVS Specialty
SYNAREL NASAL SOLUTION 2 MG/ML	4	QL*: Max. 30 Days Supply; IVF*
Hormonal Agents - Prostaglandins		
KORLYM ORAL TABLET 300 MG	5	HSA*; LDD*: Eversana (866) 849- 4481; INS*
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle oral tablet 0.1-20 mg-mcg	\$0	ACA*
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
altavera oral tablet 0.15-30 mg-mcg	\$0	ACA*
alyacen 1/35 oral tablet 1-35 mg-mcg	\$0	ACA*
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
amethia oral tablet 0.15-0.03 &0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
amethyst oral tablet 90-20 mcg	\$0	ACA*
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	ACA*
apri oral tablet 0.15-30 mg-mcg	\$0	ACA*
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	\$0	ACA*
ashlyna oral tablet 0.15-0.03 &0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
aubra eq oral tablet 0.1-20 mg-mcg	\$0	ACA*
aubra oral tablet 0.1-20 mg-mcg	\$0	ACA*
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
aurovela 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	\$0	ACA*
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
aurovela fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
aviane oral tablet 0.1-20 mg-mcg	\$0	ACA*
ayuna oral tablet 0.15-30 mg-mcg	\$0	ACA*
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	\$0	ACA*
balziva oral tablet 0.4-35 mg-mcg	\$0	ACA*
BIJUVA ORAL CAPSULE 1-100 MG	4	QL*: 1 per day
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	\$0	ACA*
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
blisovi fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
briellyn oral tablet 0.4-35 mg-mcg	\$0	ACA*
camila oral tablet 0.35 mg	\$0	ACA*
camrese lo oral tablet 0.1-0.02 & 0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
camrese oral tablet 0.15-0.03 &0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	\$0	ACA*
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	\$0	ACA*
chateal eq oral tablet 0.15-30 mg-mcg	\$0	ACA*
chateal oral tablet 0.15-30 mg-mcg	\$0	ACA*
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
CRINONE VAGINAL GEL 4 %, 8 %	3	QL*: Max. 30 Days Supply; IVF*
cryselle-28 oral tablet 0.3-30 mg-mcg	\$0	ACA*
cyclafem 1/35 oral tablet 1-35 mg-mcg	\$0	ACA*
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
cyred eq oral tablet 0.15-30 mg-mcg	\$0	ACA*
cyred oral tablet 0.15-30 mg-mcg	\$0	ACA*
dasetta 1/35 oral tablet 1-35 mg-mcg	\$0	ACA*
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
daysee oral tablet 0.15-0.03 & 0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
deblitane oral tablet 0.35 mg	\$0	ACA*
delyla oral tablet 0.1-20 mg-mcg	\$0	ACA*
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	QL*: Max. 1 syringe per 90 day(s); ACA*
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	\$0	ACA*
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	3	
dolishale oral tablet 90-20 mcg	\$0	ACA*
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	2	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	\$0	ACA*
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	ACA*
DUAVEE ORAL TABLET 0.45-20 MG	5	HSA*
elinest oral tablet 0.3-30 mg-mcg	\$0	ACA*
ELLA ORAL TABLET 30 MG	\$0	QL*: Max. quantity of 1 per fill; ACA*
eluryng vaginal ring 0.12-0.015 mg/24hr	\$0	ACA*
emoquette oral tablet 0.15-30 mg-mcg	\$0	ACA*
ENDOMETRIN VAGINAL INSERT 100 MG	4	QL*: Max. 30 Days Supply; IVF*
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	\$0	ACA*
enskyce oral tablet 0.15-30 mg-mcg	\$0	ACA*
errin oral tablet 0.35 mg	\$0	ACA*
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	2	QL*: Max. 30 Days Supply
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	2	QL*: Max. 30 Days Supply

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DRUG NAME	TIER	LIMITATIONS / *NOTES
est estrogens-methyltest oral tablet 0.625-1.25 mg, 1.25-2.5 mg	2	QL*: Max. 30 Days Supply
estarylla oral tablet 0.25-35 mg-mcg	\$0	ACA*
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	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	2	
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tablet 10 mcg	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG	3	QL*: Max 90 Days Supply; Max. 1 ring per 90 day(s)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	QL*: Max. 1 bottle per 30 days
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0	ACA*
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	\$0	ACA*
falmina oral tablet 0.1-20 mg-mcg	\$0	ACA*
fayosim oral tablet 42-21-21-7 days	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
femynor oral tablet 0.25-35 mg-mcg	\$0	ACA*
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	4	QL*: Max. 30 Days Supply
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
gemmily oral capsule 1-20 mg-mcg(24)	\$0	ACA*
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
hailey 24 fe oral tablet 1-20 mg-mcg(24)	\$0	ACA*
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
hailey fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
heather oral tablet 0.35 mg	\$0	ACA*
iclevia oral tablet 0.15-0.03 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
incassia oral tablet 0.35 mg	\$0	ACA*
introvale oral tablet 0.15-0.03 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
isibloom oral tablet 0.15-30 mg-mcg	\$0	ACA*
jaimiess oral tablet 0.15-0.03 &0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
jasmiel oral tablet 3-0.02 mg	\$0	ACA*
jencycla oral tablet 0.35 mg	\$0	ACA*
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
juleber oral tablet 0.15-30 mg-mcg	\$0	ACA*
junel 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
junel 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
junel fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
junel fe 24 oral tablet 1-20 mg-mcg(24)	\$0	ACA*
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	\$0	ACA*
kalliga oral tablet 0.15-30 mg-mcg	\$0	ACA*
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
kelnor 1/35 oral tablet 1-35 mg-mcg	\$0	ACA*
kelnor 1/50 oral tablet 1-50 mg-mcg	\$0	ACA*
kurvelo oral tablet 0.15-30 mg-mcg	\$0	ACA*
larin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
larin 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
larin 24 fe oral tablet 1-20 mg-mcg(24)	\$0	ACA*
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
larin fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
larissia oral tablet 0.1-20 mg-mcg	\$0	ACA*
layolis fe oral tablet chewable 0.8-25 mg-mcg	\$0	ACA*
leena oral tablet 0.5/1/0.5-35 mg-mcg	\$0	ACA*
lessina oral tablet 0.1-20 mg-mcg	\$0	ACA*
levonest oral tablet 50-30/75-40/ 125-30 mcg	\$0	ACA*
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
levonorgestrel oral tablet 1.5 mg	\$0	QL*: Max. quantity of 1 per fill; ACA*
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	\$0	ACA*
levonorg-eth estrad triphasic tablet 50-30/75-40/ 125-30 mcg oral 50-30/75-40/ 125-30 mcg	\$0	ACA*
levonorg-eth estrad triphasic tablet 50-30/75-40/ 125-30 mcg oral 50-30/75-40/ 125-30 mcg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	\$0	ACA*
lillow oral tablet 0.15-30 mg-mcg	\$0	ACA*
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	\$0	ACA*
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
loryna oral tablet 3-0.02 mg	\$0	ACA*
low-ogestrel oral tablet 0.3-30 mg-mcg	\$0	ACA*
lo-zumandimine oral tablet 3-0.02 mg	\$0	ACA*
lutra oral tablet 0.1-20 mg-mcg	\$0	ACA*
lyleq oral tablet 0.35 mg	\$0	ACA*
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
lyza oral tablet 0.35 mg	\$0	ACA*
marlissa oral tablet 0.15-30 mg-mcg	\$0	ACA*
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	\$0	QL*: Max. 1 syringe per 90 day(s); ACA*
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	\$0	QL*: Max. 1 syringe per 90 day(s); ACA*
medroxyprogesterone acetate oral tablet 10 mg, 5 mg	1	
medroxyprogesterone acetate oral tablet 2.5 mg	2	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	2	CH*
megestrol acetate oral tablet 20 mg, 40 mg	2	CH*
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	4	
merzee oral capsule 1-20 mg-mcg(24)	\$0	ACA*
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	\$0	ACA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
microgestin 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
microgestin 24 fe oral tablet 1-20 mg-mcg	\$0	ACA*
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0	ACA*
microgestin fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
mili oral tablet 0.25-35 mg-mcg	\$0	ACA*
mimvey oral tablet 1-0.5 mg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	\$0	ACA*
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0	ACA*
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0	ACA*
NEXTSTELLIS ORAL TABLET 3-14.2 MG	\$0	ACA*
nikki oral tablet 3-0.02 mg	\$0	ACA*
nora-be oral tablet 0.35 mg	\$0	ACA*
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	\$0	ACA*
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0	ACA*
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	\$0	ACA*
norethindrone acetate oral tablet 5 mg	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0	ACA*
norethindrone oral tablet 0.35 mg	\$0	ACA*
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	\$0	ACA*
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0	ACA*
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
norlyda oral tablet 0.35 mg	\$0	ACA*
norlyroc oral tablet 0.35 mg	\$0	ACA*
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0	ACA*
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	\$0	ACA*
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0	ACA*
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
nymyo oral tablet 0.25-35 mg-mcg	\$0	ACA*
ocella oral tablet 3-0.03 mg	\$0	ACA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	4	PA*; QL*: Max. 2 per day
orsythia oral tablet 0.1-20 mg-mcg	\$0	ACA*
philith oral tablet 0.4-35 mg-mcg	\$0	ACA*
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
pirmella 1/35 oral tablet 1-35 mg-mcg	\$0	ACA*
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0	ACA*
portia-28 oral tablet 0.15-30 mg-mcg	\$0	ACA*
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	
preventeza oral tablet 1.5 mg	\$0	QL*: Max. quantity of 1 per fill; ACA*
previfem oral tablet 0.25-35 mg-mcg	\$0	ACA*
progesterone intramuscular oil 50 mg/ml	2	QL*: Max. 30 Days Supply; IVF*
progesterone oral capsule 100 mg, 200 mg	2	
reclipsen oral tablet 0.15-30 mg-mcg	\$0	ACA*
rivelsa oral tablet 42-21-21-7 days	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
setlakin oral tablet 0.15-0.03 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
sharobel oral tablet 0.35 mg	\$0	ACA*
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
simpesse oral tablet 0.15-0.03 & 0.01 mg	\$0	QL*: Max. 91 Days Supply; Max. 1 per day; ACA*
SLYND ORAL TABLET 4 MG	\$0	ACA*
sprintec 28 oral tablet 0.25-35 mg-mcg	\$0	ACA*
sronyx oral tablet 0.1-20 mg-mcg	\$0	ACA*
syeda oral tablet 3-0.03 mg	\$0	ACA*
tarina 24 fe oral tablet 1-20 mg-mcg(24)	\$0	ACA*
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	\$0	ACA*
tarina fe 1/20 oral tablet 1-20 mg-mcg	\$0	ACA*
taysofy oral capsule 1-20 mg-mcg(24)	\$0	ACA*
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0	ACA*
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0	ACA*
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0	ACA*
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0	ACA*
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0	ACA*
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0	ACA*
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	\$0	ACA*
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0	ACA*
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0	ACA*
tulana oral tablet 0.35 mg	\$0	ACA*
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	\$0	ACA*
tyblume oral tablet chewable 0.1-20 mg-mcg	\$0	ACA*
tydemy oral tablet 3-0.03-0.451 mg	\$0	ACA*
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	\$0	ACA*
vestura oral tablet 3-0.02 mg	\$0	ACA*
vienva oral tablet 0.1-20 mg-mcg	\$0	ACA*
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	ACA*
vyfemla oral tablet 0.4-35 mg-mcg	\$0	ACA*
vylibra oral tablet 0.25-35 mg-mcg	\$0	ACA*
wera oral tablet 0.5-35 mg-mcg	\$0	ACA*
wymzya fe oral tablet chewable 0.4-35 mg-mcg	\$0	ACA*
xulane transdermal patch weekly 150-35 mcg/24hr	\$0	ACA*
yuvaferm vaginal tablet 10 mcg	2	
zafemy transdermal patch weekly 150-35 mcg/24hr	\$0	ACA*
zarah oral tablet 3-0.03 mg	\$0	ACA*
zovia 1/35 (28) oral tablet 1-35 mg-mcg	\$0	ACA*
zovia 1/35e (28) oral tablet 1-35 mg-mcg	\$0	ACA*
zumandimine oral tablet 3-0.03 mg	\$0	ACA*

Hormonal Agents - Thyroid

ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG

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DRUG NAME	TIER	LIMITATIONS / *NOTES
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	4	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 300 mcg	2	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium oral tablet 300 mcg	2	
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	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
methimazole oral tablet 10 mg	2	
methimazole oral tablet 5 mg	1	
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	
NATURE-THROID ORAL TABLET 130 MG, 65 MG	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	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	4	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
unithroid oral tablet 300 mcg	2	
WESTHROID ORAL TABLET 130 MG, 65 MG	1	
WESTHROID ORAL TABLET 195 MG, 32.5 MG, 97.5 MG	2	
WP THYROID ORAL TABLET 113.75 MG, 16.25 MG, 32.5 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	
WP THYROID ORAL TABLET 130 MG, 65 MG	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 pens per 28 days

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 syringes per 28 day(s)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 30 Days Supply
AZASAN ORAL TABLET 100 MG, 75 MG	4	
azathioprine oral tablet 50 mg	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 auto injector per 28 day(s)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 auto injector per 28 day(s)
CELLCEPT ORAL CAPSULE 250 MG	4	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	4	
CELLCEPT ORAL TABLET 500 MG	4	
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT 2 X 200 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 in 28 days
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 kit per 365 days
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 syringes per 28 days.
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 28 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 syringes per 28 days.
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 28 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	2	
cyclosporine oral capsule 25 mg	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 pens per 28 day(s)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	SPP*: Must Use CVS Specially; PA*; QL*: Max. 4 vials per 28 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 8 syringes per 28 day(s)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 syringes per 28 day(s)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 8 pens per 28 day(s)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 pens per 28 day(s)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 per 28 days
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	4	
gengraf oral capsule 100 mg, 25 mg	2	
gengraf oral solution 100 mg/ml	2	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	SPP*: Must use CVS Specialty; PA*
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 kit per 365 day(s)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 pens per 28 day(s)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 kit per 365 day(s)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 kit per 365 day(s)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 pens per 28 day(s)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 kit per 365 day(s)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 pens per 28 day(s)
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	MD	
icatibant acetate subcutaneous solution 30 mg/3ml	3	SPP*: Must use CVS Specialty; PA*
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	MD	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	MD	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA*; QL*: Max. 28 syringe per 28 day(s); Omnicare/RX Crossroads. 866-547-0644
leflunomide oral tablet 10 mg, 20 mg	2	
methotrexate oral tablet 2.5 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	MD	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	MD	
methotrexate sodium injection solution reconstituted 1 gm	MD	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	2	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	2	
mycophenolate mofetil oral tablet 500 mg	2	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 auto injector per 28 day(s)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 4 syringes per 28 day(s)
OTEZLA ORAL TABLET 30 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Limit fills to 1 in 365 days; Max. 2 per day
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	QL*: Max. 4 auto injector per 28 day(s)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	
RAPAMUNE ORAL SOLUTION 1 MG/ML	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
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	3	QL*: Max. 4 auto injector per 28 day(s)
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
sajazir subcutaneous solution 30 mg/3ml	3	SPP*: Must use CVS Specialty; PA*
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 30 day(s)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 30 day(s)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 prefilled syringes (or 1 carton) per 84 days
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 84 days
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 prefilled syringes per 84 days
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 84 days
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 84 days
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 84 day(s)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	SPP*: Must use CVS Specialty; PA*; QL*: MAX 2 vials (4mL) per 28 days.
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 auto injector per 28 day(s)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe per 28 day(s)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe or injector per 56 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 syringe or injector per 56 days
XELJANZ ORAL SOLUTION 1 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 10 ml per day
XELJANZ ORAL TABLET 10 MG, 5 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 per day
Immunological Agents - Drugs for Vaccination		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	ACA*; AL* (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	ACA*; AL* (Min 3 Years)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	\$0	ACA*; AL* (Min 3 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	ACA*; AL* (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0	ACA*; AL* (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0	ACA*; AL* (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 3 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 18 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	ACA*; AL* (Min 4 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 4 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 3 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	\$0	ACA*; AL* (Min 3 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	\$0	ACA*; AL* (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	\$0	ACA*; AL* (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0	ACA*; Limited to members age 9 years through and including 45 years.; AL* (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	ACA*; Limited to members age 9 years through and including 45 years.; AL* (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0	ACA*; AL* (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0	ACA*; AL* (Min 19 Years)
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	MD	
JANSSEN COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	ACA*; AL* (Min 18 Years)

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DRUG NAME	TIER	LIMITATIONS / *NOTES
KINRIX INTRAMUSCULAR SUSPENSION	\$0	ACA*; AL* (Min 19 Years)
MENACTRA INTRAMUSCULAR INJECTABLE	\$0	ACA*; AL* (Min 19 Years)
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0	ACA*; AL* (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	ACA*; AL* (Min 19 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0	ACA*; AL* (Min 19 Years)
MODERNA COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	\$0	ACA*; AL* (Min 18 Years)
PFIZER-BIONTECH COVID-19 VACC INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	\$0	ACA*; AL* (Min 12 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	\$0	ACA*; AL* (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0	ACA*; AL* (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	ACA*; AL* (Min 18 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	ACA*; AL* (Min 19 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	ACA*; AL* (Min 19 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	MD	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	ACA*; AL* (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	ACA*; AL* (Min 50 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0	ACA*; AL* (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0	ACA*; AL* (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	ACA*; AL* (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0	ACA*; AL* (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0	ACA*; AL* (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0	ACA*; AL* (Min 19 Years)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	3	
anucort-hc rectal suppository 25 mg	2	
balsalazide disodium oral capsule 750 mg	2	
budesonide er oral tablet extended release 24 hour 9 mg	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
budesonide oral capsule delayed release particles 3 mg	2	
DIPENTUM ORAL CAPSULE 250 MG	4	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	2	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	2	
hydrocortisone rectal enema 100 mg/60ml	2	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	2	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	2	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %	2	
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	
mesalamine oral capsule delayed release 400 mg	3	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	3	
mesalamine rectal enema 4 gm	2	
mesalamine rectal suppository 1000 mg	3	
mesalamine-cleanser rectal kit 4 gm	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	3	
procto-med hc external cream 2.5 %	1	
procto-pak external cream 1 %	1	
proctozone-hc external cream 2.5 %	1	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	2	
UCERIS RECTAL FOAM 2 MG/ACT	4	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution 70 mg/75ml	2	QL*: Max. 300 ML per 28 day(s); HSA*
alendronate sodium oral tablet 10 mg, 5 mg	2	HSA*
alendronate sodium oral tablet 35 mg, 70 mg	1	QL*: Max. 4 tabs per 28 day(s); HSA*
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	4	QL*: Max. 4 eff tabs per 28 day(s); HSA*
calcitonin (salmon) nasal solution 200 unit/act	2	HSA*
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 28 day(s); HSA*
ibandronate sodium oral tablet 150 mg	2	QL*: Max. 1 tab per 30 day(s); HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	4	PA*; QL*: Max. 2 per day
risedronate sodium oral tablet 150 mg	2	QL*: Max. 1 tab per 30 day(s); HSA*
risedronate sodium oral tablet 30 mg, 5 mg	2	QL*: Max. 1 tab per day; HSA*
risedronate sodium oral tablet 35 mg	2	QL*: Max. 4 tabs per 28 day(s); HSA*
risedronate sodium oral tablet delayed release 35 mg	2	QL*: Max. 4 tabs per 28 day(s); HSA*
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 28 day(s); HSA*
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. 1 pen per 30 day(s); HSA*
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	SPP*: Must use CVS Specialty
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	2	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER DEVICE	MD	HSA*
AEROCHAMBER MV	MD	HSA*
AEROCHAMBER PLUS FLO-VU	MD	HSA*
AEROCHAMBER PLUS FLOW VU	MD	HSA*
AEROCHAMBER W/FLOWSIGNAL	MD	HSA*
AEROGEAR ACTION ASTHMA KIT KIT	MD	HSA*
BREATHE EASE LARGE DEVICE	MD	HSA*
BREATHE EASE MEDIUM DEVICE	MD	HSA*
BREATHE EASE PEAK FLOW METER DEVICE	MD	HSA*
BREATHE EASE SMALL DEVICE	MD	HSA*
CARETOUCH HYPODERMIC NEEDLE 26G X 1"	4	
CARETOUCH LUER LOCK 1 ML	4	
CAYA VAGINAL DIAPHRAGM	\$0	ACA*
CLEVER CHOICE HOLDING CHAMBER DEVICE	MD	HSA*
CLEVER CHOICE PEAK FLOW METER DEVICE	MD	HSA*
COMPACT SPACE CHAMBER DEVICE	MD	HSA*
COMPACT SPACE CHAMBER/LG MASK DEVICE	MD	HSA*
COMPACT SPACE CHAMBER/MED MASK DEVICE	MD	HSA*
COMPACT SPACE CHAMBER/SM MASK DEVICE	MD	HSA*
DEFLUX METAL NEEDLE 23G X 350MM	4	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
EASIVENT	MD	HSA*
EASY GLIDE LUER LOCK SYRINGE 1 ML	4	
EASY GLIDE SLIP LOCK SYRINGE 1 ML	4	
EASYPOINT NEEDLE 25G X 1-1/2"	4	
ergoloid mesylates oral tablet 1 mg	2	
FC FEMALE CONDOM	\$0	ACA*
FC2 FEMALE CONDOM	\$0	ACA*
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	ACA*
FLEXICHAMBER ADULT MASK/SMALL	MD	HSA*
FLEXICHAMBER CHILD MASK/LARGE	MD	HSA*
FLEXICHAMBER CHILD MASK/SMALL	MD	HSA*
FLEXICHAMBER DEVICE	MD	HSA*
INSPIREASE RESERVOIR BAGS	MD	HSA*
methergine oral tablet 0.2 mg	2	
methylergonovine maleate oral tablet 0.2 mg	2	
METOPIRONE ORAL CAPSULE 250 MG	4	
MICROCHAMBER DEVICE	MD	HSA*
MINI WRIGHT PEAK FLOW METER DEVICE	MD	HSA*
MUGARD MOUTH/THROAT LIQUID	3	
NORM-JECT LUER SLIP SYRINGE 1 ML	4	
OPTICHAMBER DIAMOND	MD	HSA*
OPTICHAMBER DIAMOND-LG MASK DEVICE	MD	HSA*
OPTICHAMBER DIAMOND-MD MASK	MD	HSA*
OPTICHAMBER DIAMOND-SM MASK	MD	HSA*
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0	ACA*
OXBRYTA ORAL TABLET 500 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 3 per day
PANDA MASK LARGE	MD	HSA*
PANDA MASK MEDIUM	MD	HSA*
PANDA MASK SMALL	MD	HSA*
PEAK A-I-R FLOW METER DEVICE	MD	HSA*
PEDIATRIC PANDA MASK	MD	HSA*
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	ACA*
POCKET SPACER DEVICE	MD	HSA*
PRO COMFORT SPACER ADULT	MD	HSA*
PRO COMFORT SPACER CHILD	MD	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PRO COMFORT SPACER INFANT DEVICE	MD	HSA*
PROCARE SPACER/ADULT MASK DEVICE	MD	HSA*
PROCARE SPACER/CHILD MASK DEVICE	MD	HSA*
PURE COMFORT FLOW METER ADULT DEVICE	MD	HSA*
PURE COMFORT FLOW METER CHILD DEVICE	MD	HSA*
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	4	
SYRINGE LUER SLIP 1 ML	4	
TODAY SPONGE VAGINAL 1000 MG	\$0	ACA*
TRUZONE PEAK FLOW METER DEVICE	MD	HSA*
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0	ACA*
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	\$0	ACA*
vcf vaginal contraceptive vaginal gel 4 %	\$0	ACA*
VORTEX VALVED HOLDING CHAMBER DEVICE	MD	HSA*
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0	ACA*
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	MD	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRILOPHthalmic SOLUTION 2 %	4	
ALOMIDE OPHthalmic SOLUTION 0.1 %	4	
AZASITE OPHthalmic SOLUTION 1 %	4	
azelastine hcl ophthalmic solution 0.05 %	2	
bacitracin ophthalmic ointment 500 unit/gm	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
bepotastine besilate ophthalmic solution 1.5 %	4	PA*
BEPREVE OPHTHALMIC SOLUTION 1.5 %	5	PA*
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
cromolyn sodium ophthalmic solution 4 %	2	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	
diclofenac sodium ophthalmic solution 0.1 %	2	
difluprednate ophthalmic emulsion 0.05 %	4	
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	
epinastine hcl ophthalmic solution 0.05 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
eye itch relief ophthalmic solution 0.025 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
fluorometholone ophthalmic suspension 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	4	
FML OPHTHALMIC OINTMENT 0.1 %	4	
gatifloxacin ophthalmic solution 0.5 %	2	
gentak ophthalmic ointment 0.3 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
INVELTYS OPHTHALMIC SUSPENSION 1 %	4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	
levofloxacin ophthalmic solution 0.5 %	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	3	
loteprednol etabonate ophthalmic gel 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	3	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	2	
moxifloxacin hcl ophthalmic solution 0.5 %	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
ofloxacin ophthalmic solution 0.3 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	4	
prednisolone acetate ophthalmic suspension 1 %	2	
prednisolone sodium phosphate ophthalmic solution 1 %	2	
sulfacetamide sodium ophthalmic ointment 10 %	2	
sulfacetamide sodium ophthalmic solution 10 %	2	
tobramycin ophthalmic solution 0.3 %	2	
TOBEX OPHTHALMIC OINTMENT 0.3 %	3	
trifluridine ophthalmic solution 1 %	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	HSA*
acetazolamide oral tablet 125 mg, 250 mg	2	HSA*
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
apraclonidine hcl ophthalmic solution 0.5 %	2	
betaxolol hcl ophthalmic solution 0.5 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	
bimatoprost ophthalmic solution 0.03 %	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	
brinzolamide ophthalmic suspension 1 %	3	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl solution 2 % ophthalmic 2 %	2	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC 2 %	2	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
latanoprost ophthalmic solution 0.005 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
methazolamide oral tablet 25 mg, 50 mg	2	HSA*
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	
timolol maleate ophthalmic solution 0.25 %	1	
timolol maleate ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic solution 0.5 % (daily)	4	
travoprost (bak free) ophthalmic solution 0.004 %	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	2	
altafrin ophthalmic solution 10 %, 2.5 %	2	
artificial tears ophthalmic solution 0.5-0.6 %, 1.4 %, 5-6 mg/ml	1	
atropine sulfate ophthalmic ointment 1 %	2	
atropine sulfate ophthalmic solution 1 %	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	2	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	LDD*: Walgreens Specialty.CYSTARAN Hotline: 1-877-534-9627.
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	1	
homatropaire ophthalmic solution 5 %	2	
LACRISERT OPHTHALMIC INSERT 5 MG	4	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
lubricating eye drops ophthalmic solution 0.4-0.3 %, 0.5-0.9 %	1	
lubricating tears eye drops ophthalmic solution 0.1-0.3 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
neo-polycin hc ophthalmic ointment 1 %	2	
neo-polycin ophthalmic ointment 3.5-400-10000	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA*; QL*: Max. of 8 kits (56 vials) per affected eye per lifetime; LDD*: Accredo (800) 803-2523
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	2	
polycin ophthalmic ointment 500-10000 unit/gm	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	4	
proparacaine hcl ophthalmic solution 0.5 %	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL*: Max. 2 bottles per 30 days
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL*: Max. 2 per day
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	
tetracaine hcl ophthalmic solution 0.5 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
tropicamide ophthalmic solution 0.5 %, 1 %	2	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL*: Max. 2 per day
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	2	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
ciprofloxacin hcl otic solution 0.2 %	2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
cortic-nd otic solution 10-10-1 mg/ml	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
fluocinolone acetonide otic oil 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
ofloxacin otic solution 0.3 %	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy childrens oral syrup 5 mg/5ml	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg	1	
allergy relief childrens oral solution 1 mg/ml	1	
allergy relief oral capsule 10 mg, 25 mg	1	
allergy relief oral tablet 10 mg, 25 mg	1	
allergy relief/indoor/outdoor oral tablet 10 mg	1	
aurodryl allergy childrens oral liquid 12.5 mg/5ml	1	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	2	
azelastine-fluticasone nasal suspension 137-50 mcg/act	3	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
benzonatate oral capsule 100 mg, 150 mg, 200 mg	2	
carbinoxamine maleate oral solution 4 mg/5ml	2	
carbinoxamine maleate oral tablet 4 mg	2	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
chest congestion relief oral syrup 100 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	
desloratadine oral tablet 5 mg	3	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	3	
dexchlorpheniramine maleate oral solution 2 mg/5ml	2	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 6.25 mg/ml	1	
diphenhydramine hcl oral tablet 25 mg	1	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 pen per 56 days; HSA*
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate nasal suspension 50 mcg/act	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
guaiaatussin ac oral syrup 100-10 mg/5ml	2	
guaifenesin ac oral syrup 100-10 mg/5ml	2	
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	2	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	2	
hydrocodone-homatropine oral tablet 5-1.5 mg	2	
hydromet oral syrup 5-1.5 mg/5ml	2	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	4	
ipratropium bromide nasal solution 0.03 %, 0.06 %	2	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	2	
levocetirizine dihydrochloride oral tablet 5 mg	2	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
loratadine oral syrup 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
maxi-tuss ac oral solution 100-10 mg/5ml	2	
m-dryl oral liquid 12.5 mg/5ml	1	
mometasone furoate nasal suspension 50 mcg/act	2	
mucus+chest congestion oral liquid 200 mg/10ml	1	
nasal decongestant oral tablet 30 mg	1	
nasal decongestant pe oral tablet 10 mg	1	
nasal moisturizing spray nasal solution 0.65 %	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 auto injector per 28 days; HSA*
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	SPP*: Must Use CVS Specialty; PA*; QL*: Max. 1 syringe per 28 days; HSA*
olopatadine hcl nasal solution 0.6 %	2	
promethazine hcl oral solution 6.25 mg/5ml	2	
promethazine hcl oral syrup 6.25 mg/5ml	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	

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DRUG NAME	TIER	LIMITATIONS / *NOTES
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
promethazine vc oral syrup 6.25-5 mg/5ml	2	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	2	
promethazine-codeine oral solution 6.25-10 mg/5ml	2	
promethazine-codeine oral syrup 6.25-10 mg/5ml	2	
promethazine-dm oral syrup 6.25-15 mg/5ml	2	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	2	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	2	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	2	
pseudoephedrine hcl oral tablet 60 mg	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	4	
robafen mucus/chest congestion oral liquid 200 mg/10ml	1	
saline nasal spray nasal solution 0.65 %	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	2	
SSKI ORAL SOLUTION 1 GM/ML	3	
sudogest maximum strength oral tablet 30 mg	1	
sudogest oral tablet 30 mg, 60 mg	1	
tusnel-ex oral liquid 100 mg/5ml	1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	5	
virtussin ac w/alc oral liquid 100-10 mg/5ml	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation solution 10 %, 20 %	2	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	HSA*
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	HSA*
albuterol sulfate oral syrup 2 mg/5ml	2	HSA*
albuterol sulfate oral tablet 2 mg, 4 mg	2	HSA*
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	QL*: Max. 2 vials per day; HSA*
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	HSA*
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	ST*; HSA*
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	4	ST*; HSA*
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	ST*; HSA*
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	4	ST*; HSA*
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	HSA*
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	4	HSA*
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	HSA*
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	QL*: Max. 2 vials per day; HSA*
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	HSA*
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	HSA*
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	HSA*
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	HSA*
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	2	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL*: Max Quantity 2 per copay; HSA*
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	4	QL*: Max Quantity 2 per copay; HSA*
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	QL*: Max Quantity 2 per copay; HSA*
ESBRIET ORAL CAPSULE 267 MG	3	SPP*: Must use CVS Specialty; QL*: Max. 9 per day
ESBRIET ORAL TABLET 267 MG	3	SPP*: Must use CVS Specialty; QL*: Max. 9 per day
ESBRIET ORAL TABLET 801 MG	3	SPP*: Must use CVS Specialty; QL*: Max. 3 per day
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	HSA*
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	HSA*
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL*: Max. 1 inhaler per 30 day(s); HSA*
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	QL*: Max. 2 vials per day; HSA*
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
ipratropium bromide inhalation solution 0.02 %	2	HSA*
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	HSA*
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	HSA*
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	2	HSA*
montelukast sodium oral packet 4 mg	2	HSA*
montelukast sodium oral tablet 10 mg	2	HSA*
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	HSA*
OFEV ORAL CAPSULE 100 MG, 150 MG	3	SPP*: Must use CVS Specialty; QL*: Max. 2 per day
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	4	QL*: Max. 2 vials per day; HSA*
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	HSA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	HSA*
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	3	HSA*
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	HSA*
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL*: Max. 1 inhaler per 30 day(s); HSA*
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	4	QL*: Max. quantity of 2 per copay; HSA*
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	HSA*
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	3	HSA*
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	2	HSA*
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	HSA*
theophylline oral solution 80 mg/15ml	2	HSA*
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL*: Max. 2 blisters per day. Max. 1 inhaler per 30 day(s); HSA*
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	HSA*
zafirlukast oral tablet 10 mg, 20 mg	2	HSA*
zileuton er oral tablet extended release 12 hour 600 mg	4	HSA*
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	IV Solutions. 1-800-658-6046
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA*; QL*: Max. 2 per day; LDD*: Accredo (800) 803-2523

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DRUG NAME	TIER	LIMITATIONS / *NOTES
KALYDECO ORAL TABLET 150 MG	5	PA*; QL*: Max. 2 per day; LDD*: Accredo (800) 803-2523
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	4	SPP*: CVS Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA*; QL*: Max. 2 per day.; LDD*: Accredo (800) 803-2523
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA*; QL*: Max. 4 per day.; LDD*: Accredo (800) 803-2523
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	SPP*: CVS Specialty
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA*; QL*: Max. 2 per day.; LDD*: Accredo (800) 803-2523
TOBI PODHALER INHALATION CAPSULE 28 MG	4	SPP*: CVS Specialty
tobramycin inhalation nebulization solution 300 mg/4ml	4	SPP*: CVS Specialty
tobramycin nebulization solution 300 mg/5ml inhalation 300 mg/5ml	4	SPP*: CVS Specialty
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	4	SPP*: CVS Specialty
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA*; QL*: Max. 3 per day; LDD*: Accredo (800) 803-2523
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA*; QL*; LDD*: Accredo (800) 803-2523
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	SPP*: Must use CVS Specialty; PA*
alyq oral tablet 20 mg	3	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
ambrisentan oral tablet 10 mg, 5 mg	3	SPP*: Must use CVS Specialty; PA*
bosentan oral tablet 125 mg, 62.5 mg	3	SPP*: Must use CVS Specialty; PA*
OPSUMIT ORAL TABLET 10 MG	4	SPP*: Must use CVS Specialty; PA*
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	SPP*: Must use CVS Specialty; PA*
sildenafil citrate oral tablet 20 mg	2	SPP*: Must use CVS Specialty; PA*
tadalafil (pah) oral tablet 20 mg	3	SPP*: Must use CVS Specialty; PA*; QL*: Max. 2 per day
TRACLEER ORAL TABLET SOLUBLE 32 MG	4	SPP*: Must use CVS Specialty; PA*
TYVASO INHALATION SOLUTION 0.6 MG/ML	4	SPP*: Must use CVS Specialty; PA*; QL*: Max. of 1 ampule per day
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	4	SPP*: Must use CVS Specialty; PA*

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DRUG NAME	TIER	LIMITATIONS / *NOTES
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	4	SPP*: Must use CVS Specialty; PA*
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	SPP*: Must use CVS Specialty; PA*; QL*: Max. of 9 ampules per day
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 250 mg, 350 mg	2	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	2	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	2	
metaxalone oral tablet 400 mg, 800 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	2	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	2	PA*; QL*: Max. 1 per day
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL*: Max. 1 per day; ST*: Step only required for 18 years and older
doxepin hcl oral tablet 3 mg, 6 mg	3	ST*
eszopiclone oral tablet 1 mg	2	
eszopiclone oral tablet 2 mg, 3 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA*; QL*: Max. 5 ml per day; LDD*: Optum Specialty Pharmacy (877) 977-9118.
HETLIOZ ORAL CAPSULE 20 MG	5	PA*; QL*: Max. 1 per day; LDD*: Optum Specialty Pharmacy (877) 977-9118.
modafinil oral tablet 100 mg, 200 mg	2	PA*; QL*: Max. 1 per day
ramelteon oral tablet 8 mg	3	ST*
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA*; QL*: Max. 1 per day
temazepam oral capsule 15 mg, 30 mg	1	
temazepam oral capsule 22.5 mg, 7.5 mg	2	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	SPP*: Must use CVS Specialty; PA*; QL*: Max 2 per day

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DRUG NAME	TIER	LIMITATIONS / *NOTES
XYREM ORAL SOLUTION 500 MG/ML	5	PA*; QL*: Max. 18 ML(s) per day; LDD*: Accredo (800) 803-2523
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	2	

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Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើ លោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (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। 1-888-333-4742 (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. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20211

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