

# Your 2020 Formulary

## SignatureValue 3-Tier



Effective January 1, 2020

This formulary 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 formulary applies to members of our UnitedHealthcare West HMO medical plans with a pharmacy benefit. 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 formulary

## What is a formulary?

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 formulary?

You and your doctor can consult the formulary 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 formulary change?

Formulary changes including tier status changes resulting in higher copayments of maintenance medications occur twice per contract or plan year. Tier changes that result in a lower copayment 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 formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This formulary is not a complete list of medications. 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 formulary (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) 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). 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 Prescription Drug List 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.

### **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 formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in bold type and generic medications in plain type.

### 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 of 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. Mostly non-preferred brand-name drugs, as well as some non-preferred generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Reading your formulary (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.

**AE**

#### **Age Edit**

This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.

**E**

#### **Exceptions required for select markets in California and Oklahoma**

Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.

**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.

**M**

#### **Medical**

The medication may be covered under medical with prior authorization.

**PA**

#### **Prior Authorization**

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.

**ST**

#### **Step Therapy**

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

## Reading your formulary (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.

#### **Infertility**

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

#### **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.



### 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>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Antipyrine/Benzocaine Otic	1	
Azithromycin	1	
<b>Bethkis</b>	2	PA, QL
<b>Cayston</b>	2	PA, QL
Cefaclor Suspension	2	
Cefaclor Tablet	1	
Cefadroxil	1	QL
Cefdinir	1	
Cefpodoxime	1	
Cefprozil	1	
Cefuroxime	1	
Cephalexin	1	
Chloroxylonol/Hydrocortisone/ Pramoxine Otic	1	
Ciprofloxacin	1	
Clarithromycin IR/ER	1	
<b>Cleocin Vaginal Suppository</b>	2	
Clindamycin Capsule	1	
Clindamycin Vaginal Cream	1	
<b>Clindesse</b>	3	
Dapsone Tablet	1	
Demeclocycline	1	
Dicloxacillin	1	
Doxycycline Hyclate	1	
Doxycycline Monohydrate Tablet	1	QL
Erythromycin	1	
Erythromycin/Sulfisoxazole	1	
Ethambutol	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Firvanq</b>	1	
Isoniazid	1	
Levofloxacin	1	
Linezolid Tablet	1	QL
Methenamine	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
<b>Mycobutin</b>	2	
<b>NebuPent Nebs</b>	2	QL
Neomycin	1	
Neomycin/Polymixin/ Hydrocortisone Otic	1	
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Ofloxacin Otic	1	
<b>Oracea</b>	3	E
Paromomycin	1	
Penicillin VK	1	
Pramoxine-HC Otic	1	
Pyrazinamide	1	
Rifampin	1	
<b>Solodyn</b>	3	E
<b>Solosec</b>	3	ST
Sulfadiazine	1	
Sulfamethoxazole/Trimethoprim, Sulfamethoxazole/Trimethoprim DS	1	
Tetracycline	1	
<b>TOBI Podhaler</b>	3	PA, QL
Trimethoprim	1	
<b>Zmax</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Infectives: Antifungals</b>		
Clotrimazole Troche	1	
<b>Cresemba</b>	3	
Fluconazole	1	
Griseofulvin	1	
Itraconazole Capsule	1	PA
<b>Jublia</b>	3	PA
<b>Kerydin</b>	3	PA
Ketoconazole Cream	1	QL
Ketoconazole Shampoo	1	
Metronidazole Vaginal Gel	1	
Nystatin	1	
Terbinafine	1	QL
Terconazole	1	
Vandazole Gel	1	
<b>Anti-Infectives: Antivirals</b>		
Acyclovir	1	
Adefovir	1	
Amantadine Capsule, Syrup	1	
<b>Baraclude</b>	3	E, QL
<b>Daklinza</b>	3	PA
Entecavir	1	QL
<b>Epclusa</b>	2	PA, QL
<b>Epivir HBV Solution</b>	2	
Famciclovir	1	
<b>Harvoni</b>	2	PA, QL
Lamivudine	1	
<b>Mavyret</b>	2	PA, QL
<b>Pegasys</b>	M	
<b>Prevymis Tablet</b>	2	PA
Ribavirin Tablet	1	PA
Rimantidine	1	
<b>Sovaldi</b>	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Valacyclovir	1	QL
Valganciclovir Solution	1	
Valganciclovir Tablet	1	QL
<b>Viekira Pak</b>	3	PA, QL
<b>Vosevi</b>	2	PA, QL
<b>Xofluza</b>	3	QL
<b>Zepatier</b>	2	PA, QL
<b>Zovirax Cream</b>	3	E
<b>Zovirax Ointment</b>	3	E
<b>Cancer</b>		
<b>Alunbrig</b>	2	PA, QL
Bicalutamide	1	
<b>Bosulif</b>	2	PA, QL
<b>Cabometyx</b>	2	PA
<b>Calquence</b>	2	PA, QL
Capecitabine	1	
<b>Caprelsa</b>	2	PA, QL
<b>Cometriq</b>	2	PA
<b>Cotellic</b>	2	PA, QL
Cyclophosphamide	3	
<b>Daurismo</b>	2	PA, QL
<b>Emcyt</b>	2	
Etoposide	1	
<b>Erivedge</b>	2	PA, QL
<b>Erleada</b>	2	PA, QL
Exemestane	1	
<b>Farydak</b>	2	PA, QL
Flutamide	1	
<b>Hexalen</b>	2	
Hydroxyurea	1	
<b>Ibrance</b>	2	PA, QL
<b>Idhifa</b>	2	QL
Imatinib	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Imbruvica</b>	2	PA, QL
Letrozole	1	PA
Leucovorin Calcium	1	
<b>Leukeran</b>	2	
Lomustine	1	
<b>Lysodren</b>	2	
<b>Lonsurf</b>	2	PA, QL
<b>Matulane</b>	2	
Melphalan	1	
Mercaptopurine	1	
<b>Myleran</b>	2	
<b>Nerlynx</b>	2	PA, QL
<b>Nexavar</b>	2	PA
<b>Nilandrone</b>	2	
<b>Ninlaro</b>	2	PA, QL
<b>Odomzo</b>	2	PA, QL
<b>Rydapt</b>	2	PA, QL
<b>Sprycel</b>	3	PA, QL
<b>Stivarga</b>	2	PA
<b>Sutent</b>	2	PA
<b>Tabloid</b>	2	
<b>Targretin Capsule</b>	2	
<b>Tasigna</b>	2	PA, QL
Temozolomide	1	PA
Toremifene	1	
Tretinoin Capsule	1	
<b>Tykerb</b>	2	PA
<b>Verzenio</b>	2	PA, QL
<b>Vitrakvi</b>	2	PA, QL
<b>Xeloda</b>	3	E
<b>Xtandi</b>	3	PA, QL
<b>Yonsa</b>	3	E, PA, QL
<b>Zelboraf</b>	2	PA

Drug Name	Drug Tier	Requirements & Limits
<b>Zolinza</b>	2	QL
<b>Zykadia</b>	2	PA, QL
<b>Zytiga</b>	2	PA
<b>Cardiovascular/Heart Disease: Coagulation Therapy</b>		
<b>Aggrenox</b>	3	
<b>Brilinta</b>	2	
Clopidogrel	1	
Disopyramide	1	
<b>Eliquis</b>	3	QL
Jantoven	1	
<b>Pradaxa</b>	2	QL
Prasugrel	1	QL
<b>Savaysa</b>	3	QL
Ticlopidine	1	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Zontivity</b>	3	QL
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Acebutolol	1	
Acetazolamide	1	
Acetazolamide ER	1	
Afeditab CR	1	
<b>Aldactazide 25/25 mg</b>	2	
Amiloride	1	
Amiloride/Hydrochlorothiazide	1	
Amlodipine	1	
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/Hydrochlorothiazide	1	
Betaxolol	1	
Bisoprolol	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Bisoprolol/Hydrochlorothiazide	1		Lisinopril/Hydrochlorothiazide	1	
Bumetanide	1		Losartan	1	
<b>Bystolic</b>	2		Losartan/Hydrochlorothiazide	1	
<b>Byvalson</b>	2		Methazolamide	1	
Captopril	1		Methyclothia	1	
Captopril/Hydrochlorothiazide	1		Methyldopa	1	
Cartia XT	1		Methyldopa/Hydrochlorothiazide	1	
Carvedilol	1		Metolazone	1	
Chlorothiazide	1		Metoprolol Succinate ER	1	
Chlorthalidone	1		Metoprolol Tartrate	1	
Clonidine Tablet	1		Minoxidil	1	
Diltiazem Sustained-Release Capsule	1		Moexipril	1	
Diltiazem Tablet	1		Moexipril/Hydrochlorothiazide	1	
Doxazosin	1		Nadolol	1	
<b>Edarbi</b>	3	E	Nicardipine	1	
<b>Edarbyclor</b>	3	ST	Nifediac CC	1	
Enalapril	1		Nifedical XL	1	
Enalapril/Hydrochlorothiazide	1		Nifedipine IR/ER	1	
Eprosartan	1	QL	Olmesartan	1	
Ezide	1		Olmesartan/Hydrochlorothiazide	1	
Felodipine	1		Perindopril	1	
Fosinopril	1		Phenoxybenzamine	1	
Fosinopril/Hydrochlorothiazide	1		Pindolol	1	
Furosemide	1		Prazosin	1	
Guanfacine	1		Propranolol/Hydrochlorothiazide	1	
Hydralazine	1		Propranolol IR/ER	1	
Hydrochlorothiazide	1		Quinapril	1	
Indapamide	1		Ramipril	1	
Irbesartan	1	QL	Reserpine	1	
Irbesartan/Hydrochlorothiazide	1	QL	Sotalol	1	
Isradipine	1		Sotalol AF	1	
Labetalol	1		Spirolactone	1	
Lisinopril	1				

Drug Name	Drug Tier	Requirements & Limits
Spirolactone/ Hydrochlorothiazide	1	
Taztia XT	1	
Telmisartan	2	QL
Telmisartan/Hydrochlorothiazide	1	QL
Terazosin	1	QL
Timolol	1	
Torsemide	1	
Trandolapril/Verapamil CR	1	
Triamterene/Hydrochlorothiazide	1	
Valsartan	1	QL
Valsartan/Hydrochlorothiazide	1	QL
Verapamil Sustained-Release Capsule	1	QL
Verapamil Sustained-Release Tablet	1	
Verapamil Tablet	1	

#### Cardiovascular/Heart Disease: High Cholesterol

<b>Antara</b>	3	QL
Atorvastatin	1	H-PA, QL
Cholestyramine	1	
Choline Fenofibrate Capsule	1	E
Colestipol	1	
Ezetimibe	3	QL
Ezetimibe/Simvastatin	3	QL
Fenofibrate 48, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
Fenofibrate Capsule	1	
Fenofibrate Micronized	1	
Fluvastatin	1	QL
Gemfibrozil	1	
<b>Lipofen</b>	3	E
<b>Livalo</b>	3	E, QL
Lovastatin	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
Niacin ER	1	QL
<b>Niaspan</b>	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA, QL
<b>Praluent</b>	M	QL
Pravastatin	1	
Prevalite	1	
Rosuvastatin	1	QL
Simvastatin	1	H-PA
<b>Vascepa</b>	2	
<b>Welchol</b>	2	

#### Cardiovascular/Heart Disease: Other

Amiodarone	1	
Anagrelide	1	
Cilostazol	1	
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
<b>Dilatrate SR</b>	2	
Disopyramide	1	
Flecainide	1	
Isochron	1	
Isoditrate ER	1	
<b>Isordil</b>	2	
Isosorbide Dinitrate IR/ER	1	
Isosorbide Mononitrate IR/ER	1	
Isoxsuprine	1	
Mexiletine	1	
Midodrine	1	
<b>Multaq</b>	3	PA
<b>NitroBid</b>	2	
Nitroglycerin ER	1	
Nitroglycerin Tablet	1	
Nitrolingual Pump Spray	1	

Drug Name	Drug Tier	Requirements & Limits
NitroTime	1	
<b>Norpace CR</b>	2	
<b>Pacerone</b>	3	
Pentoxifylline	1	
Propafenone	1	
Quinidine IR/ER	1	
Ranolazine	1	QL
Sotalol	1	

#### Central Nervous System: Attention Deficit Disorder

<b>Adderall XR</b>	2	AE, QL
Atomoxetine	3	QL
<b>Concerta</b>	2	AE, QL
Dextroamphetamine/ Amphetamine	1	AE, QL
Dextroamphetamine/ Amphetamine Extended-Release	3	AE, E, QL
Dextroamphetamine Sulfate Extended-Release	1	AE, QL
Dextroamphetamine Sulfate Tablet	1	AE, QL
Guanfacine ER	1	AE, QL
<b>Intuniv</b>	3	AE, E, QL
Methylphenidate Controlled- Release Capsule	1	AE, QL
Methylphenidate Tablet	1	AE, QL
<b>Vyvanse</b>	2	AE, QL

#### Central Nervous System: Depression

Amitriptyline	1	
Amoxapine	1	
Bupropion	1	
Bupropion SR	1	H
Bupropion XL	1	QL
Citalopram	1	
Clomipramine	3	
<b>Cymbalta</b>	3	E, QL
Desipramine	1	

Drug Name	Drug Tier	Requirements & Limits
Desvenlafaxine Succinate ER	1	QL
Doxepin	1	
Duloxetine 20, 30, 60 mg	1	QL
Escitalopram	1	
Fluoxetine Capsule (generic <b>Prozac</b> )	1	
Fluvoxamine	1	
<b>Forfivo XL</b>	3	QL
Imipramine	1	
Maprotiline	1	
Mirtazapine, Mirtazapine ODT	1	
Nefazodone	1	
Nortriptyline	1	
Paroxetine Tablet (generic <b>Paxil</b> )	1	
Paroxetine ER	1	QL
<b>Paxil Suspension</b>	2	
Phenelzine	1	
Protriptyline	1	
Sertraline	1	
Tranylcypromine	1	
Trazodone	1	
<b>Trintellix</b>	3	QL, ST
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Extended-Release Tablet	1	QL
<b>Viibryd</b>	3	QL

#### Central Nervous System: Migraine

Acetaminophen/Butalbital/ Caffeine	1	QL
Isometheptene/Acetaminophen/ Dichloralphenazone	1	
Migragesic	1	
<b>Migranal</b>	3	E, PA, QL
Naratriptan	1	QL

Drug Name	Drug Tier	Requirements & Limits
Nodolor	1	
<b>Phrenilin Forte</b>	3	QL
Rizatriptan	1	QL
Sumatriptan Nasal Spray, Tablet	1	QL
<b>Sumavel DosePro</b>	M	
<b>Zecuity</b>	3	E, QL
Zolmitriptan	1	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	3	PA, QL
<b>Avonex</b>	M	QL
<b>Betaseron</b>	M	QL
Dalfampridine	1	PA, QL
<b>Gilenya</b>	3	PA, QL
Glatiramer	M	QL
Glatopa	M	QL
<b>Tecfidera</b>	2	PA, QL
<b>Central Nervous System: Other</b>		
Alprazolam IR/ER	1	QL
Aripiprazole ODT	1	QL
Aripiprazole Solution, Tablet	1	QL
<b>Aristada</b>	M	
Benzotropine	1	
Bromocriptine	1	
Buprenorphine/Naloxone Sublingual Film	1	QL
Buprenorphine/Naloxone Sublingual Tablet	2	QL
Buspirone	1	
Carbidopa/Levodopa IR/ER	1	
Chlordiazepoxide	1	QL
Chlordiazepoxide/Amitriptyline	1	
Chlorpromazine	1	
Clorazepate	1	QL
Clozapine	1	QL

Drug Name	Drug Tier	Requirements & Limits
Compro Suppository	1	
Diazepam	1	
Donepezil, Donepezil ODT	1	
Entaone	1	
Ergoloid Mesylate	1	
Fluphenazine	1	
Galantamine IR/ER	1	
Galantamine Solution	1	QL
Haloperidol	1	
Hydroxyzine	1	
<b>Invega Sustenna, Invega Trinza</b>	M	
<b>Latuda</b>	3	QL
Lithium IR/ER	1	
Lorazepam	1	QL
Loxapine	1	
Memantine Solution, Tablet	1	
Meprobamate	1	
<b>Namzaric</b>	2	QL
Olanzapine, Olanzapine ODT	1	QL
Oxazepam	1	QL
Perphenazine/Amitriptyline	1	
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
<b>Rexulti</b>	3	PA, QL
Risperidone, Risperidone ODT	1	QL
Rivastigmine	1	
Ropinirole	1	
<b>Saphris</b>	2	QL
Thioridazine	1	
Thiothixene	1	
<b>Tiglutik</b>	3	PA
Trifluoperazine	1	



Drug Name	Drug Tier	Requirements & Limits
Trihexyphenidyl	1	
<b>Xyrem</b>	3	PA, QL
<b>Zelapar</b>	3	QL
Ziprasidone	1	QL
<b>Zubsolv</b>	1	QL
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone	1	QL
Flurazepam	1	PA, QL
<b>Silenor</b>	3	QL
Temazepam	1	QL
Triazolam	1	QL
Zaleplon	1	QL
Zolpidem	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine ER Capsules	1	
Carbamazepine IR	1	
Clonazepam, Clonazepam ODT	1	QL
Diazepam Gel	1	QL
Divalproex DR	1	
Epidiolex	3	PA
Epitol	1	
Ethosuximide	1	
Gabapentin	1	
Lamotrigine Chewable, Tablet	1	
Lamotrigine ER	1	
Lamotrigine ODT	3	
Levetiracetam ER	1	
Levetiracetam IR	1	
<b>Lyrica Capsule</b>	2	QL
<b>Lyrica Solution</b>	3	QL
Oxcarbazepine	1	
Phenobarbital	1	
Phenytoin	1	

Drug Name	Drug Tier	Requirements & Limits
Topiragen	1	
Topiramate	1	
Valproic Acid	1	
<b>Vimpat Injection</b>	M	
<b>Vimpat Tablet, Solution</b>	3	PA
Zonisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
Acitretin	1	
Acyclovir	1	
<b>Aczone Gel</b>	3	
Ala Quin	1	
Alclometasone	1	
Alphatrex	1	
Amnesteem	1	
Azelaic Acid	1	
<b>Benzaclin</b>	3	E, QL
Betamethasone	1	
<b>Bryhali</b>	3	E, QL
Calcipotriene-Betamethasone	2	QL
Calcipotriene Ointment	1	QL
Calcitriol Ointment	1	
Cerovel	1	
Ciclodan	1	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	
Clindamycin Gel, Lotion, Swabs	1	
Clindamycin Solution	1	QL
Clobetasol, Clobetasol E	1	
<b>Clobex Lotion, Shampoo</b>	3	E
<b>Clobex Spray</b>	3	E, QL
<b>Cloderm</b>	3	
<b>Cloderm Pump</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Cormax	1	
Crotan	1	
Dermazene	1	
Desonide	1	
Desoximetasone Cream, Gel, Ointment	1	
<b>DrithoScalp</b>	2	
<b>Dupixent</b>	M	QL
Econazole	3	
<b>Elidel</b>	3	QL, ST
<b>Enstilar</b>	3	QL
Ery Pad	1	
Erythromycin	1	
Erythromycin/Benzoyl Peroxide	1	
Ethyl Chloride	1	
<b>Eurax</b>	2	
Exoderm	1	
Fluocinolone	1	
Fluocinonide, Fluocinonide E	1	
<b>Fluoroplex</b>	3	
Fluorouracil Solution, 5% Cream	1	
Fluticasone	1	
Gentamicin	1	
Hydrocortisone	1	
Hypercare	1	
Imiquimod	1	QL
Laclotion	1	
Lidocaine	1	
Lidocaine/Prilocaine	1	
Lindane	1	
Lokara	1	
<b>Metrogel 1%</b>	3	E
Metronidazole 0.75% Cream, Lotion	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Mirvaso</b>	2	QL
Mometasone Furoate	1	
Mupirocin Calcium Cream	1	QL
Mupirocin Ointment	1	
Myorisan	1	
Nystatin	1	
Nystop	1	
<b>Onexton</b>	3	E, QL
<b>Otezla</b>	2	PA, QL
Permethrin	1	
<b>Picato</b>	3	
Podofilox	1	
Pramcort	1	
<b>Pramosone Cream, Ointment</b>	3	
<b>Pramosone E Cream</b>	3	
<b>Pramosone Lotion</b>	3	
<b>Protopic</b>	3	AE, QL, ST
<b>Rhofade</b>	3	PA, QL
Rosadan Cream	1	
Selenium Sulfide	1	
Silver Nitrate	1	
Silver Sulfadiazine	1	
<b>Soolantra</b>	2	
Sulfacetamide Sodium	1	
Sulfacetamide Sodium-Sulfur	1	
<b>Taclonex Ointment</b>	3	E, QL
<b>Taclonex Scalp</b>	3	QL
<b>Taclonex Suspension</b>	3	QL
Tacrolimus Ointment	1	AE, QL
<b>Tazorac</b>	3	AE, QL
Tretinoin Cream	3	AE, QL
Triamcinolone Acetonide Cream, Lotion, Ointment, Paste	1	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Trianex</b>	2	
Triderm	1	
Urea 40% Lotion	1	
<b>Vectical</b>	3	E
Vitazol	1	
Zenatane	1	
<b>Zyclara Cream, Pump</b>	3	QL

#### Diabetes: Blood Glucose Monitoring

<b>Accu-Chek Test Strips</b>	3	PA, QL
<b>Bayer Contour Next Test Strips</b>	2	QL
<b>Bayer Contour Test Strips</b>	3	PA, QL
<b>FreeStyle Test Strips</b>	3	PA, QL
Insulin Pen Needles	2	
<b>Lancing Devices</b> (Lifescan, Roche)	1	QL
<b>Lancets</b> (Lifescan, Roche)	1	QL
<b>Lancets</b>	2	QL
<b>Novofine Autocover Pen Needles</b>	2	
<b>Novofine Pen Needles</b>	2	
<b>Novofine Plus Pen Needles</b>	2	
<b>Novotwist Pen Needles</b>	2	
<b>OneTouch Lancets</b>	1	QL
<b>OneTouch Test Strips</b>	1	QL

#### Diabetes: Insulin

<b>Apidra Solostar, Vials</b>	3	E, QL, ST
<b>Basaglar</b>	1	
<b>Humalog KwikPen</b>	2	
<b>Humalog Mix 50-50 KwikPen</b>	2	
<b>Humalog Mix 50-50 Vial</b>	1	
<b>Humalog Mix 75-25 KwikPen</b>	2	
<b>Humalog Mix 75-25 Vial</b>	1	
<b>Humalog U-200 KwikPen</b>	2	
<b>Humalog Vial</b>	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Humulin 70-30 KwikPen</b>	2	
<b>Humulin 70-30 Vial</b>	1	
<b>Humulin KwikPen</b>	2	
<b>Humulin N KwikPen</b>	2	
<b>Humulin N Vial</b>	1	
<b>Humulin R U-500 KwikPen</b>	2	QL
<b>Humulin R U-500 Vial</b>	1	
<b>Humulin R Vial</b>	1	
<b>Levemir FlexTouch, Vials</b>	3	E, QL
<b>Novolin FlexPen</b>	2	E
<b>Novolin Vials</b> (all formulations)	2	E
<b>Novolog FlexPen, Vials</b> (all formulations)	2	E
<b>Soliqua</b>	2	PA, QL
<b>Tresiba</b>	2	QL
<b>Tresiba FlexTouch</b>	2	QL

#### Diabetes: Non-Insulin

Acarbose	1	
<b>Adlyxin, Adlyxin Starter Pack</b>	3	QL
<b>Bydureon, Bydureon Bcise</b>	2	QL
<b>Byetta</b>	2	QL
Chlorpropamide	1	
<b>Farxiga</b>	3	E, QL, ST
Glimepiride	1	
Glipizide IR/XL	1	
Glipizide/Metformin	1	
<b>Glucagen</b>	2	
<b>Glucagon</b>	2	QL
<b>Glumetza</b>	3	PA
Glyburide	1	
Glyburide/Metformin	1	
<b>Glyxambi</b>	2	QL, ST
<b>Invokamet, Invokamet XR</b>	2	QL
<b>Invokana</b>	2	QL, ST

Drug Name	Drug Tier	Requirements & Limits
Januvia	3	QL, ST
Jardiance	2	QL, ST
Jentaduetto	2	QL
Jentaduetto XR	2	QL
Juvisync	2	QL, ST
Kazano	2	QL
Kombiglyze XR	2	QL
Metformin	1	
Metformin Extended-Release (generic <b>Glucophage XR</b> )	1	
Nateglinide	1	QL
Nesina	2	QL
Onglyza	2	QL
Oseni	2	QL
Ozempic	3	QL
Pioglitazone	1	QL
Pioglitazone/Glimepiride	1	QL, ST
Pioglitazone/Metformin	1	QL, ST
Repaglinide	1	QL, ST
Symlin	3	PA
Synjardy	2	QL
Synjardy XR	2	QL
Tanzeum	2	
Tolazamide	1	ST
Tolbutamide	1	ST
Tradjenta	2	QL
Trulicity	3	QL
Victoza (2 pen pack)	2	QL
Victoza (3 pen pack)	3	QL
<b>Endocrine: Growth Hormone</b>		
Lupron Depot	M	
Nutropin AQ, Nutropin AQ NuSpin	M	

Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Other</b>		
<b>Asmalpred, Asmalpred Plus</b>	2	
Calcitriol	1	
Cortisone	1	
Desmopressin	1	
Dexamethasone	1	
Fludrocortisone	1	
Hydrocortisone Tablet	1	
<b>Medrol 2 mg</b>	2	
Methylprednisolone	1	
Millipred Tablet	1	
<b>Nocdurna</b>	3	PA, QL
Paricalcitol	1	
Prednisolone Solution, Tablet	1	
Prednisone	1	
<b>TaperDex</b>	3	
<b>Endocrine: Thyroid Hormone Replacement</b>		
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium	1	
Methimazole	1	
Propylthiouracil	1	
<b>Synthroid</b>	2	
<b>Tirosint</b>	3	
<b>Tirosint-SOL</b>	3	
Unithroid	1	
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Solution	1	
Cromolyn	1	
Epinastine	1	E
<b>Lastacft</b>	3	QL
Naphazoline 0.1%	1	
Olopatadine 0.1%	1	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Pataday</b>	3	E
Phenylephrine	1	
<b>Eye Conditions: Antibiotics</b>		
<b>Azasite</b>	3	
Bacitracin	1	
Bacitracin/Polymyxin	1	
<b>Besivance</b>	3	
<b>Ciprodex</b>	3	
Ciprofloxacin	1	
Erythromycin	1	H-PA
Gentamicin	1	
Ilotycin	1	
<b>Moxeza</b>	2	
Moxifloxacin	1	
<b>Natacyn</b>	2	
Neomycin/Bacitracin/Polymyxin	1	
Neomycin/Polymixin/Gramicidin	1	
Ofloxacin	1	
Polymyxin B/Trimethoprim	1	
Sulfacetamide Sodium	1	
<b>Tobradex Ointment</b>	3	
Tobramycin/Dexamethasone	1	
Tobramycin Ophth Solution	1	E
<b>Tobrex</b>	3	E
Trifluridine	1	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	QL
<b>Azopt</b>	2	QL
Betaxolol	1	
<b>Betimol</b>	3	QL
<b>Betoptic-S</b>	3	
Carteolol	1	
<b>Combigan</b>	2	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Cosopt, Cosopt PF</b>	3	
Dorzolamide	1	QL
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Levobunolol	1	
<b>Lumigan</b>	2	QL
Metipranolol	1	
<b>Simbrinza</b>	2	QL
Timolol Maleate	1	
<b>Timoptic Ocudose</b>	2	
<b>Travatan Z</b>	2	QL
<b>Vyzulta</b>	3	E, QL, ST
<b>Zioptan</b>	3	QL
<b>Eye Conditions: Other</b>		
Atropine	1	
<b>Blephamide SOP</b>	3	
Brimonidine	1	
Cyclopentolate	1	
Dexamethasone	1	
Diclofenac	1	
Fluorometholone	1	
Flurbiprofen	1	
Homatropine	1	
<b>Iso Carbachol</b>	2	
<b>Iso Homatropine</b>	2	
Ketorolac	1	
Neomycin/Bacitracin/Polymyxin/ Hydrocortisone	1	
Neomycin/Polymixin/ Dexamethasone	1	
<b>Phospholine</b>	2	
<b>Pred Mild</b>	3	
Prednisolone Solution, Tablet	1	
Proparacaine	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Restasis</b>	2	PA
Sulfacetamide Sodium/ Prednisolone	1	
Tetracaine	1	
Tropicamide	1	
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
Cimetidine	1	
<b>Dexilant</b>	2	QL
Misoprostol	1	
Nizatidine	1	
<b>Omeclamox-Pak</b>	2	QL
Omeprazole	1	QL
Pantoprazole	1	QL
<b>Pylera</b>	2	QL
Sucralfate Tablet	1	
<b>Gastrointestinal: Nausea/Vomiting</b>		
<b>Akynzeo</b>	3	
<b>Antivert 50 mg</b>	2	
Dronabinol	1	
Ondansetron	1	QL
Ondansetron ODT	1	
Promethazine	1	
Trimethobenzamide	1	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	3	PA, QL
<b>Analpram Advanced</b>	3	
<b>Analpram-HC Cream</b>	3	
<b>Analpram-HC Lotion</b>	3	
<b>Analpram-HC Shingles</b>	3	
<b>Apriso</b>	2	
<b>Auryxia</b>	3	

Drug Name	Drug Tier	Requirements & Limits
B-donna	1	
Belladonna Alkaloids/ Phenobarbital	1	
Budesonide Delayed-Release Capsule	1	
Calcium Acetate	1	
<b>Clenpiq</b>	3	
<b>Cortifoam</b>	2	
<b>Creon</b>	2	
Dicyclomine	1	
<b>Dificid</b>	3	
<b>Digex NF</b>	2	
<b>Dipentum</b>	3	
Diphenoxylate/Atropine	1	
Gavilyte	1	H, QL
<b>Halflytely</b>	3	
Hyoscyamine	1	
Lactulose	1	
<b>Lialda</b>	2	
<b>Linzess</b>	2	PA, QL
Mesalamine Enema, Suppository	1	
Metoclopramide Solution, Tablet	1	
<b>Movantik</b>	3	E, PA, QL
<b>Moviprep</b>	3	QL
Pancrelipase	1	
Paregoric Tincture	1	
<b>Pentasa</b>	3	E
<b>Plenvu</b>	3	
Polyethylene Glycol 3350	1	H, QL
<b>Prepopik</b>	3	QL
Propantheline	1	
Sevelamer (generic <b>Renvela</b> )	1	
<b>Sucraid</b>	2	
Sulfasalazine	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Suprep</b>	3	QL
<b>Symproic</b>	2	PA, QL
Trilyte	1	QL
<b>Uceris Foam</b>	2	
<b>Uceris Tablet</b>	3	
Ursodiol	1	
<b>Viberzi</b>	3	PA, QL
<b>Zenpep</b>	2	
HIV/AIDS		
Abacavir	1	
Abacavir/Lamivudine	1	
<b>Aptivus</b>	2	
Atazanavir Capsule	1	
<b>Atripla</b>	2	
<b>Biktarvy</b>	2	
<b>Cimduo</b>	2	
<b>Complera</b>	2	
<b>Crixivan</b>	2	
<b>Delstrigo</b>	2	
<b>Descovy</b>	2	
Didanosine	1	
<b>Dovato</b>	2	
<b>Edurant</b>	2	
Efavirenz	1	
<b>Emtriva</b>	2	
<b>Epivir Solution</b>	2	
<b>Evotaz</b>	2	
Fosamprenavir	1	
<b>Fuzeon</b>	2	QL
<b>Genvoya</b>	2	
<b>Intelence</b>	2	
<b>Invirase</b>	2	
<b>Isentress</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Juluca</b>	2	
<b>Kaletra Tablet</b>	2	
Lamivudine	1	
Lamivudine/Zidovudine	1	
Lopinavir-Ritonavir Solution	1	
Nevirapine	1	
<b>Norvir Capsule, Powder Packet, Solution</b>	2	
<b>Odefsey</b>	2	
<b>Pifeltro</b>	2	
<b>Prezcobix</b>	2	
<b>Prezista</b>	2	
<b>Rescriptor</b>	2	
<b>Retrovir</b>	2	
<b>Reyataz Powder Packet</b>	2	
Ritonavir Tablet	1	
<b>Selzentry</b>	2	PA
Stavudine Capsule	1	
<b>Stribild</b>	2	
<b>Symfi</b>	2	
<b>Symfi Lo</b>	2	
<b>Symtuza</b>	2	
Tenofovir Tablet	1	
<b>Tivicay</b>	2	
<b>Triumeq</b>	2	
<b>Trizivir</b>	3	
<b>Truvada</b>	2	
<b>Videx Solution</b>	2	
<b>Viracept</b>	2	
<b>Viread Oral Powder</b>	2	
<b>Vitekta</b>	2	
<b>Zerit Solution</b>	2	
Zidovudine	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility</b>		
Cetrotide	M	QL
Clomiphene	1	
Endometrin	2	PA
Gonal-F	M	
Gonal-F RFF	M	
Ovidrel	M	
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
Cimzia	M	QL
Cosentyx	M	
D-Penaminate	2	
Depen	2	
Humira	M	QL
Hydroxychloroquine Sulfate	1	
Kevzara	M	QL
Leflunomide	1	QL
Methotrexate	1	
Olumiant	2	PA, QL
Orencia	M	
Otrexup	M	
Rasuvo	M	
Remicade	M	
Rheumatrex	3	
Rinvoq	2	PA
Simponi	M	QL
Stelara	M	QL
Trexall	3	
Xeljanz, Xeljanz XR	2	PA, QL
<b>Medications for Sexual Dysfunction</b>		
Invexxy	3	QL
Levitra	3	PA, QL
Osphena	3	PA, QL
Sildenafil Tablet (generic <b>Viagra</b> )	3	PA, QL
Tadalafil (generic <b>Cialis</b> )	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Men's Health: Prostate</b>		
Alfuzosin	1	
Doxazosin	1	
Dutasteride	1	
Dutasteride/Tamsulosin	1	
Finasteride	1	
<b>Rapaflo</b>	3	
Tadalafil 2.5, 5 mg	3	PA, QL
Tamsulosin	1	
Terazosin	1	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA, QL
<b>Androgel 1%</b>	3	PA, QL
Androxy	1	
<b>Testim</b>	3	PA, QL
Testosterone 1% Gel Pump	1	PA, QL
Testosterone 1.62% Gel	1	PA, QL
Testosterone 2% Gel	3	PA, QL
<b>Testred</b>	3	
<b>Miscellaneous</b>		
Acetic Acid Otic	1	
Acetylcysteine	1	
<b>Aerochamber</b>	2	QL
Albendazole	3	PA, QL
<b>Alinia</b>	2	
Anastrozole	1	
Antipyrine/Benzocaine	1	
Anucort-HC	1	
<b>Aranesp</b>	M	
<b>Austedo</b>	2	PA, QL
Benznidazole	2	PA, QL
Benzocaine Otic	1	
Benzonatate	1	



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Bunavail</b>	3	PA, QL	Letrozole	1	
<b>Cerdelga</b>	3	PA	Lidocaine Viscous	1	
<b>Cetylev</b>	3		<b>Lokelma</b>	3	E, QL
Chloroquine	1		Mebendazole	1	
Citric Acid/Sodium Citrate	1		Mefloquine	1	
<b>Cystagon</b>	2		Megestrol AC	1	
Danazol	1		<b>Mephyton</b>	2	
<b>Daraprim</b>	3	PA	Methylergonovine	1	QL
Difil-G Forte Liquid	1		<b>Mupleta</b>	2	PA, QL
Disulfiram	1		<b>Multigen Folic</b>	2	
<b>Easivent</b>	2	QL	<b>Multigen Plus</b>	2	
<b>Elmiron</b>	2		Naltrexone	1	
<b>Emverm</b>	3	PA, QL	<b>Narcan Nasal Spray</b>	2	
Epinephrine Auto-injector (generic <b>Epipen, Epipen Jr</b> )	1	QL	<b>Nessi Spacer</b>	2	QL
Ergocalciferol 50,000 Unit Capsule	1		<b>Nityr</b>	2	PA
<b>Euflexxa</b>	M		<b>Nuwiq</b>	M	
Exemestane	1		<b>Optihaler</b>	2	QL
<b>EZ Spacer</b>	2	QL	<b>Orkambi</b>	2	PA, QL
<b>Fosrenol</b>	3	E	Phenazopyridine	1	
<b>Granix</b>	M		Phytonadione	3	QL
Guaifenesin/Codeine	1		Pilocarpine	1	
<b>Guanidine</b>	2		Praziquantel	1	
Hydrocodone/Homatropine	1	AE, QL	Primaquine	1	
Hydrocortisone/Acetic Acid Otic	1		<b>Procrit</b>	M	
Hydrocortisone Pramoxine	1		Proctocream HC	1	
Hydrocortisone Suppository	1		<b>Proctofoam HC</b>	2	
<b>Hypersal Nebbs</b>	2		Proctosol HC	1	
<b>Impavido</b>	2	PA	Proctozone HC	1	
<b>Inspirease</b>	2		<b>Proglycem</b>	2	
<b>Jynarque</b>	2	PA, QL	Promethazine/Codeine	1	AE, QL
<b>Krintafel</b>	1	QL	Promethazine/Dextromethorphan	1	
<b>Kuvan</b>	2	PA, QL	Promethazine Suppository	1	
			Promethazine VC/Codeine	1	AE, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Pulmozyme</b>	2	PA, QL
Pyridostigmine	1	
<b>Rezira</b>	3	
<b>Samsca</b>	2	PA, QL
Sodium Polystyrene Sulfonate Powder	1	
<b>SSKI</b>	2	
<b>Strensiq</b>	M	
<b>Symdeko</b>	2	PA, QL
<b>Symjepi</b>	2	QL
<b>Synarel</b>	2	
<b>Synvisc</b>	M	
<b>Synvisc One</b>	M	
Triamcinolone/Orabase	1	
<b>Tuzistra XR</b>	3	AE, E, QL
<b>Velphoro</b>	2	
<b>Veltassa</b>	3	PA, QL
<b>Vistogard</b>	2	
Vitamin D 50,000 Unit	1	
<b>Vortex</b>	2	QL
<b>WatchHaler</b>	2	QL
<b>Xuriden</b>	2	PA, QL
<b>Yodoxin</b>	2	
<b>Zarxio</b>	M	
<b>Zutripro</b>	3	AE, E, QL
<b>Musculoskeletal: Osteoporosis</b>		
<b>Actonel</b>	3	E
Alendronate Oral Solution	1	QL
Alendronate Tablet	1	QL
<b>Binosto</b>	3	QL
Calcitonin Spray	1	QL
<b>Forteo</b>	M	
<b>Fortical</b>	3	QL
Ibandronate	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Musculoskeletal: Other</b>		
Allopurinol	1	
Baclofen	1	
Carisoprodol	1	
<b>Colcrys</b>	2	
Cyclobenzaprine Tablet	1	
Dantrolene	1	
Febuxostat	1	QL, ST
<b>Lorzone</b>	3	
Methocarbamol	1	
Orphenadrine/Aspirin/Caffeine	1	
Orphenadrine ER	1	
Probenecid	1	
Tizanidine Tablet	1	
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen/Codeine	1	
Ascomp/Codeine	1	
<b>Belbuca</b>	3	PA, QL
Butalbital/Acetaminophen	1	
Butalbital/Acetaminophen/Caffeine	1	QL
Butalbital/Acetaminophen/Caffeine/Codeine	1	QL
Butalbital/Aspirin/Caffeine Capsule	1	
Butalbital/Aspirin/Caffeine/Codeine	1	
Celecoxib	3	QL
Choline Magnesium Trisalicylate	1	
Codeine	1	
Diclofenac Sodium	1	
Diflunisal	1	
Duraxin	1	
Etodolac IR/ER	1	
Fenoprofen	3	E, QL

Drug Name	Drug Tier	Requirements & Limits
Fentanyl Lozenge	1	PA, QL
Fentanyl Patch 12, 25, 50, 75, 100 mcg	1	PA, QL
<b>Flector Patch</b>	3	E, QL
Flurbiprofen	1	
Fortigan	1	
<b>Gralise</b>	3	QL, ST
Hydrocodone/Acetaminophen (generic <b>Norco</b> )	1	
Hydrocodone/Ibuprofen	1	
Hydromorphone IR	1	QL
Ibuprofen	1	
<b>Indocin Suppository</b>	2	QL
Indomethacin IR/ER	1	
Ketoprofen ER	3	
Ketoprofen IR	1	
Ketorolac	1	QL
Levorphanol	3	QL
Meclofenamate	1	
Meloxicam	1	
Meperidine	1	
Methadone Tablet, Oral Solution	1	PA, QL
Morphine Sulfate Controlled-Release Tablet	1	PA, QL
Morphine Sulfate Immediate-Release Tablet, Solution	1	
Nabumetone	1	
Naproxen	1	
<b>Nucynta</b>	3	QL
<b>Nucynta ER</b>	3	PA, QL
Oxaprozin	1	
Oxycodone IR	1	
Oxycodone/Acetaminophen	1	
Oxymorphone	1	QL
Pentazocine/Naloxone	1	
Piroxicam	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Roxybond</b>	3	E, QL
Salsalate	1	
Sulindac	1	
<b>Tivorbex</b>	3	E
Tolmetin	1	
Tramadol	1	
<b>Trezix</b>	3	E, QL
<b>Vivlodex</b>	3	E, QL
<b>Voltaren Gel</b>	2	QL
<b>Xtampza ER</b>	2	PA, QL
<b>Zohydro ER</b>	3	PA, QL
<b>Zorvolex</b>	3	E
<b>Overactive Bladder</b>		
Bethanechol	1	
<b>Myrbetriq</b>	3	E
Oxybutynin	1	
Oxybutynin Extended-Release	1	
<b>Toviaz</b>	3	
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	3	QL
<b>Advair HFA</b>	3	QL
<b>Aerospan</b>	3	QL
Albuterol Sulfate	1	
<b>Alvesco</b>	1	QL
Aminophylline	1	
<b>Arcapta Neohaler</b>	3	QL
<b>Arnuity Ellipta</b>	3	QL
<b>Asmanex HFA, Asmanex Twisthaler</b>	1	QL
<b>Atrovent HFA</b>	3	QL
<b>Bevespi Aerosphere</b>	2	QL
<b>Breo Ellipta</b>	3	QL
Budesonide Nebbs	1	QL
<b>Combivent Respimat</b>	2	QL
Cromolyn Nebbs	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Flovent Diskus</b>	3	QL
<b>Flovent HFA</b>	3	QL
Fluticasone/Salmeterol 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2	QL
<b>Foradil</b>	2	QL
<b>Incruse Ellipta</b>	2	QL
Ipratropium	1	
Ipratropium/Albuterol Nebs	1	
<b>Lonhala Magnair</b>	3	E, PA, QL
Montelukast	1	QL
<b>Perforomist</b>	3	QL
<b>Proair HFA</b>	3	QL, ST
<b>Proair RespiClick</b>	3	QL
<b>Pulmicort</b>	3	E, QL
<b>Pulmicort Flexhaler</b>	3	QL, ST
<b>QVAR RediHaler</b>	1	QL
<b>Serevent</b>	2	QL
<b>Spiriva HandiHaler, Respimat</b>	2	QL
<b>Striverdi Respimat</b>	2	QL
<b>Symbicort</b>	3	QL
Terbutaline	1	
Theophylline SR	1	
<b>Trelegy Ellipta</b>	2	QL
<b>Tudorza Pressair</b>	3	E, QL
<b>Ventolin HFA</b>	2	QL
<b>Xopenex HFA</b>	3	QL
Zafirlukast	1	
<b>Respiratory: Nasal Allergies</b>		
Azelastine 0.1% Solution	1	QL
<b>Dymista Spray</b>	2	E, QL
Flunisolide	1	QL
Fluticasone Propionate	1	QL
Ipratropium	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Omnaris</b>	3	E, QL
<b>QNasi</b>	3	QL
<b>Veramyst</b>	3	E, QL
<b>Zetonna</b>	3	E, QL
<b>Respiratory: Oral Allergies</b>		
Carbinoxamine Solution, 4 mg Tablet	1	
Clemastine	1	
Cyproheptadine	1	
Hydroxyzine	1	
Levocetirizine	1	
Promethazine	1	
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
Ambrisentan	1	PA, QL
<b>Adempas</b>	2	PA, QL
Bosentan	1	PA, QL
<b>Opsumit</b>	2	PA, QL
<b>Orenitram</b>	3	PA, QL
Sildenafil Tablet 20 mg (generic <b>Revatio</b> )	1	PA, QL
<b>Smoking Cessation</b>		
Bupropion Sustained-Release Tablet	1	H
<b>Chantix Tablet</b>	3	H
<b>Nicoderm CQ</b>	3	H
<b>Nicorette Gum</b>	3	H
<b>Nicorette Lozenge</b>	3	H
<b>Nicorette Mini-Lozenge</b>	3	H
Nicotine Gum	1	H
Nicotine Lozenge	1	H
Nicotine Patch	1	H
<b>Nicotrol Inhaler</b>	3	H
<b>Nicotrol Nasal Spray</b>	3	H
Thrive Gum	1	H

Drug Name	Drug Tier	Requirements & Limits
<b>Transplant</b>		
Azathioprine	1	
Cyclosporine, Cyclosporine Modified	1	
Gengraf	1	
Tacrolimus	1	
<b>Vitamins/Electrolytes</b>		
Fluoride Chewable Tablet, Drops	1	H
Folic Acid 1 mg	1	
Klor-Con 10	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
<b>Women's Health: Contraceptives</b>		
Afirmelle	1	H
Aftera	1	H
Altavera	1	H
Alyacen	1	H
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aubra EQ	1	H
Aurovela	1	H
Aurovela FE	1	H
Aviane	1	H
Ayuna	1	H
Azurette	1	H
<b>Balcoltra</b>	3	H
Balziva	1	H
Bekyree	1	H
Blisovi FE	1	H
Briellyn	1	H
Camila	1	H

Drug Name	Drug Tier	Requirements & Limits
<b>Caya</b>	1	H
Caziant	1	H
Chateal	1	H
Chateal EQ	1	H
Cryselle	1	H
Cyclafem	1	H
Cyred	1	H
Dasetta	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel/Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol/Levomefolate	3	H
EContra EZ	1	H
EContra One-Step	1	H
Elinest	1	H
Ella	1	H, QL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Ethinodiol Diacetate/Ethinyl Estradiol	1	H
Falmina	1	H
Femynor	1	H
Gianvi	1	H
Gildagia	1	H
Heather	1	H
Implanon	1	H
Incassia	1	H
Introvale	1	H
Isibloom	1	H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Jasmiel	1	H	Mibelas 24 FE	3	H
Jencycla	1	H	Microgestin	1	H
Jolessa	1	H	Microgestin FE	1	H
Jolivette	1	H	Mili	1	H
Juleber	1	H	Mono-Linyah	1	H
Junel	1	H	MonoNessa	1	H
Junel Fe	1	H	My Choice	1	H
Kalliga	1	H	My Way	1	H
Kariva	1	H	Myzilra	1	H
Kelnor 1/35, 1/50	1	H	<b>Natazia</b>	2	H
Kimidess	1	H	Necon 0.5/35, 1/50, 10/11	1	H
Kurvelo	1	H	New Day	1	H
Larin, Larin FE	1	H	Next Choice One Dose	1	H
Larissia	1	H	Nikki	1	H
Leena	1	H	Nora-BE	1	H
Lessina	1	H	Norethindrone	1	H
Levonest	1	H	Norethindrone/Ethinyl Estradiol	1	H
Levonorgestrel	1	H, QL	Norgestimate/Ethinyl Estradiol	1	H
Levonorgestrel/Ethinyl Estradiol	1	H	Norethindrone/Ethinyl Estradiol/ Ferrous Fumarate	1	H
Levonorgestrel/Ethinyl Estradiol (generic <b>Quartette</b> )	3	H	Norgestrel/Ethinyl Estradiol	1	H
Levora-28	1	H	Norlyda	1	H
Lillow	1	H	Norlyroc	1	H
<b>Lo Loestrin</b>	3	H	Nortrel	1	H
Lo-Zumandimine	1	H	<b>Nuvaring</b>	2	H
<b>Loestrin</b>	2		Ocella	1	H
Loryna	1	H	Ogestrel	1	
Low-Ogestrel	1	H	Opcicon One-Step	1	H
Lutera	1	H	Option 2	1	H
Lyza	1	H	Orsythia	1	H
Marlissa	1	H	Philith	1	H
Medroxyprogesterone Acetate Injection	1	H, PA	Pimtrea	1	H
Melodetta 24 FE	3	H	<b>Plan B One Step</b>	1	H

Drug Name	Drug Tier	Requirements & Limits
Portia	1	H
Previfem	1	H
Primella	1	H
Quasense	1	H
React	1	H
Reclipsen	1	H
Setlakin	1	H
Sharobel	1	H
Simliya	1	H
<b>Slynd</b>	3	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Take Action	1	H
Tarina FE	1	H
<b>Taytulla</b>	3	H
Tri Femynor	1	H
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Mili	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Tri-Vylibra	1	H
Trinessa	1	H
Trinessa Lo	3	H
Trivora-28	1	H
Tulana	1	H
Tydemy	3	H
Velivet	1	H
Vestura	1	H
Vienva	1	H
Viorele	1	H
Vyfemla	1	H
Vylibra	1	H

Drug Name	Drug Tier	Requirements & Limits
Wera	1	H
<b>Wide-Seal</b>	1	H
Xulane	1	H
<b>Yasmin 28</b>	3	E, H
<b>Yaz</b>	3	E, H
Zarah	1	H
Zovia	1	H
Zumandimine	1	H
<b>Women's Health: Hormone Replacement</b>		
Amabelz	1	
<b>Bijuva</b>	3	
<b>Cenestin</b>	3	QL
<b>Climara Pro</b>	2	QL
Covaryx, Covaryx HS	1	QL
<b>Divigel</b>	3	
<b>Duavee</b>	2	QL
<b>Elestrin</b>	3	
<b>Enjuvia</b>	3	
Estradiol Tablet	1	
Estradiol Twice Weekly Patch (generic <b>Minivelle</b> )	1	QL
Estradiol Twice Weekly Patch (generic <b>Vivelle-Dot</b> )	3	E, QL
Estradiol Weekly Patch	1	QL
Estrogen/Methyltestosterone, Estrogen/Methyltestosterone HS	1	QL
Estropipate	1	
<b>Evamist</b>	3	
Fyavolv	1	
<b>Intrarosa</b>	3	
Jinteli	1	
Lopreeza	1	
<b>Makena</b>	M	
Medroxyprogesterone	1	
<b>Menest</b>	2	
Mimvey	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Minivelle</b>	3	E, QL
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
<b>Premarin</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
<b>Vivelle-Dot</b>	2	QL
Yuvaferm	1	
<b>Women's Health: Miscellaneous</b>		
Raloxifene	1	H-PA, QL
Tamoxifen	1	H-PA
<b>Women's Health: Prenatal Vitamins</b>		
<b>Brand Prenatal Vitamins/Folic Acid 1 mg</b>	2	
Generic Prenatal Vitamins/Folic Acid 1 mg	1	



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**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)**សំដៅនូវភាសាដើមរបស់អ្នកនិយាយគឺមានសំរាប់អ្នក។ 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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