

# Your 2020 Prescription Drug List

## Access 3-Tier



Effective Jan. 1, 2020

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 1, 2020. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

## How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

PDL changes typically occur twice per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your ID card at any time to check your medication coverage and lower-cost options.

## About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

## Understanding your Prescription Drug List (continued)

### Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

### Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare<sup>®</sup> Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group<sup>®</sup> physicians and business leaders, meets to evaluate overall health care value. They also determine coverage and tier status for all medications.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

### **What is the difference between brand-name and generic medications?**

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

### **What if my doctor writes a brand-name prescription?**

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

### **What if I am taking a specialty medication?**

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your ID card or call the toll-free phone number on your ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

### **Over-the-counter (OTC) medications**

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

## Reading your PDL

The PDL gives you choices so you and your doctor can determine your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

### Tier information.

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Reading your PDL (continued)

### Drug list information.

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

**E** **May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)**

Lower-cost options are available and covered.

**H** **Health Care Reform Preventive**

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

**H-PA** **Health Care Reform Preventive with Prior Authorization**

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

**PA** **Prior Authorization (sometimes referred to as Precertification)<sup>3</sup>**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

**QL** **Quantity Limits**

Specifies the largest quantity of medication covered per copayment or in a defined period of time.

**RS** **Refill and Save Program<sup>4</sup>**

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

**SP** **Specialty Medication**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

**ST** **Step Therapy (referred to as First Start in New Jersey)**

Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan and Oxford plans.



## Reading your PDL (continued)

### Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to determine if drug classes that apply to you are noted.

#### **Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin**

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

#### **Diabetes: Continuous Glucose Monitors, Sensors**

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

#### **Endocrine: Growth Hormone**

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

#### **Infertility**

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

This is not a covered benefit for Neighborhood Health Plan.

#### **Medications for Sexual Dysfunction**

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.



### For the most current list of covered medications or if you have questions:



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
ARYMO ER	E	PA, ST
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, QL
DURAGESIC-12	E	PA, QL
DURAGESIC-25	E	PA, QL
DURAGESIC-50	E	PA, QL
DURAGESIC-75	E	PA, QL
DVORAH	E	
endocet	1	
ESGIC	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
HYSINGLA ER	E	PA, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	PA, ST, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	PA, ST, QL
lidocaine external ointment	1	QL
lidocaine external patch	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	
NORCO	3	
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA, QL
PERCOCET	E	
phrenilin forte	1	QL
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE	3	
ROXYBOND	3	QL
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	1	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	QL	ibuprofen oral suspension	E	
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL	ibuprofen oral tablet 400 mg, mg, 800 mg	1	
tramadol hcl er oral tablet extended release 24 hour	1	QL	INDOCIN	3	
tramadol hcl ir	1		indomethacin er	1	
trezix	1		indomethacin oral	1	
TYLENOL WITH CODEINE #3	3		ketorolac tromethamine oral	1	
TYLENOL WITH CODEINE #4	3		LODINE	E	
ULTRAM	3		meloxicam oral	1	
VANATOL LQ	2		MOBIC	3	
VANATOL S	2		morphine sulfate rectal	1	
vicodin	1		nabumetone oral	1	
vicodin es	1		NAPRELAN	E	
vicodin hp	1		NAPROSYN ORAL SUSPENSION	3	
XTAMPZA ER	2	PA, QL	naproxen dr	1	
zebutal	1	QL	naproxen oral	1	
ZOHYDRO ER	3	PA, QL	naproxen sodium er	1	
ZTLIDO	3	PA, QL	naproxen sodium oral tablet 275 mg, 550 mg	1	
<b>Analgesics - Drugs for Pain and Inflammation</b>			PENNSAID	E	
CELEBREX	E	QL	QMIIZ ODT	E	
celecoxib oral	1	QL	SPRIX	3	
diclofenac potassium	1		TIVORBEX	3	
diclofenac sodium er	1		VIVLODEX ORAL CAPSULE 5 MG	E	QL
diclofenac sodium oral	1		VOLTAREN GEL	1	
diclofenac sodium transdermal gel 1 %	E		ZIPSOR	3	
diclofenac sodium transdermal solution	E		<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
EC-NAPROSYN	3		BUNAVAIL	E	PA, QL
ec-naproxen	1		buprenorphine hcl sublingual	1	QL
etodolac	1		buprenorphine hcl-naloxone hcl	1	QL
etodolac er	1		CHANTIX	2	PA, H
hydromorphone hcl rectal	1		CHANTIX CONTINUING MONTH PAK	2	PA, H
ibu	1		CHANTIX STARTING MONTH PAK	2	PA, H
			EVZIO	E	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection	1		clindamycin hcl oral	1	
naltrexone hcl oral	1		CLINDESSE	2	
NARCAN	2		coremino	E	
SUBOXONE	E	QL	DIFICID	3	QL
ZUBSOLV	1	QL	DORYX	E	
<b>Antibacterials - Drugs for Infections</b>			DORYX MPC	3	
ACTICLATE	E		doxycycline hyclate oral capsule	1	
amoxicillin	1		doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
amoxicillin-potassium clavulanate er	1		doxycycline hyclate oral tablet 50 mg	E	
amoxicillin-potassium clavulanate oral	1		doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
AUGMENTIN ES-600	E		DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3		doxycycline monohydrate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	E		FLAGYL	3	
AUGMENTIN ORAL TABLET	E		KEFLEX	3	
avidoxy	1		LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
azithromycin oral	1		levofloxacin oral	1	
BACTRIM	3		MACROBID	3	
BACTRIM DS	3		MACRODANTIN	3	
cefadroxil	1		METROGEL-VAGINAL	E	
cefdinir	1		metronidazole oral	1	
cefuroxime axetil	1		metronidazole vaginal	1	
CENTANY	3		MINOCIN ORAL CAPSULE 50 MG	E	
CENTANY AT	3		minocycline hcl er	E	
cephalexin	1		minocycline hcl oral	1	
CIPRO ORAL TABLET	3		MINOLIRA	E	
ciprofloxacin hcl oral	1		mondoxyne nl	1	
clarithromycin er	1		morgidox oral	1	
clarithromycin oral	1		mupirocin calcium	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		mupirocin external	1	
CLEOCIN ORAL CAPSULE 75 MG	2		nitrofurantoin macrocrystal oral	1	
			nitrofurantoin monohydrate macrocrystals	1	

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Drug Name	Drug Tier	Requirements & Limits
NUVESSA	3	
NUZYRA ORAL	3	
okebo	1	
penicillin v potassium	1	
SOLODYN	E	
soloxide	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	

Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
LAMICTAL	3	ST
LAMICTAL ODT	3	ST
LAMICTAL STARTER	3	ST
LAMICTAL XR	3	ST
lamotrigine er	1	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	3	ST
roweepra	1	
roweepra xr	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST
topiramate er	3	ST
topiramate oral	1	
TRILEPTAL	3	ST
TROKENDI XR	E	ST
VIMPAT ORAL	2	PA
ZONEGRAN	3	ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	1	
EFFEXOR XR	E	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	3	QL

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Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	2	QL
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	
BONJESTA	2	PA
DICLEGIS	3	
doxylamine-pyridoxine	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	2	
ZOFRAN	3	
ZUPLENZ	3	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
CICLODAN SOLUTION	3	
ciclopirox	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN	3	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	1	QL
MITIGARE	2	
ULORIC	3	QL
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AMERGE	3	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	



Drug Name	Drug Tier	Requirements & Limits
IMITREX SUBCUTANEOUS	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
ZEMBRACE SYMTOUCH	3	

#### Antineoplastics - Drugs for Cancer

abiraterone acetate	E	PA, SP, QL
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF	2	PA, ST, SP, QL
capecitabine	E	SP
ERLEADA	2	PA, SP, QL
FEMARA	E	
GLEEVEC	E	PA, SP, QL
IBRANCE	2	PA, SP, QL
IDHIFA	2	PA, SP, QL
imatinib mesylate	1	PA, SP, QL
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	3	PA
REVLIMID	2	PA, SP
SOLTAMOX	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP
TARGRETIN ORAL	1	SP

Drug Name	Drug Tier	Requirements & Limits
TASIGNA	2	PA, ST, SP, QL
VERZENIO	2	PA, SP, QL
XELODA	1	SP
YONSA	E	PA, ST, SP, QL
ZYTIGA ORAL TABLET 250 MG	1	PA, SP, QL
ZYTIGA ORAL TABLET 500 MG	2	PA, SP, QL

#### Antiparasitics - Drugs for Parasitic infections

ARAKODA	3	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	
INBRIJA	3	PA, SP, QL
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
ABILIFY MYCITE	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
GEODON ORAL	E	QL
LATUDA	2	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, SP, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	SP, QL
DESCOVY	3	SP, QL
DOVATO	2	SP, QL
entecavir	1	SP

Drug Name	Drug Tier	Requirements & Limits
EPCLUSA	2	PA, SP, QL
GENVOYA	3	SP, QL
HARVONI	2	PA, SP, QL
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP, QL
LEDIPASVIR-SOFOSBUVIR	2	PA, SP, QL
MAVYRET	2	PA, SP, QL
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	SP, QL
oseltamivir phosphate oral capsule 30 mg, 45 mg	1	QL
oseltamivir phosphate oral capsule 75 mg	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, SP, QL
STRIBILD	3	SP, QL
SYMFI	2	SP, QL
SYMFI LO	2	SP, QL
TAMIFLU	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	SP, QL
TRUVADA	3	SP, QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	SP

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Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, SP, QL
ZEPATIER	2	PA, ST, SP, QL
ZOVIRAX ORAL	3	

#### Anxiolytics - Drugs for Anxiety

alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

#### Bipolar Agents - Drugs for Mood Disorders

lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
aliskiren fumarate	1	QL
ALTACE	3	
ALTOPREV	3	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA, QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN	3	
CALAN SR	3	
CARDIZEM	E	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDIZEM CD	E		fenofibrate oral tablet	1	
CARDIZEM LA	E		FENOGLIDE	E	
CARDURA	3		flecainide acetate	1	
CAROSPIR	3		FLOLIPID	3	
cartia xt	1		furosemide oral	1	
carvedilol	1		gemfibrozil oral	1	
CATAPRES	3		GONITRO	3	
chlorthalidone	1		guanfacine hcl	1	
clonidine hcl oral	1		HEMANGEOL	E	
colesevelam hcl	E		hydralazine hcl oral	1	
COREG	3		hydrochlorothiazide oral	1	
CORGARD	3		HYZAAR	3	
CORLANOR	3	PA, QL	INDERAL LA	E	
COZAAR	3		irbesartan	1	
CRESTOR	E	QL	irbesartan-hydrochlorothiazide	1	
diltiazem hcl er coated beads	1		isosorbide mononitrate	1	
diltiazem hcl er oral capsule extended release 12 hour	1		isosorbide mononitrate er	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1		KAPSPARGO SPRINKLE	3	
diltiazem hcl oral	1		labetalol hcl oral	1	
dilt-xr	1		LASIX	3	
DIOVAN	E		LIPITOR	E	QL
DIOVAN HCT	E		LIPOFEN	3	
doxazosin mesylate oral	1		lisinopril oral	1	
DYAZIDE	3		lisinopril-hydrochlorothiazide	1	
EDARBI	2		LOPID	3	
EDARBYCLOR	2		LOPRESSOR	3	
enalapril maleate oral	1		losartan potassium	1	
EPANED	3		losartan potassium-hctz	1	
EXFORGE	E		LOTENSIN	3	
ezetimibe	1		LOTENSIN HCT	3	
ezetimibe-simvastatin	1		LOTREL	3	
fenofibrate oral capsule 150 mg, 50 mg	1		lovastatin	1	H
			LOVAZA	E	PA
			matzim la	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MAXZIDE	3		pravastatin sodium	1	
MAXZIDE-25	3		prazosin hcl oral	1	
metoprolol succinate er	1		PRINIVIL	3	
metoprolol tartrate oral	1		PROCARDIA	3	
MICARDIS	E		PROCARDIA XL	3	
MINIPRESS	3		propranolol hcl er	1	
minitran	1		propranolol hcl oral	1	
MULTAQ	3	PA	QBRELIS	3	
nadolol oral	1		quinapril hcl	1	
niacin (antihyperlipidemic)	1		ramipril	1	
niacin er (antihyperlipidemic)	1		RANEXA	E	
niacor	1		ranolazine er	1	
NIASPAN	3		REPATHA	2	PA, ST, SP, QL
nifedipine er	1		REPATHA PUSHTRONEX SYSTEM	2	PA, ST, SP, QL
nifedipine er osmotic release	1		REPATHA SURECLICK	2	PA, ST, SP, QL
nifedipine oral	1		rosuvastatin calcium	1	QL
NITRO-BID	2		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NITRO-DUR	3		simvastatin oral tablet 80 mg	1	
nitroglycerin er	1		sotalol hcl oral	1	
nitroglycerin sublingual	1		SOTYLIZE	3	
nitroglycerin transdermal	1		spironolactone oral	1	
nitroglycerin translingual	1		TEKTURNA	3	QL
NITROLINGUAL	E		TEKTURNA HCT	3	QL
NITROMIST	3		telmisartan	1	
NITROSTAT	3		TENORETIC 100	E	
nitro-time	1		TENORETIC 50	E	
NORVASC	E		TENORMIN	E	
olmesartan medoxomil oral	1		TOPROL XL	3	
olmesartan medoxomil-hctz	1		torse mide	1	
omega-3-acid ethyl esters	1	PA	triamterene-hctz	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		TRICOR	E	
pacerone oral tablet 200 mg	1		valsartan	1	
PRALUENT	2	PA, ST, SP, QL	valsartan-hydrochlorothiazide	1	
PRAVACHOL	3				

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Drug Name	Drug Tier	Requirements & Limits
VASCEPA	2	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	3	

#### Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	PA
ADDERALL XR	1	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	
APTENSIO XR	3	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
metadate er	1	PA, QL
METHYLIN	3	PA

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA
methylphenidate hcl er oral tablet extended release 24 hour	E	PA
methylphenidate hcl oral	1	PA
MYDAYIS	2	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	3	PA, QL
QUILLIVANT XR	3	PA, QL
relexxii	E	PA
RITALIN	3	PA
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

#### Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, SP, QL
AUBAGIO	3	PA, SP, QL
AVONEX PEN	2	PA, SP, QL
AVONEX PREFILLED	2	PA, SP, QL
BETASERON	2	PA, SP, QL
COPAXONE	E	PA, SP, QL
dalfampridine er	1	PA, SP, QL
EXTAVIA	E	PA, ST, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP, QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA, SP, QL
glatiramer acetate	1	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
glatopa	E	PA, SP, QL
PLEGRIDY	3	PA, SP, QL
PLEGRIDY STARTER PACK	3	PA, SP, QL
REBIF	3	PA, ST, SP, QL
REBIF REBIDOSE	3	PA, ST, SP, QL
REBIF REBIDOSE TITRATION PACK	3	PA, ST, SP, QL
REBIF TITRATION PACK	3	PA, ST, SP, QL
TECFIDERA	2	PA, SP, QL

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, SP, QL
LYRICA	3	QL
LYRICA CR	2	QL
NUDEXTA	2	PA
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
perio gard	1	
PREVIDENT	3	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

#### Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	
ACZONE EXTERNAL GEL 5 %	1	
ACZONE EXTERNAL GEL 7.5 %	2	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amnestem	1	
ATRALIN	E	PA
AVAR	3	
avar cleanser	1	
AVAR LS CLEANSER	3	
AVAR LS EXTERNAL PAD	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	1	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	
calcitriol external	1	



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CAPEX	2		ELOCON	3	
CARAC	2		ENSTILAR	3	
claravis	1		EUCRISA	3	ST
CLEOCIN-T	3		EVOCLIN	3	
clindacin etz external swab	1		FINACEA EXTERNAL FOAM	2	
clindacin-p	1		FINACEA EXTERNAL GEL	3	
CLINDAGEL	3		fluocinolone acetonide body	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	fluocinolone acetonide external	1	
clindamycin phosphate external foam	1		fluocinolone acetonide scalp	1	
clindamycin phosphate external lotion	1		fluocinonide external	1	
clindamycin phosphate external solution	1		FLUOROPLEX	3	
clindamycin phosphate external swab	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3		fluorouracil external cream 5 %	1	
clindamycin phosphate gel 1 % external	1		fluorouracil external solution	1	
clobetasol propionate external	1		hydrocortisone external cream 1 %	E	
CLOBEX	E		hydrocortisone external cream 2.5 %	1	
CLOBEX SPRAY	3		hydrocortisone external lotion 2.5 %	1	
clodan external shampoo	1		hydrocortisone external ointment 1 %, 2.5 %	1	
clotrimazole-betamethasone	1		imiquimod external	1	
dapsone external	E		IMIQUIMOD PUMP	E	
DERMA-SMOOTHIE/FS BODY	3		IMPOYZ	3	
DERMA-SMOOTHIE/FS SCALP	3		isotretinoin oral	1	
DESONATE	3		KENALOG EXTERNAL	E	
desonide external	1		LOTRISONE	3	
DESOWEN	3		methoxsalen oral	1	
DIPROLENE	3		methoxsalen rapid	1	
DIPROLENE AF	3		METROCREAM	3	
DUAC	E		METROGEL	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA, ST, SP, QL	METROLOTION	3	
EFUDEX	3		metronidazole external	1	
ELIDEL	3	ST	MIRVASO	3	
			mometasone furoate external	1	
			myorisan	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
neuac external gel	1	QL	tretinoin external gel 0.01 %	1	PA
NORITATE	E		tretinoin external gel 0.05 %	1	PA
OLUX	E		tretinoin gel 0.025 % external	1	PA
OXSORALEN ULTRA	2		tretinoin gel 0.025 % external	E	PA
PICATO	3		triamcinolone acetonide external	1	
pimecrolimus	1	ST	TRIANEX	E	
PLEXION	3		triderm	1	
PLEXION CLEANSER	3		tridesilon	1	
PLEXION CLEANSING CLOTH	3		VANOS	E	
RETIN-A	E	PA	VECTICAL	3	
RHOFADE	3		VERDESO	3	
rosadan external cream	1		zenatane	1	
rosadan external gel	1		ZYCLARA	E	
SERNIVO	3		ZYCLARA PUMP	E	
sss 10-5	1		<b>Diabetes - Glucose Monitoring</b>		
sulfacetamide sodium-sulfur	1		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
sulfacleanse 8/4	1		ACCU-CHEK AVIVA DEVICE	E	
sulfamez wash	1		ACCU-CHEK AVIVA PLUS	E	
SUMADAN WASH	E		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
SUMAXIN	3		ACCU-CHEK COMPACT PLUS CARE KIT	E	
SUMAXIN WASH	3		ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
SYNALAR	3		ACCU-CHEK GUIDE	E	
TACLONEX EXTERNAL OINTMENT	E		ACCU-CHEK GUIDE TEST STRIPS	E	QL
TACLONEX EXTERNAL SUSPENSION	3		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
tazarotene external	E	PA	ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
TAZORAC EXTERNAL CREAM 0.05 %	2	PA	AUTOSHIELD	2	
TAZORAC EXTERNAL CREAM 0.1 %	1	PA	BD PEN NEEDLE	2	
TAZORAC EXTERNAL GEL	2	PA	BD U-500	2	
TEMOVATE	3		BD ULTRA-FIN	2	
TEXACORT	2		BD VEO SYR	2	
TOLAK	3		CONTOUR NEXT MONITOR	2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP, QL	CONTOUR NEXT TEST	2	QL
tretinoin external cream	1	PA			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR TEST	E	QL	PRECISION XTRA DEVICE	E	
DEXCOM G6 RECEIVER	3	PA, QL	PRECISION XTRA KIT	E	
DEXCOM G6 SENSOR	3	PA, QL	PRECISION XTRA MONITOR	E	
DEXCOM G6 TRANSMITTER	3	PA, QL	RELION BLOOD GLUCOSE TEST	E	QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL	RELION ULTIMA TEST	3	QL
ENLITE GLUCOSE SENSOR	3	PA	SOF-SENSOR	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	TRUE METRIX BLOOD GLUCOSE TEST	3	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	TRUEPLUS 5-BEVEL PEN NEEDLES	2	
FREESTYLE LIBRE READER	3	PA, QL	TRUETRACK TEST	3	QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL	<b>Diabetes - Insulin</b>		
FREESTYLE PRECISION NEO TEST	E	QL	ADMELOG	E	
GUARDIAN CONNECT TRANSMITTER	3	PA	ADMELOG SOLOSTAR	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA	AFREZZA	3	
GUARDIAN SENSOR (3)	3	PA	BASAGLAR KWIKPEN	1	
ONE TOUCH VERIO KIT W/DEVICE	1		HUMALOG KWIKPEN	2	
ONETOUCH ULTRA 2	1		HUMALOG MIX 50/50 KWIKPEN	2	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL	HUMALOG MIX 50/50 VIAL	1	
ONETOUCH ULTRA MINI	1		HUMALOG MIX 75/25 KWIKPEN	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		HUMALOG MIX 75/25 VIAL	1	
ONETOUCH VERIO IQ SYSTEM	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
ONETOUCH VERIO TEST STRIPS	1	QL	HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	
PRECISION LINK	E		HUMULIN 70/30 KWIKPEN	2	
PRECISION PCX PLUS TEST	E	QL	HUMULIN 70/30 VIAL	1	
PRECISION QID MONITOR	E		HUMULIN N KWIKPEN	2	
PRECISION QID TEST	E	QL	HUMULIN N VIAL	1	
PRECISION SOF-TACT MONITOR	E		HUMULIN R U-500 KWIKPEN	2	
PRECISION SOF-TACT TEST	E	QL	HUMULIN R U-500 VIAL (CONCENTRATED)	1	
PRECISION XTRA BLOOD GLUCOSE	E	QL	HUMULIN R VIAL	1	
			INSULIN LISPRO	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LANTUS SOLOSTAR	E		glipizide xl	1	
LANTUS U-100 VIAL	E		GLUCAGON EMERGENCY	2	
LEVEMIR U-100 FLEXTOUCH	NF		GLUCOPHAGE	3	
LEVEMIR U-100 VIAL	NF		GLUCOPHAGE XR	3	
NOVOLIN 70/30 RELION	E		GLUCOTROL	3	
NOVOLIN 70/30 VIAL	E		GLUCOTROL XL	3	
NOVOLIN N RELION	E		GLUMETZA	E	
NOVOLIN N VIAL	E		glyburide oral	1	
NOVOLIN R RELION	E		glyburide-metformin	1	
NOVOLIN R VIAL	E		GLYXAMBI	2	ST, QL
NOVOLOG FLEXPEN	E	ST	INVOKAMET	2	QL
NOVOLOG PENFILL	E	ST	INVOKAMET XR	2	QL
NOVOLOG U-100 VIAL	E		INVOKANA	2	ST, QL
TOUJEO MAX SOLOSTAR	E		JANUVIA	3	ST, QL
TOUJEO SOLOSTAR	E		JARDIANCE	2	ST, QL
TRESIBA	2		JENTADUETO	2	QL
TRESIBA FLEXTOUCH	2		JENTADUETO XR	2	QL
<b>Diabetes - Non-Insulin Agents</b>			KAZANO	2	QL
ACTOS	E	QL	KOMBIGLYZE XR	2	QL
ADLYXIN	3	QL	metformin hcl er	1	
ADLYXIN STARTER PACK	3	QL	metformin hcl er (mod)	E	
ALOGLIPTIN BENZOATE	E	QL	metformin hcl er (osm)	E	
ALOGLIPTIN-METFORMIN HCL	E	QL	METFORMIN HCL ORAL SOLUTION	3	
ALOGLIPTIN-PIOGLITAZONE	E	QL	metformin hcl oral tablet	1	
AMARYL	3		NESINA	2	QL
BYDUREON	2	QL	ONGLYZA	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL	OSENI	2	QL
BYETTA 10 MCG PEN	2	QL	OZEMPIC	3	QL
BYETTA 5 MCG PEN	2	QL	pioglitazone hcl	1	QL
FARXIGA	E	ST, QL	RIOMET	3	
FORTAMET	E		SOLIQUA	2	QL
glimepiride	1		SYNJARDY	2	QL
glipizide er	1		SYNJARDY XR	2	QL
glipizide ir	1		TRADJENTA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - 2 Pak	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - 3 Pak	3	QL
Drugs for Blood Disorders		
AFSTYLA	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP, QL
ELOCTATE	3	PA, SP
HELIXATE FS	E	SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	SP, QL
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	2	QL
LEVITRA	E	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	3	QL
STENDRA	2	QL
tadalafil oral	1	QL
vardeafil hcl	1	QL
VIAGRA	E	QL

Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	3	
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	1	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	

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Drug Name	Drug Tier	Requirements & Limits
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	3	QL
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
CYTOTEC	3	
DEXILANT	2	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	2	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H

Drug Name	Drug Tier	Requirements & Limits
gavilyte-g	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL
MOVIPREP	2	
NULEV	3	
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	H
PLENVU	2	
PREPOPIK	2	
SUPREP BOWEL PREP KIT	2	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
ENDARI	3	QL
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP, QL
VIOKACE	3	ST
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	3	
GELNIQUE PUMP	3	
lanthanum carbonate	1	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	2	
VELPHORO	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BEYAZ	E		ELESTRIN	3	
BIJUVA	3		elinest	1	H
blisovi 24 fe	1	H	emoquette	1	H
blisovi fe 1.5/30	1	H	enskyce	1	H
briellyn	1	H	errin	1	H
camila	1	H	estarylla	1	H
camrese	1	H	ESTRACE ORAL	3	
camrese lo	1	H	ESTRACE VAGINAL	1	
chateal	1	H	estradiol oral	1	
chateal eq	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Minivelle)	1	QL
CLIMARA	E		estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
CLIMARA PRO	2	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Minivelle)	1	QL
cryselle-28	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyclafem 1/35	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Minivelle)	1	QL
cyred	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyred eq	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Minivelle)	1	QL
dasetta 1/35	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
daysee	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Minivelle)	1	QL
deblitane	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
delyla	1	H	estradiol transdermal patch weekly (generic Climara)	1	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3		estradiol vaginal cream	E	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		estradiol vaginal tablet	1	
DEPO-SUBQ PROVERA 104	2		ESTRING	2	QL
desogestrel-ethinyl estradiol	1	H	ESTROGEL	3	QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	2				
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	3				
dotti	E	QL			
drospiren-eth estrad-levomefol	1				
drospirenone-ethinyl estradiol	1	H			
DUAVEE	3	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EVAMIST	2		lillow	1	H
falmina	1	H	LO LOESTRIN FE	2	
fayosim	1		LOESTRIN 1.5/30 (21)	3	
femynor	1	H	LOESTRIN 1/20 (21)	3	
gianvi	1	H	LOESTRIN FE 1.5/30	3	
hailey 24 fe	1	H	LOESTRIN FE 1/20	3	
heather	1	H	loryna	1	H
incassia	1	H	LOSEASONIQUE	3	
introvale	1	H	low-ogestrel	1	H
isibloom	1	H	lo-zumandimine	1	H
jasmiel	1	H	lutera	1	H
jencycla	1	H	lyza	1	H
jolessa	1	H	marlissa	1	H
juleber	1	H	medroxyprogesterone acetate intramuscular	1	H
junel 1.5/30	1	H	medroxyprogesterone acetate oral	1	
junel 1/20	1	H	melodetta 24 fe	1	
junel fe 1.5/30	1	H	MENOSTAR	3	QL
junel fe 1/20	1	H	mibelas 24 fe	1	
junel fe 24	1	H	microgestin 1.5/30	1	H
kalliga	1	H	microgestin 1/20	1	H
kariva	1	H	microgestin fe 1.5/30	1	H
kurvelo	1	H	microgestin fe 1/20	1	H
larin 1.5/30	1	H	mili	1	H
larin 1/20	1	H	MINASTRIN 24 FE	E	
larin 24 fe	1	H	MINIVELLE	E	QL
larin fe 1.5/30	1	H	MIRCETTE	3	
larin fe 1/20	1	H	mono-linyah	1	H
larissia	1	H	NATAZIA	2	
lessina	1	H	necon 0.5/35 (28)	1	H
levonorgest-eth est & eth est	1		nikki	1	H
levonorgest-eth estrad 91-day	1	H	nora-be	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norethin ace-eth estrad-fe oral tablet	1	H
levora 0.15/30 (28)	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norethindrone acetate oral	1		setlakin	1	H
norethindrone acet-ethinyl est	1	H	sharobel	1	H
norethindrone oral	1	H	simliya	1	H
norgestimate-eth estradiol	1	H	simpesse	1	H
norgestimate-ethinyl estradiol triphasic	1	H	sprintec 28	1	H
norlyda	1	H	sronyx	1	H
norlyroc	1	H	syeda	1	H
nortrel 0.5/35 (28)	1	H	tarina 24 fe	1	H
nortrel 1/35 (21)	1	H	tarina fe 1/20	1	H
nortrel 1/35 (28)	1	H	tarina fe 1/20 eq	1	H
NUVARING	2	H	TAYTULLA	3	
ocella	1	H	tri femynor	1	H
ogestrel	1	H	tri-estarylla	1	H
orsythia	1	H	tri-linyah	1	H
ORTHO MICRONOR	3		tri-lo-estarylla	1	H
ORTHO TRI-CYCLEN LO	E		tri-lo-marzia	1	H
ORTHO-NOVUM 1/35 (28)	3		tri-lo-mili	1	H
philith	1	H	tri-lo-sprintec	1	H
pimtrea	1	H	tri-mili	1	H
pirmella 1/35	1	H	tri-previfem	1	H
portia-28	1	H	tri-sprintec	1	H
PREMARIN ORAL	2		tri-vylibra	1	H
PREMARIN VAGINAL	3		tri-vylibra lo	1	H
PREMPHASE	3		tulana	1	H
PREMPRO	2		tydemy	1	
previfem	1	H	VAGIFEM	E	
progesterone micronized oral	1		vienva	1	H
PROMETRIUM	E		viorele	1	H
PROVERA	3		VIVELLE-DOT	1	QL
QUARTETTE	E		vyfemla	1	H
reclipsen	1	H	vylibra	1	H
rivelsa	1		wera	1	H
SAFYRAL	E		xulane	1	H
SEASONIQUE	3		YASMIN 28	3	

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Drug Name	Drug Tier	Requirements & Limits
YAZ	3	
yuvafem	1	
zarah	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON ORAL ELIXIR	3	
DECADRON ORAL TABLET	E	
deltasone	1	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA, ST, SP
ganirelix acetate (Merck/Organon)	1	PA, SP, QL
GENOTROPIN	E	PA, SP, QL
GENOTROPIN MINIQUICK	E	PA, SP, QL
HUMATROPE	E	PA, SP, QL
NOCDURNA	3	QL
NOCTIVA	E	QL
NORDITROPIN FLEXPRO	E	PA, SP, QL
NOVAREL INJ 5000 UNIT	3	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP, QL
NUTROPIN AQ NUSPIN 20	2	PA, SP, QL
NUTROPIN AQ NUSPIN 5	2	PA, SP, QL
OMNITROPE	E	PA, SP, QL
ORILISSA	3	QL
pregnyl	1	PA, SP
STIMATE	3	
ZOMACTON	E	PA, SP, QL
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	QL
STRIANT	3	QL
TESTIM	1	QL

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Drug Name	Drug Tier	Requirements & Limits
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 50 mg/5gm (1%) transdermal	E	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	E	QL
testosterone transdermal solution	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	3	

### Hormonal Agents - Thyroid

ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	2	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, SP, QL
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP, QL
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA, SP, QL
CIMZIA STARTER KIT	2	PA, SP, QL
COSENTYX 150 MG/ML	3	PA, ST, SP, QL
COSENTYX 300 DOSE	3	PA, ST, SP, QL
COSENTYX SENSOREADY 300 DOSE	3	PA, ST, SP, QL
COSENTYX SENSOREADY PEN	3	PA, ST, SP, QL
cyclosporine modified oral capsule 100 mg, 25 mg	1	SP
cyclosporine modified oral solution	1	SP
ENBREL	3	PA, ST, SP, QL
ENBREL MINI	3	PA, ST, SP, QL
ENBREL SURECLICK	3	PA, ST, SP, QL
ENVARUSUS XR	E	SP
FIRAZYR	3	PA, SP
gengraf	1	SP
HAEGARDA	2	PA, SP, QL
HUMIRA	2	PA, SP, QL
HUMIRA PEDIATRIC CROHNS START	2	PA, SP, QL
HUMIRA PEN	2	PA, SP, QL
HUMIRA PEN-CD/UC/HS STARTER	2	PA, SP, QL
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, SP, QL
icatibant acetate	1	PA, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
MYFORTIC	E	SP
NEORAL	E	SP
OLUMIANT	2	PA, SP, QL
ORENCIA	3	PA, ST, SP, QL
OTEZLA	2	PA, SP, QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	E	QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	QL
RINVOQ	2	PA, SP, QL
SILIQ	E	PA, SP, QL
SIMPONI	2	PA, SP, QL
sirolimus oral	1	SP
SKYRIZI	2	PA, SP, QL
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP, QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP, QL
tacrolimus oral	1	SP
TAKHZYRO	2	PA, SP, QL
TALTZ	E	PA, SP, ST, QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP, QL
TREXALL	2	
XELJANZ	2	PA, ST, SP, QL
XELJANZ XR	2	PA, ST, SP, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility Agents</b>		
CRINONE VAGINAL GEL 4 %	3	ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	3	QL
BONIVA ORAL	3	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TYMLOS	3	SP

**Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation**

ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	
LOTEMAX	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	

Drug Name	Drug Tier	Requirements & Limits
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY	E	
PATANOL	E	
PAZEO	3	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
VIGAMOX	E	
VYZULTA	3	

**Ophthalmic Agents - Drugs for Glaucoma**

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	2	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	

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Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	
XALATAN	E	
XELPROS	3	

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA
RESTASIS	2	PA
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA, QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA
XIIDRA	2	PA

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

#### Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

ASTEPRO	E	
AUVI-Q	E	
azelastine hcl nasal	1	
benzonatate	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML	1	
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	

Drug Name	Drug Tier	Requirements & Limits
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	1	PA
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	3	
phenadoz	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
SYMJEPI	2	
TESSALON PERLES	3	
TUSSICAPS	3	QL
XHANCE	E	
YUPELRI	3	QL
ZETONNA	3	

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX 120 METERED DOSES	1	QL

Drug Name	Drug Tier	Requirements & Limits
ASMANEX 14 METERED DOSES	1	QL
ASMANEX 30 METERED DOSES	1	QL
ASMANEX 60 METERED DOSES	1	QL
ASMANEX 7 METERED DOSES	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	RS, QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EASIVENT	2	
FLOVENT DISKUS	3	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
PERFOROMIST	3	QL
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	

Drug Name	Drug Tier	Requirements & Limits
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	RS, QL
TRELEGY ELLIPTA	3	RS, QL
VENTOLIN HFA	2	
wixela inhub	E	QL
XOPENEX HFA	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	1	PA, SP, QL
KITABIS PAK	E	PA, SP, QL
PULMOZYME	2	PA, SP, QL
TOBI NEBULIZER	E	PA, SP, QL
TOBI PODHALER	3	PA, SP, QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, SP, QL
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP, QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	PA, SP, QL
ADEMPAS	2	PA, SP, QL
alyq	1	PA, SP, QL
ambrisentan	1	PA, SP, QL
bosentan	1	PA, SP, QL
OPSUMIT	2	PA, SP, QL
ORENITRAM	3	PA, SP, QL
tadalafil (pah)	1	PA, SP, QL
TRACLEER ORAL TABLET	2	PA, SP, QL
TRACLEER ORAL TABLET SOLUBLE	2	PA, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
ROBAXIN ORAL	3	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	3	QL
eszopiclone	1	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
ZOLPIMIST	3	QL

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توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទដោយឥតគិតថ្លៃរបស់អ្នក។

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OGOW: Haddii aad ku hadasho **Soomali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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