

# Your 2020 Prescription Drug List

## Advantage 3-Tier



Effective September 1, 2020

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



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## Understanding your Prescription Drug List (PDL)

### What is a PDL?

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

### How do I use my PDL?

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

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set 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 2-3 times 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 be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

### **Who decides which medications are covered?**

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

### **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 decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

### Tier information.

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

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic 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 brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Reading your PDL (continued)

### Drug list information.

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

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

Lower-cost options are available and covered.

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

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

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

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

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

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

**QL** **Quantity Limits**

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

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

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

**SP** **Specialty Medication**

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

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

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

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

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



## Reading your PDL (continued)

### Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to see 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 set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer's medical benefit plan.

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

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

#### **Infertility**

Coverage is set 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 or where a state mandates infertility drug coverage.

This is not a covered benefit for Neighborhood Health Plan.

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

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



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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DVORAH	E	QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	E	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	3	
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, ST, QL
premium lidocaine	2	QL
PRIMLEV	E	

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

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXICODONE ORAL TABLET 5 MG	3	
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
TYLENOL WITH CODEINE #3	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	E	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOXYDOL ER	3	PA, ST, QL
ZYLKID	E	PA, QL

#### Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	2	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	

Drug Name	Drug Tier	Requirements & Limits
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
VIVLODEX	E	QL
ZIPSOR	E	

#### Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection solution	1	

Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	2	QL

### Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA

Drug Name	Drug Tier	Requirements & Limits
DIFICID	3	QL
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxylene nl oral capsule 100 mg	1	
mondoxylene nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
mupirocin external	1	QL	DEPAKOTE ER	3	PA, ST
nitrofurantoin macrocrystal oral	1		DEPAKOTE SPRINKLES	3	PA, ST
nitrofurantoin monohydrate macrocrystals	1		divalproex sodium er	2	
NUVESSA	E		divalproex sodium oral capsule delayed release sprinkle	2	
okebo	E		divalproex sodium oral tablet delayed release	1	
penicillin v potassium	1		epitol	1	
sulfamethoxazole-trimethoprim oral	1		gabapentin oral	1	
sulfatrim pediatric	1		KEPPRA ORAL	3	PA, ST
vandazole	2		KEPPRA XR	3	PA, ST
VIBRAMYCIN ORAL CAPSULE	3		LAMICTAL	3	PA, ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3		LAMICTAL ODT ORAL KIT	3	PA, ST
XEPI	3	QL	LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
XIMINO	E	PA	LAMICTAL STARTER	3	PA, ST
ZITHROMAX ORAL	3		LAMICTAL XR	3	PA, ST
ZITHROMAX TRI-PAK	3		lamotrigine er	3	PA, ST
ZITHROMAX Z-PAK	3		lamotrigine oral tablet	1	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>			lamotrigine oral tablet chewable	1	
BEVYXXA	3	QL	lamotrigine oral tablet dispersible	3	PA, ST
COUMADIN	3		levetiracetam er	2	
ELIQUIS	2	QL	levetiracetam oral	1	
enoxaparin sodium	2	QL	NAYZILAM SPRAY 5 MG	3	PA, QL
jantoven	1		NEURONTIN	3	PA, ST
PRADAXA	2	QL	oxcarbazepine	1	
warfarin sodium oral	1		OXTELLAR XR	E	PA, ST
XARELTO	2	QL	roweepra	1	
<b>Anticonvulsants - Drugs for Seizures</b>			roweepra xr	2	
carbamazepine er oral capsule extended release 12 hour	2		SPRITAM	E	PA, ST
carbamazepine er oral tablet extended release 12 hour	3		subvenite	1	
carbamazepine oral	1		TEGRETOL	3	
CARBATROL	3		TEGRETOL-XR	3	
DEPAKOTE	3	PA, ST	TOPAMAX	3	PA, ST
			TOPAMAX SPRINKLE	3	PA, ST
			topiramate er	E	PA, ST

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
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	

#### Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

#### Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL

#### Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	

Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	3	
VARUBI (180 MG DOSE)	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL

#### Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
ketodan external foam	3	QL
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	

Drug Name	Drug Tier	Requirements & Limits
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ZYLOPRIM	3	

#### Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL

#### Antineoplastics - Drugs for Cancer

anastrozole oral	1	
bexarotene	E	SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP



Drug Name	Drug Tier	Requirements & Limits
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
ZEJULA	2	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	QL
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	

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

carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
NOURIANZ ORAL TABLET	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	

Drug Name	Drug Tier	Requirements & Limits
SINEMET	3	

#### Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	3	QL

#### Antipsychotics - Drugs for Mood Disorders

ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	2	QL

#### Antivirals - Drugs for Viral Infections

acyclovir oral	1	
ATRIPLA	E	ST, QL, SP
BARACLUDE ORAL SOLUTION	2	SP
CIMDUO	2	QL, SP
DESCOVY	E	ST, QL, SP
DOVATO	2	QL, SP
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL, SP
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	QL, SP
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
ODEFSEY	3	QL, SP
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	2	SP
SITAVIG	E	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL, SP
SYMFI	2	QL, SP
SYMFI LO	2	QL, SP
TEMIKYS	E	QL, SP
tenofovir disoproxil fumarate	2	SP
TIVICAY	3	SP
TRIUMEQ	2	QL, SP
TRUVADA	3	H-PA, QL, SP
valacyclovir hcl oral	1	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	

Drug Name	Drug Tier	Requirements & Limits
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	
ALDACTONE	3	
aliskiren fumarate	3	
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
atenolol oral	1		EDARBI	3	
atenolol-chlorthalidone	1		EDARBYCLOR	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA	enalapril maleate oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL	EPANED	3	PA
AVALIDE	3		EZALLOR SPRINKLE	3	PA
AVAPRO	3		ezetimibe	2	
benazepril hcl oral	1		ezetimibe-simvastatin	3	
benazepril-hydrochlorothiazide	1		fenofibrate oral capsule 150 mg, 50 mg	E	
BIDIL	2		fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
bisoprolol fumarate	1		fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
bisoprolol-hydrochlorothiazide	1		flecainide acetate	1	
BYSTOLIC	2		FLOLIPID	3	PA
CALAN SR	3		furosemide oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E		gemfibrozil oral	1	
CARDURA	3		GONITRO	E	QL
CAROSPIR	3	PA	guanfacine hcl	1	
cartia xt	2		HEMANGEOL	E	
carvedilol	1		hydralazine hcl oral	1	
CATAPRES	3		hydrochlorothiazide oral	1	
chlorthalidone	1		HYZAAR	3	
clonidine hcl oral	1		irbesartan	1	
colesevelam hcl	E		irbesartan-hydrochlorothiazide	1	
COREG	3		isosorbide mononitrate	1	
CORGARD	3		isosorbide mononitrate er	1	
CORLANOR	3	PA, QL	KAPSPARGO SPRINKLE	3	
COZAAR	3		labetalol hcl oral	1	
diltiazem hcl er coated beads	2		LASIX	3	
diltiazem hcl er oral capsule extended release 12 hour	1		LIPOFEN	E	
diltiazem hcl oral	1		lisinopril oral	1	
dilt-xr	1		lisinopril-hydrochlorothiazide	1	
doxazosin mesylate oral	1		LOPID	3	
DYAZIDE	3		LOPRESSOR	3	
			losartan potassium	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
losartan potassium-hctz	1		olmesartan medoxomil-hctz	2	
LOTENSIN	3		omega-3-acid ethyl esters	3	
LOTENSIN HCT	3		PACERONE ORAL TABLET 100 MG, 400 MG	3	
LOTREL	3		pacerone oral tablet 200 mg	1	
lovastatin	1	H	PRALUENT	2	PA, ST, QL
matzim la	2		PRAVACHOL	3	
MAXZIDE	3		pravastatin sodium	1	
MAXZIDE-25	3		prazosin hcl oral	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PRINIVIL	3	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PROCARDIA	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		PROCARDIA XL	3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		propranolol hcl er	2	
MINIPRESS	3		propranolol hcl oral	1	
minitran	1		QBRELIS	3	PA
MULTAQ	3	PA	quinapril hcl	1	
nadolol oral	1		ramipril	1	
niacin (antihyperlipidemic)	2		ranolazine er	2	
niacin er (antihyperlipidemic)	3		REPATHA	2	PA, ST, QL
niacor	2		rosuvastatin calcium	2	QL
NIASPAN	2		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nifedipine er	1		simvastatin oral tablet 80 mg	1	
nifedipine er osmotic release	1		sotalol hcl oral	1	
nifedipine oral	1		SOTYLIZE	3	PA
NITRO-BID	2		spironolactone oral	1	
NITRO-DUR	3		TEKTURNA	3	
nitroglycerin sublingual	1		TEKTURNA HCT	3	
nitroglycerin transdermal	1		telmisartan	2	
nitroglycerin translingual	E	QL	TOPROL XL	3	
NITROMIST	3	QL	toremide	1	
NITROSTAT	3		triamterene-hctz	1	
nitro-time	1		valsartan	2	
olmesartan medoxomil oral	2		valsartan-hydrochlorothiazide	1	
			VASCEPA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
verapamil hcl er oral tablet extended release	1		methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	PA, QL
verapamil hcl oral	1		methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
VERELAN	3		methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
VERELAN PM	3		methylphenidate hcl oral solution	1	PA
WELCHOL	2		methylphenidate hcl oral tablet	1	PA
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		methylphenidate hcl oral tablet chewable	3	PA
ZIAC ORAL TABLET 5-6.25 MG	3		MYDAYIS	E	PA, QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3		PROCENTRA	3	PA
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>			QUILLICHEW ER	E	PA, QL
ADDERALL XR	2	QL	QUILLIVANT XR	E	PA, QL
ADHANSIA XR	E	PA, QL	relexxii	E	PA, QL
amphetamine-dextroamphetamine	1	PA	RITALIN	3	PA
amphetamine-dextroamphetamine er	E	QL	VYVANSE	3	PA, QL
APTENSIO XR	E	PA, QL	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA
atomoxetine hcl	3	QL	<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
CONCERTA	2	PA, QL	AUBAGIO	3	PA, QL, SP
dexmethylphenidate hcl	1	PA	AVONEX PEN	2	PA, QL, SP
dexmethylphenidate hcl er	3	PA, QL	AVONEX PREFILLED	2	PA, QL, SP
dextroamphetamine sulfate er	3	PA	BETASERON	2	PA, QL, SP
dextroamphetamine sulfate oral solution	1	PA	dalfampridine er	2	PA, QL, SP
dextroamphetamine sulfate oral tablet	3	PA	EXTAVIA	E	PA, ST, QL, SP
FOCALIN	3	PA	GILENYA ORAL CAPSULE	3	PA, QL, SP
guanfacine hcl er	2	QL	glatiramer acetate	2	PA, QL, SP
JORNAY PM	E	PA, QL	glatopa	2	PA, QL, SP
metadate er	3	PA, QL	MAVENCLAD	3	PA, ST, QL, SP
METHYLIN	3	PA	MAYZENT	3	PA, QL, SP
methylphenidate hcl er (cd)	2	PA, QL	PLEGRIDY	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

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

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

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
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	PA
ACZONE GEL	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ AER 4%	3	QL, PA
avita	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
calcipotriene-betameth diprop external ointment	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CLEOCIN-T EXTERNAL GEL	3	QL	DIPROLENE	3	
CLEOCIN-T EXTERNAL LOTION	3		DIPROLENE AF	3	
clindacin etz external swab	1		DUPIXENT	3	PA, ST, QL, SP
clindacin-p	1		EFUDEX	3	
CLINDAGEL	E	QL	ENSTILAR	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	EUCRISA	3	ST, QL
clindamycin phosphate external foam	3		EVOCLIN	3	
clindamycin phosphate external lotion	3		FINACEA EXTERNAL GEL	3	
clindamycin phosphate external solution	1	QL	fluocinolone acetonide body	3	QL
clindamycin phosphate external swab	1		fluocinolone acetonide external cream	3	QL
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E		fluocinolone acetonide external ointment	2	QL
clindamycin phosphate gel 1 % external	3	QL	fluocinolone acetonide external solution	3	QL
clobetasol propionate external cream	2	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external foam	E	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external gel	2	QL	fluocinonide external cream 0.1 %	E	QL
clobetasol propionate external liquid	1	QL	fluocinonide external gel	1	
clobetasol propionate external lotion	E	QL	fluocinonide external ointment	1	
clobetasol propionate external ointment	2	QL	fluocinonide external solution	1	
clobetasol propionate external shampoo	E	QL	FLUOROPLEX	3	
clobetasol propionate external solution	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
clodan external shampoo	E	QL	fluorouracil external cream 5 %	1	
clotrimazole-betamethasone external cream	1	QL	fluorouracil external solution	1	
clotrimazole-betamethasone external lotion	1		hydrocortisone external cream 1 %	E	
dapsone external gel 5 %	E	QL	hydrocortisone external cream 2.5 %	1	
DERMA-SMOOTH/FS BODY	3	QL	hydrocortisone external lotion 2.5 %	1	
DERMA-SMOOTH/FS SCALP	3		hydrocortisone external ointment 1 %, 2.5 %	1	
DESONATE	3	ST, QL	imiquimod external	1	QL
desonide external	3	QL	IMIQUIMOD PUMP	E	QL
DESOWEN	3	QL	IMPOYZ	E	QL
			isotretinoin oral	2	
			METROCREAM	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
METROLOTION	3		tretinoin external cream	3	PA, QL
metronidazole external cream	1		tretinoin external gel	E	PA, QL
metronidazole external gel 0.75 %	1		triamcinolone acetonide external aerosol solution	2	QL
metronidazole external gel 1 %	E		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
metronidazole external lotion	1		triamcinolone acetonide external cream 0.5 %	1	QL
MIRVASO	3	PA, QL	triamcinolone acetonide external lotion	1	
mometasone furoate external	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
myorisan	2		triamcinolone acetonide external ointment 0.05 %	E	
neuac external gel	3	QL	trianex	E	
NORITATE	E		triderm external cream 0.1 %	1	
PICATO	3	QL	triderm external cream 0.5 %	1	QL
RHOFADE CREAM 1%	3	PA, QL	TRIDESILON	3	QL
rosadan external cream	1		VERDESO	E	QL
rosadan external gel	1		zenatane	2	
SERNIVO	E	QL	ZYCLARA	E	QL
SOOLANTRA CREAM 1%	3	QL	ZYCLARA PUMP	E	QL
sss 10-5	1		<b>Diabetes - Glucose Monitoring</b>		
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
sulfacetamide sodium-sulfur external emulsion	1		ACCU-CHEK AVIVA DEVICE	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1		ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
sulfacetamide sodium-sulfur external lotion 10-5 %	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
sulfacetamide sodium-sulfur external pad	1		ACCU-CHEK COMPACT PLUS CARE KIT	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1		ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
sulfamez wash	1		ACCU-CHEK GUIDE KIT W/DEVICE	E	
TACLONEX EXTERNAL SUSPENSION	3	QL	ACCU-CHEK GUIDE TEST STRIPS	E	QL
tazarotene external	3	PA, QL	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
TAZORAC EXTERNAL CREAM 0.1 %	3	PA, QL	ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
TAZORAC EXTERNAL GEL	3	PA, QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TEMOVATE	3	QL			
TEXACORT	2				
TOLAK	E				

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Drug Name	Drug Tier	Requirements & Limits
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
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
INSULIN SYRINGES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO TEST STRIPS	1	QL
SOFTCLIX	1	
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT	E	PA, QL
AFREZZA INHALATION POWDER 4 UNIT, 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS SOLUTION	1	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	PA, QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	PA, QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
LANTUS SOLOSTAR	1	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LANTUS U-100 VIAL	1	QL	glimepiride	1	
LEVEMIR U-100 FLEXTOUCH	E	QL	glipizide er	1	
LEVEMIR U-100 VIAL	E	QL	glipizide ir	1	
NOVOLIN 70/30 FLEXPEN	E	ST, QL	glipizide xl	1	
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
NOVOLIN 70/30 RELION	E	ST, QL	GLUCOTROL	3	
NOVOLIN 70/30 VIAL	E	ST, QL	GLUCOTROL XL	3	
NOVOLIN N FLEXPEN	E	ST, QL	GLUCOVANCE ORAL TABLET 5-500 MG	3	
NOVOLIN N FLEXPEN RELION	E	ST, QL	glyburide oral	1	
NOVOLIN N RELION	E	ST, QL	glyburide-metformin	1	
NOVOLIN N VIAL	E	ST, QL	GLYXAMBI	2	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL	GVOKE	2	QL
NOVOLIN R FLEXPEN RELION	E	ST, QL	INVOKANA	E	ST, QL
NOVOLIN R RELION	E	ST, QL	JANUVIA	E	ST, QL
NOVOLIN R VIAL	E	ST, QL	JARDIANCE	2	ST, QL
NOVOLOG FLEXPEN	E	ST, QL	JENTADUETO	2	QL
NOVOLOG PENFILL	E	ST, QL	JENTADUETO XR	2	QL
NOVOLOG U-100 VIAL	E	ST, QL	KAZANO	2	QL
TOUJEO MAX SOLOSTAR	2	QL	KOMBIGLYZE XR	2	QL
TOUJEO SOLOSTAR	2	QL	metformin hcl er	1	
TRESIBA	E	QL	metformin hcl er (mod)	E	PA
TRESIBA FLEXTOUCH	E	QL	metformin hcl er (osm)	E	PA
<b>Diabetes - Non-Insulin Agents</b>			METFORMIN HCL ORAL SOLUTION	3	
ADLYXIN	3	ST, QL	metformin hcl oral tablet	1	
ALOGLIPTIN BENZOATE	E	QL	NESINA	2	QL
ALOGLIPTIN-METFORMIN HCL	E	QL	ONGLYZA	2	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL	OSENI	2	QL
AMARYL	3		OZEMPIC	2	ST, QL
BAQSIMI	2	QL	pioglitazone hcl	1	QL
BYDUREON	2	ST, QL	RIOMET	3	
BYDUREON BCISE AUTOINJECTOR	2	ST, QL	RYBELSUS	2	ST, QL
BYETTA	2	ST, QL	SOLIQUA	2	QL
FARXIGA	E	ST, QL	SYNJARDY	2	QL

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Drug Name	Drug Tier	Requirements & Limits
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	ST, (3 Pak), QL
<b>Drugs for Blood Disorders</b>		
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	PA, ST, SP
MULPLETA	2	PA, QL, SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
IMVEXXY	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Electrolytes / Vitamins</b>		
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release	1	
PROTONIX ORAL PACKET	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	

<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	

Drug Name	Drug Tier	Requirements & Limits
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL

<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	2	PA, SP
ORFADIN ORAL CAPSULE 20 MG	E	PA, SP
ORFADIN ORAL SUSPENSION	E	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TEGSEDI	2	PA, QL, SP
VIOKACE	3	ST
ZENPEP	2	
clovique	E	PA, SP
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
penicillamine oral capsule	3	SP
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

#### Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	

#### Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL

Drug Name	Drug Tier	Requirements & Limits
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cyred eq	1	H	estradiol transdermal patch weekly (generic for Climara)	1	QL
dasetta 1/35	1	H	estradiol vaginal cream	E	
daysee	3		estradiol vaginal tablet	2	
deblitane	1	H	ESTRING	2	QL
delyla	1	H	ESTROGEL	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL	etonogestrel-ethinyl estradiol	E	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		EVAMIST	2	
DEPO-SUBQ PROVERA 104	2	QL	falmina	1	H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2		fayosim	E	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	femynor	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/GM	3		gianvi	3	
dotti	E	QL	hailey 1.5/30	2	
drospiren-eth estrad-levomefol	E		hailey 24 fe	3	
drospirenone-ethinyl estradiol	3		heather	1	H
DUAVEE	3	QL	incassia	1	H
ELESTRIN	3		introvale	2	H
elinest	1	H	isibloom	1	H
eluryng	E		jasmiel	3	
emoquette	1	H	jencycla	1	H
enskyce	1	H	jolessa	2	H
errin	1	H	juleber	1	H
estarylla	1	H	junel 1.5/30	2	
ESTRACE ORAL	3		junel 1/20	2	
ESTRACE VAGINAL	3		junel fe 1.5/30	1	H
estradiol oral	1		junel fe 1/20	1	H
estradiol patch twice weekly transdermal (generic for Minivelle)	2	QL	junel fe 24	3	
estradiol patch twice weekly transdermal (generic for Vivelle-Dot)	E	QL	kalliga	1	H
			kariva	2	
			kurvelo	1	H
			larin 1.5/30	2	
			larin 1/20	2	
			larin 24 fe	3	
			larin fe 1.5/30	1	H
			larin fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
larissia	1	H	mili	1	H
lessina	1	H	MIRCETTE	3	
levonorgest-eth est & eth est	E		mono-linyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		NATAZIA	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	necon 0.5/35 (28)	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	nikki	3	
levora 0.15/30 (28)	1	H	nora-be	1	H
lillow	1	H	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
LO LOESTRIN FE	3		norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
LOESTRIN 1.5/30 (21)	3		norethin ace-eth estrad-fe oral tablet chewable	E	
LOESTRIN 1/20 (21)	3		norethindrone acetate oral	1	
LOESTRIN FE 1.5/30	3		norethindrone acet-ethinyl est	2	
LOESTRIN FE 1/20	3		norethindrone oral	1	H
loryna	3		norgestimate-eth estradiol	1	H
LOSEASONIQUE	3		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
low-ogestrel	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
lo-zumandimine	3		norlyda	1	H
lutera	1	H	norlyroc	1	H
lyza	1	H	nortrel 0.5/35 (28)	1	H
marlissa	1	H	nortrel 1/35 (21)	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H	nortrel 1/35 (28)	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H	NUVARING	1	H
medroxyprogesterone acetate oral	1		ocella	3	
melodetta 24 fe	E		ogestrel	2	
MENOSTAR	3	QL	orsythia	1	H
mibelas 24 fe	E		ORTHO MICRONOR	3	
microgestin 1.5/30	2		philith	2	
microgestin 1/20	2		pimtrea	2	
microgestin fe 1.5/30	1	H	pirmella 1/35	1	H
microgestin fe 1/20	1	H	portia-28	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PREMARIN ORAL	3		vienva	1	H
PREMARIN VAGINAL	3		viorele	2	
PREMPHASE	3		VIVELLE-DOT	2	QL
PREMPRO	3		vyfemla	2	
previfem	1	H	vylibra	1	H
progesterone micronized oral	2		wera	1	H
PROVERA	3		xulane	3	H
reclipsen	1	H	YASMIN 28	2	
rivelsa	E		YAZ	2	
SEASONIQUE	3		yuvafem	2	
setlakin	2	H	zarah	3	
sharobel	1	H	zumandimine	3	
simliya	2		<b>Hormonal Agents - Oral Steroids</b>		
simpesse	3		CORTEF	3	
sprintec 28	1	H	dexamethasone intensol	1	
sronyx	1	H	dexamethasone oral elixir	1	
syeda	3		dexamethasone oral solution	1	
tarina 24 fe	3		dexamethasone oral tablet	1	
tarina fe 1/20	1	H	dexamethasone oral tablet therapy pack	3	
tarina fe 1/20 eq	1	H	hydrocortisone oral	1	
TAYTULLA	E		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
tri femynor	1	H	MEDROL ORAL TABLET 2 MG	2	
tri-estarylla	1	H	MEDROL ORAL TABLET 32 MG	3	
tri-linyah	1	H	methylprednisolone oral	1	
tri-lo-estarylla	2		MILLIPRED	2	
tri-lo-mili	2		ORAPRED ODT	3	
tri-lo-sprintec	2		PEDIAPRED	2	
tri-mili	1	H	prednisolone oral solution	1	
tri-previfem	1	H	prednisolone sodium phosphate oral	1	
tri-sprintec	1	H	prednisone intensol	1	
tri-vylibra	1	H	prednisone oral	1	
tri-vylibra lo	2		RAYOS	E	
tulana	1	H			
tydemy	E				

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORLISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
XYOSTED	E	PA

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	E	
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CIMZIA	2	PA, QL, SP
COSENTYX	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	3	PA, ST, QL, SP
ENVARBUS XR	E	SP
FIRAZYR	2	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP
OLUMIANT	2	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL PACKET	3	PA, SP
RAPAMUNE ORAL SOLUTION	3	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE VAGINAL GEL 4 %	3	PA, ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
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CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
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LIALDA	2	
mesalamine er	E	
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mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral tablet	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

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

Drug Name	Drug Tier	Requirements & Limits
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BONIVA ORAL	3	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
ROCALTROL	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL

Drug Name	Drug Tier	Requirements & Limits
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL

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Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL
travoprost (bak free)	2	QL
VYZULTA	E	ST, QL
XELPROS	3	QL

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

CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr.)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	2	QL
SYMJEPI	2	QL

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

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

ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic ProAir HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	2	

Drug Name	Drug Tier	Requirements & Limits
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA AUTOINJECTOR, PREFILLED SYRINGE	3	PA
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	1	QL
QVAR REDIHALER	E	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	PA
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
EDLUAR	E	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL



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115 mg, 55 mg, 65 mg, 80 mg....	12	multivitamin/fluoride oral tablet		ophthalmic ointment.....	34
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135 mg, 45 mg, 90 mg .....	12	multivitamins/fluoride.....	26	3.5-10000-0.1.....	34
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**PAALALA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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تنبیه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

**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 काल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានទំនាក់ទំនងសព្វថ្ងៃជាមួយបុគ្គលិក។

**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'ÁKONÍNÍZIN: Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nit'i'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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