

Your 2020 Prescription Drug List

Access 4-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 4-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)¹ 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 medications²). 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[®] 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[®] 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
Tier 1	\$ Lower-cost 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.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they 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)³**

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 Program⁴**

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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			lidocaine-prilocaine external cream	1	
acetaminophen-codeine	1		LIDODERM	E	PA
acetaminophen-codeine #2	1		lorcet	1	
acetaminophen-codeine #3	1		lorcet hd	1	
acetaminophen-codeine #4	1		lorcet plus	1	
apap-caff-dihydrocodeine	1		LORTAB	4	
ARYMO ER	E	PA, ST	MORPHABOND ER	E	PA, ST, QL
BELBUCA	3	PA, QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
butalbital-apap-caffeine	1	QL	morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
CONZIP	4	QL	morphine sulfate er oral tablet extended release	1	PA, QL
DILAUDID ORAL	4		morphine sulfate oral	1	
DURAGESIC-100	E	PA, QL	MS CONTIN	3	PA, ST, QL
DURAGESIC-12	E	PA, QL	NALOCET	E	
DURAGESIC-25	E	PA, QL	NORCO	4	
DURAGESIC-50	E	PA, QL	NUCYNTA	2	QL
DURAGESIC-75	E	PA, QL	NUCYNTA ER	3	PA, QL
DVORAH	E		OXAYDO	E	QL
endocet	1		OXYCODONE HCL ER	E	PA, QL
ESGIC	4	QL	oxycodone hcl oral capsule	1	
fentanyl	1	PA, QL	oxycodone hcl oral concentrate 100 mg/5ml	1	
FIORICET	4	QL	oxycodone hcl oral solution	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1		oxycodone hcl oral tablet	1	
hydrocodone-acetaminophen oral tablet	1		oxycodone-acetaminophen	1	
hydromorphone hcl er	1	PA, ST, QL	OXYCONTIN	E	PA, QL
hydromorphone hcl oral	1		PERCOCET	E	
HYSINGLA ER	E	PA, QL	phrenilin forte	1	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	premium lidocaine	1	QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	PA, ST, QL	PRIMLEV	E	
lidocaine external ointment	1	QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	4	
lidocaine external patch	1	PA, QL	ROXICODONE ORAL TABLET 5 MG	3	
			ROXYBOND	4	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
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	1	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	
trezix	1	
TYLENOL WITH CODEINE #3	4	
TYLENOL WITH CODEINE #4	4	
ULTRAM	4	
VANATOL LQ	2	
VANATOL S	2	
vicodin	1	
vicodin es	1	
vicodin hp	1	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOHYDRO ER	4	PA, QL
ZTLIDO	4	PA, QL

Analgesics - Drugs for Pain and Inflammation

CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl rectal	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral	1	
MOBIC	4	
morphine sulfate rectal	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	4	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	3	
TIVORBEX	4	
VIVLODEX ORAL CAPSULE 5 MG	E	QL
VOLTAREN GEL	1	
ZIPSOR	4	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	2	PA, H
CHANTIX CONTINUING MONTH PAK	2	PA, H

Drug Name	Drug Tier	Requirements & Limits
CHANTIX STARTING MONTH PAK	2	PA, H
EVZIO	E	
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	QL
ZUBSOLV	1	QL

Antibacterials - Drugs for Infections

ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	E	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	
CENTANY AT	4	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	
DIFICID	3	QL
DORYX	E	
DORYX MPC	4	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
doxycycline monohydrate oral	1	
FLAGYL	4	
KEFLEX	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er	E	
minocycline hcl oral	1	
MINOLIRA	E	
mondoxyne nl	1	
morgidox oral	1	
mupirocin calcium	1	

Drug Name	Drug Tier	Requirements & Limits
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	4	
NUZYRA ORAL	4	
okebo	1	
penicillin v potassium	1	
SOLODYN	E	
soloxide	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XEPI	3	
XIMINO	4	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX ORAL TABLET 600 MG	3	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	4	QL
ELIQUIS STARTER PACK	4	QL
enoxaparin sodium	1	
jantoven	1	

Drug Name	Drug Tier	Requirements & Limits
LOVENOX	E	
PRADAXA	2	QL
SAVAYSA	4	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	

Anticonvulsants - Drugs for Seizures

carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	ST
DEPAKOTE SPRINKLES	4	
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	4	ST
KEPPRA XR	4	ST
LAMICTAL	4	ST
LAMICTAL ODT ORAL KIT	3	ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	ST
LAMICTAL STARTER	4	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	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
levetiracetam er	1		bupropion hcl oral	1	
levetiracetam oral	1		CELEXA	E	
NEURONTIN	4	ST	citalopram hydrobromide	1	
oxcarbazepine	1		CYMBALTA	E	QL
OXTELLAR XR	E	ST	desvenlafaxine succinate er	1	QL
QUDEXY XR	4	ST	doxepin hcl oral	1	
roweepra	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
roweepra xr	1		duloxetine hcl oral capsule delayed release particles 40 mg	1	
subvenite	1		EFFEXOR XR	E	
subvenite starter kit-blue	1		escitalopram oxalate	1	
subvenite starter kit-green	1		fluoxetine hcl oral capsule	1	
subvenite starter kit-orange	1		fluoxetine hcl oral capsule delayed release	1	QL
TEGRETOL	3		fluoxetine hcl oral solution	1	
TEGRETOL-XR	4		fluoxetine hcl oral tablet 10 mg	1	QL
TOPAMAX	4	ST	fluoxetine hcl oral tablet 20 mg, 60 mg	1	
TOPAMAX SPRINKLE	4	ST	fluvoxamine maleate	1	
topiramate er	4	ST	fluvoxamine maleate er	1	QL
topiramate oral	1		FORFIVO XL	3	QL
TRILEPTAL	4	ST	LEXAPRO	E	
TROKENDI XR	E	ST	mirtazapine oral	1	
VIMPAT ORAL	2	PA	nortriptyline hcl oral	1	
ZONEGRAN	4	ST	PAMELOR	4	
zonisamide oral	1		paroxetine hcl	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			paroxetine hcl er	1	QL
ARICEPT ORAL TABLET 10 MG, 5 MG	3		PAXIL CR	4	QL
ARICEPT ORAL TABLET 23 MG	E		PAXIL ORAL SUSPENSION	3	
donepezil hcl	1		PAXIL ORAL TABLET	4	
Antidepressants - Drugs for Depression			PRISTIQ	E	QL
amitriptyline hcl oral	1		PROZAC	E	
bupropion hcl er (sr)	1		REMERON	4	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		REMERON SOLTAB	4	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL	sertraline hcl oral	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
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	4	QL
VIIBRYD	2	QL
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Antiemetics - Drugs for Nausea and Vomiting

AKYNZEO ORAL	4	
BONJESTA	2	
DICLEGIS	4	
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	4	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	4	
TRANSDERM-SCOP (1.5 MG)	4	
VARUBI	2	
ZOFRAN	4	
ZUPLENZ	4	

Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	4	
ciclopirox	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	4	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	1	QL
MITIGARE	2	
ULORIC	4	QL
ZYLOPRIM	4	

Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AMERGE	4	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
IMITREX SUBCUTANEOUS	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
ONZETRA XSAIL	4	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
ZEMBRACE SYMTOUCH	4	
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

Drug Name	Drug Tier	Requirements & Limits
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	4	PA
REVLIMID	2	PA, SP
SOLTAMOX	4	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP
TARGRETIN ORAL	1	SP
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	4	
atovaquone-proguanil hcl	1	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
MALARONE	4	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	
INBRIJA	3	PA, SP, QL
MIRAPEX	4	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	

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Drug Name	Drug Tier	Requirements & Limits
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	4	
SINEMET CR	4	
ZELAPAR	3	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL

Antipsychotics - Drugs for Mood Disorders

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

Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, SP, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	SP, QL
DESCOVY	4	SP, QL
DOVATO	2	SP, QL
entecavir	1	SP
EPCLUSA	2	PA, SP, QL
GENVOYA	4	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	4	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	4	SP, QL
SYMFI	2	SP, QL
SYMFI LO	2	SP, QL

Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	SP, QL
TRUVADA	4	SP, QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	SP
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	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	

Drug Name	Drug Tier	Requirements & Limits
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	4	
ALDACTONE	4	
aliskiren fumarate	1	QL
ALTACE	4	
ALTOPREV	4	
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	4	
AVAPRO	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
bisoprolol-hydrochlorothiazide	1		EPANED	4	
BYSTOLIC	2		EXFORGE	E	
CALAN	4		ezetimibe	1	
CALAN SR	4		ezetimibe-simvastatin	1	
CARDIZEM	E		fenofibrate oral capsule 150 mg, 50 mg	1	
CARDIZEM CD	E		fenofibrate oral tablet	1	
CARDIZEM LA	E		FENOGLIDE	E	
CARDURA	4		flecainide acetate	1	
CAROSPIR	4		FLOLIPID	4	
cartia xt	1		furosemide oral	1	
carvedilol	1		gemfibrozil oral	1	
CATAPRES	4		GONITRO	4	
chlorthalidone	1		guanfacine hcl	1	
clonidine hcl oral	1		HEMANGEOL	E	
colesevelam hcl	E		hydralazine hcl oral	1	
COREG	4		hydrochlorothiazide oral	1	
CORGARD	4		HYZAAR	4	
CORLANOR	3	PA, QL	INDERAL LA	E	
COZAAR	4		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	4	
diltiazem hcl oral	1		labetalol hcl oral	1	
dilt-xr	1		LASIX	4	
DIOVAN	E		LIPITOR	E	QL
DIOVAN HCT	E		LIPOFEN	4	
doxazosin mesylate oral	1		lisinopril oral	1	
DYAZIDE	4		lisinopril-hydrochlorothiazide	1	
EDARBI	2		LOPID	4	
EDARBYCLOR	2		LOPRESSOR	4	
enalapril maleate oral	1		losartan potassium	1	
			losartan potassium-hctz	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LOTENSIN	4		olmesartan medoxomil oral	1	
LOTENSIN HCT	4		olmesartan medoxomil-hctz	1	
LOTREL	4		omega-3-acid ethyl esters	1	PA
lovastatin	1	H	PACERONE ORAL TABLET 100 MG, 400 MG	3	
LOVAZA	E	PA	pacerone oral tablet 200 mg	1	
matzim la	1		PRALUENT	2	PA, ST, SP, QL
MAXZIDE	4		PRAVACHOL	4	
MAXZIDE-25	4		pravastatin sodium	1	
metoprolol succinate er	1		prazosin hcl oral	1	
metoprolol tartrate oral	1		PRINIVIL	4	
MICARDIS	E		PROCARDIA	4	
MINIPRESS	4		PROCARDIA XL	4	
minitran	1		propranolol hcl er	1	
MULTAQ	4	PA	propranolol hcl oral	1	
nadolol oral	1		QBRELIS	4	
niacin (antihyperlipidemic)	1		quinapril hcl	1	
niacin er (antihyperlipidemic)	1		ramipril	1	
niacor	1		RANEXA	E	
NIASPAN	4		ranolazine er	1	
nifedipine er	1		REPATHA	2	PA, ST, SP, QL
nifedipine er osmotic release	1		REPATHA PUSHTRONEX SYSTEM	2	PA, ST, SP, QL
nifedipine oral	1		REPATHA SURECLICK	2	PA, ST, SP, QL
NITRO-BID	2		rosuvastatin calcium	1	QL
NITRO-DUR	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin er	1		simvastatin oral tablet 80 mg	1	
nitroglycerin sublingual	1		sotalol hcl oral	1	
nitroglycerin transdermal	1		SOTYLIZE	4	
nitroglycerin translingual	1		spironolactone oral	1	
NITROLINGUAL	E		TEKTURNA	3	QL
NITROMIST	4		TEKTURNA HCT	3	QL
NITROSTAT	4		telmisartan	1	
nitro-time	1		TENORETIC 100	E	
NORVASC	E				

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Drug Name	Drug Tier	Requirements & Limits
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	4	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	4	
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	4	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	4	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
metadate er	1	PA, QL
METHYLIN	4	PA
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	4	PA, QL
QUILLIVANT XR	4	PA, QL
relexxii	E	PA
RITALIN	4	PA, QL
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

Drug Name	Drug Tier	Requirements & Limits
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
glatopa	E	PA, SP, QL
PLEGRIDY	3	PA, SP, QL
PLEGRIDY STARTER PACK	3	PA, SP, QL
REBIF	4	PA, ST, SP, QL
REBIF REBIDOSE	4	PA, ST, SP, QL
REBIF REBIDOSE TITRATION PACK	4	PA, ST, SP, QL
REBIF TITRATION PACK	4	PA, ST, SP, QL
TECFIDERA	2	PA, SP, QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP, QL
LYRICA	4	QL
LYRICA CR	2	QL
NUDEXTA	2	PA
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	

Drug Name	Drug Tier	Requirements & Limits
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	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	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	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	
ALTRENO	4	PA
amnesteam	1	
ATRALIN	E	PA

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVAR	4		clodan external shampoo	1	
avar cleanser	1		clotrimazole-betamethasone	1	
AVAR LS CLEANSER	3		dapsone external	E	
AVAR LS EXTERNAL PAD	4		DERMA-SMOOTHIE/FS BODY	4	
AVAR-E EMOLLIENT	3		DERMA-SMOOTHIE/FS SCALP	4	
AVAR-E GREEN	3		DESONATE	3	
AVAR-E LS	3		desonide external	1	
avita	1	PA	DESOWEN	3	
azelaic acid external	1		DIPROLENE	4	
betamethasone dipropionate aug	1		DIPROLENE AF	4	
betamethasone dipropionate external	1		DUAC	E	
bp 10-1	1		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA, ST, SP, QL
calcipotriene-betameth diprop	1		EFUDEX	4	
calcitriol external	1		ELIDEL	4	ST
CAPEX	2		ELOCON	4	
CARAC	2		ENSTILAR	4	
claravis	1		EUCRISA	3	ST
CLEOCIN-T	4		EVOCLIN	4	
clindacin etz external swab	1		FINACEA EXTERNAL FOAM	2	
clindacin-p	1		FINACEA EXTERNAL GEL	2	
CLINDAGEL	4		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	4	
clindamycin phosphate external swab	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	4		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	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external ointment 1 %, 2.5 %	1		sulfamez wash	1	
imiquimod external	1		SUMADAN WASH	E	
IMIQUIMOD PUMP	E		SUMAXIN	4	
IMPOYZ	4		SUMAXIN WASH	3	
isotretinoin oral	1		SYNALAR	4	
KENALOG EXTERNAL	E		TACLONEX EXTERNAL OINTMENT	E	
LOTRISONE	4		TACLONEX EXTERNAL SUSPENSION	3	
methoxsalen oral	1		tazarotene external	E	PA
methoxsalen rapid	1		TAZORAC EXTERNAL CREAM 0.05 %	2	PA
METROCREAM	4		TAZORAC EXTERNAL CREAM 0.1 %	1	PA
METROGEL	E		TAZORAC EXTERNAL GEL	2	PA
METROLOTION	4		TEMOVATE	4	
metronidazole external	1		TEXACORT	2	
MIRVASO	4		TOLAK	4	
mometasone furoate external	1		TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP, QL
myorisan	1		tretinoin external cream	1	PA
neucac 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	4		triderm	1	
PLEXION CLEANSER	4		tridesilon	1	
PLEXION CLEANSING CLOTH	4		VANOS	E	
RETIN-A	E	PA	VECTICAL	4	
RHOFADE	4		VERDESO	4	
rosadan external cream	1		zenatane	1	
rosadan external gel	1		ZYCLARA	E	
SERNIVO	4		ZYCLARA PUMP	E	
sss 10-5	1				
sulfacetamide sodium-sulfur	1				
sulfacleanse 8/4	1				

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
AUTOSHIELD	2	
BD PEN NEEDLE	2	
BD U-500	2	
BD ULTRA-FIN	2	
BD VEO SYR	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
GUARDIAN CONNECT TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN SENSOR (3)	3	PA
ONE TOUCH VERIO KIT W/DEVICE	1	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
SOF-SENSOR	E	PA
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUETRACK TEST	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	4	
BASAGLAR KWIKPEN	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	E	
LANTUS SOLOSTAR	E	
LANTUS U-100 VIAL	E	
LEVEMIR U-100 FLEXTOUCH	NF	
LEVEMIR U-100 VIAL	NF	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG PENFILL	E	ST
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	E	
TOUJEO SOLOSTAR	E	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	QL
ADLYXIN STARTER PACK	4	QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	4	
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
FARXIGA	E	ST, QL
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY	2	
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	
GLUCOTROL	4	
GLUCOTROL XL	4	

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Drug Name	Drug Tier	Requirements & Limits
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA	4	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
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

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
AFSTYLA	4	PA, SP
ARANESP (ALBUMIN FREE)	2	SP, QL
ELOCTATE	4	PA, SP
HELIXATE FS	E	SP
JIVI	4	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	4	PA, ST, SP
RETACRIT	2	SP, QL
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	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	4	QL
STENDRA	2	QL
tadalafil oral	1	QL
vardenafil hcl	1	QL
VIAGRA	E	QL
Electrolytes / Vitamins		
DRISDOL	4	
ERGOCAL	3	
ergocalciferol oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
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	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	4	QL
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	4	
CYTOTEC	4	
DEXILANT	2	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	4	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	4	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	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	2	
COLYTE WITH FLAVOR PACKS	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	H

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Drug Name	Drug Tier	Requirements & Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL
MOVIPREP	2	
NULEV	4	
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	4	PA, ST, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	QL

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
ENDARI	4	QL
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, SP, QL
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CUPRIMINE	4	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	4	
GELNIQUE PUMP	4	
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	
PYRIDIUM	3	
TOVIAZ	2	
VELPHORO	2	

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Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	4	
RAPAFLO	4	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	4	
Hormonal Agents - Hormone Replacement and Birth Control		
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	4	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H

Drug Name	Drug Tier	Requirements & Limits
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
chateal	1	H
chateal eq	1	H
CLIMARA	E	
CLIMARA PRO	2	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol	1	H
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	4	
dotti	E	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DUAVEE	3	QL	ESTRING	2	QL
ELESTRIN	3		ESTROGEL	3	QL
elinest	1	H	EVAMIST	2	
emoquette	1	H	falmina	1	H
enskyce	1	H	fayosim	1	
errin	1	H	femynor	1	H
estarylla	1	H	gianvi	1	H
ESTRACE ORAL	4		hailey 24 fe	1	H
ESTRACE VAGINAL	1		heather	1	H
estradiol oral	1		incassia	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Minivelle)	1	QL	introvale	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	isibloom	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Minivelle)	1	QL	jasmiel	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	jencycla	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Minivelle)	1	QL	jolessa	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	juleber	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Minivelle)	1	QL	junel 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	junel 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Minivelle)	1	QL	junel fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	junel fe 1/20	1	H
estradiol transdermal patch weekly (generic Climara)	1	QL	junel fe 24	1	H
estradiol vaginal cream	E		kalliga	1	H
estradiol vaginal tablet	1		kariva	1	H
			kurvelo	1	H
			larin 1.5/30	1	H
			larin 1/20	1	H
			larin 24 fe	1	H
			larin fe 1.5/30	1	H
			larin fe 1/20	1	H
			larissia	1	H
			lessina	1	H
			levonorgest-eth est & eth est	1	
			levonorgest-eth estrad 91-day	1	H

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Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
loryna	1	H
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	1	
MENOSTAR	3	QL
mibelas 24 fe	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	4	
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H

Drug Name	Drug Tier	Requirements & Limits
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	2	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	4	
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	2	
previfem	1	H
progesterone micronized oral	1	
PROMETRIUM	E	
PROVERA	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
QUARTETTE	E		VIVELLE-DOT	1	QL
reclipsen	1	H	vyfemla	1	H
rivelsa	1		vylibra	1	H
SAFYRAL	E		wera	1	H
SEASONIQUE	4		xulane	1	H
setlakin	1	H	YASMIN 28	3	
sharobel	1	H	YAZ	3	
simliya	1	H	yuvafem	1	
simpesse	1	H	zarah	1	H
sprintec 28	1	H	zumandimine	1	H
sronyx	1	H	Hormonal Agents - Oral Steroids		
syeda	1	H	CORTEF	4	
tarina 24 fe	1	H	DECADRON ORAL ELIXIR	4	
tarina fe 1/20	1	H	DECADRON ORAL TABLET	E	
tarina fe 1/20 eq	1	H	deltasone	1	
TAYTULLA	4		dexamethasone intensol	1	
tri femynor	1	H	dexamethasone oral	1	
tri-estarylla	1	H	DEXPAK 10 DAY	4	
tri-linyah	1	H	DEXPAK 13 DAY	4	
tri-lo-estarylla	1	H	DEXPAK 6 DAY	4	
tri-lo-marzia	1	H	DXEVO 11-DAY	E	
tri-lo-mili	1	H	HIDEX 6-DAY	E	
tri-lo-sprintec	1	H	hydrocortisone oral	1	
tri-mili	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
tri-previfem	1	H	MEDROL ORAL TABLET 2 MG	2	
tri-sprintec	1	H	MEDROL ORAL TABLET 32 MG	3	
tri-vylibra	1	H	MEDROL ORAL TABLET THERAPY PACK	4	
tri-vylibra lo	1	H	methylprednisolone oral	1	
tulana	1	H	MILLIPRED	2	
tydemy	1		MILLIPRED DP	2	
VAGIFEM	E		MILLIPRED DP 12-DAY	2	
vienva	1	H	ORAPRED ODT	4	
viorele	1	H			

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Drug Name	Drug Tier	Requirements & Limits
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	
Hormonal Agents - Other		
cabergoline	1	
DDAVP INJECTION	4	
DDAVP ORAL	4	
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
GENOTROPIN MINIQUICK	E	PA, SP
HUMATROPE	E	PA, SP
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	4	QL
pregnyl	1	PA, SP
STIMATE	3	
ZOMACTON	E	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	QL
STRIANT	3	QL
TESTIM	1	QL
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	4	
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	

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Drug Name	Drug Tier	Requirements & Limits
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	4	
TIROSINT	4	
TIROSINT-SOL	4	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

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	4	PA, ST, SP, QL
ENBREL MINI	4	PA, ST, SP, QL
ENBREL SURECLICK	4	PA, ST, SP, QL

Drug Name	Drug Tier	Requirements & Limits
ENVARBUS XR	E	SP
FIRAZYR	4	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	
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	4	QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	E	QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	4	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	4	QL
RINVOQ	2	PA, SP, QL
SILIQ	E	PA, ST, SP, QL
SIMPONI	2	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
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

Infertility Agents

CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA

Inflammatory Bowel Disease Agents

ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC RECTAL CREAM	4	
ANALPRAM-HC RECTAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	

Drug Name	Drug Tier	Requirements & Limits
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	4	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BINOSTO	4	QL
BONIVA ORAL	4	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	1	
ROCALTROL	4	
TYMLOS	3	SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
ALREX	4	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements & Limits
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY	E	
PATANOL	E	
PAZEO	4	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	4	
VIGAMOX	E	
VYZULTA	4	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
AZOPT	2	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	4	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	4	
timolol maleate ophthalmic	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	4	
TRAVATAN Z	2	
XALATAN	E	
XELPROS	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA
RESTASIS	2	PA
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	4	PA, QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPTHALMIC	4	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	
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	1	PA
ipratropium bromide nasal	1	

Drug Name	Drug Tier	Requirements & Limits
levocetirizine dihydrochloride oral	1	
OMNARIS	4	
phenadoz	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
SYMJEPI	2	
TESSALON PERLES	4	
TUSSICAPS	3	QL
XHANCE	E	
YUPELRI	4	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
ASMANEX 14 METERED DOSES	1	QL
ASMANEX 30 METERED DOSES	1	QL
ASMANEX 60 METERED DOSES	1	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ASMANEX 7 METERED DOSES	1	QL	STRIVERDI RESPIMAT	2	QL
ASMANEX HFA	1	QL	SYMBICORT	2	RS, QL
ATROVENT HFA	2	QL	TRELEGY ELLIPTA	3	RS, QL
BEVESPI AEROSPHERE	2	QL	VENTOLIN HFA	2	
BREO ELLIPTA	2	RS, QL	wixela inhub	E	QL
budesonide inhalation	1	QL	XOPENEX HFA	3	
COMBIVENT RESPIMAT	2	QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
EASIVENT	2		BETHKIS	1	PA, SP, QL
FLOVENT DISKUS	3	QL	KITABIS PAK	E	PA, SP, QL
FLOVENT HFA	2	QL	PULMOZYME	2	PA, SP, QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL	TOBI NEBULIZER	E	PA, SP, QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	TOBI PODHALER	3	PA, SP, QL
INCRUSE ELLIPTA	2	QL	tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, SP, QL
ipratropium-albuterol	1		tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP, QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3		TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP, QL
montelukast sodium oral	1		Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
PERFOROMIST	3	QL	ADCIRCA	E	PA, SP, QL
PROAIR HFA	2		ADEMPAS	2	PA, SP, QL
PROAIR RESPICLICK	2		alyq	1	PA, SP, QL
PROVENTIL HFA	3		ambrisentan	1	PA, SP, QL
PULMICORT FLEXHALER	4	ST, QL	bosentan	1	PA, SP, QL
PULMICORT SUSPENSION	E	QL	OPSUMIT	2	PA, SP, QL
QVAR REDIHALER	1	QL	ORENITRAM	4	PA, SP, QL
SINGULAIR ORAL PACKET	3		tadalafil (pah)	1	PA, SP, QL
SINGULAIR ORAL TABLET	E		TRACLEER ORAL TABLET	2	PA, SP, QL
SINGULAIR ORAL TABLET CHEWABLE	E		TRACLEER ORAL TABLET SOLUBLE	2	PA, SP
SPIRIVA HANDIHALER	2	QL	TYVASO	2	PA, SP
SPIRIVA RESPIMAT	2	QL	TYVASO REFILL	2	PA, SP
			TYVASO STARTER	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	4	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
ROBAXIN ORAL	4	
ROBAXIN-750	4	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	4	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
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	4	
temazepam	1	
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
ZOLPIMIST	4	QL

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DEXPAK 6 DAY	33	GEL 0.75 MG/0.75GM.....	30	DXEVO 11-DAY	33
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diclofenac sodium transdermal		doxycycline hyclate oral tablet			
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EPCLUSA.....	17	0.075 mg/24hr transdermal		FEXMID.....	40
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hydrocodone-acetaminophen oral tablet	10	IMITREX STATDOSE SYSTEM	16	JIVI	27
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lamotrigine er.....	13	0.15-30 mg-mcg	32	lorazepam oral.....	18
lamotrigine oral tablet.....	13	levora 0.15/30 (28).....	32	lorcet.....	10
lamotrigine oral tablet chewable....	13	levothyroxine sodium oral.....	34	lorcet hd.....	10
lamotrigine oral tablet dispersible..	13	levothyroxine-liothyronine oral tablet		lorcet plus	10
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MAXALT.....	16	methylphenidate hcl er (la) oral	minocycline hcl er.....	12
MAXALT-MLT.....	16	capsule extended release 24 hour	minocycline hcl oral.....	12
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mesalamine oral.....	36	metoprolol succinate er.....	solution 100 mg/5ml, 20 mg/ml..	10
mesalamine rectal.....	36	metoprolol tartrate oral.....	morphine sulfate er oral capsule	
metadate er.....	21	METROCREAM.....	extended release 24 hour.....	10
metaxall.....	40	METROGEL.....	morphine sulfate er oral tablet	
metaxalone.....	40	METROGEL-VAGINAL.....	extended release.....	10
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sulfasalazine oral.....	36	TAPERDEX 6-DAY.....	34	10 mg/act (2%), 20.25 mg/1.25gm	
sulfatrim pediatric	13	TAPERDEX 7-DAY	34	(1.62%), 20.25 mg/act (1.62%),	
SUMADAN WASH.....	24	TARGADOX.....	13	25 mg/2.5gm (1%),	
sumatriptan succinate oral	16	TARGRETIN EXTERNAL	16	40.5 mg/2.5gm (1.62%)	34
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		intramuscular.....	34	TOPROL XL	21
		testosterone gel 12.5 mg/act (1%)		torsemide.....	21
		transdermal	34	TOUJEO MAX SOLOSTAR.....	26
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ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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, नि:शुल्क 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**ខ្មែរ(Khmer)**សំដៅនូវភាសាដើមរបស់អ្នក គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (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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