

Your 2020 Prescription Drug List

Advantage 4-Tier



Effective May 1, 2020

This Prescription Drug List (PDL) is accurate as of May 1, 2020 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Golden Rule, UnitedHealthOne, Oxford, All Savers, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

PDL changes typically occur 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)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external 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 determine coverage and tier status for all medications.

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information.

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Reading your PDL (continued)

Drug list information.

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

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey) Lower-cost options are available and covered.
H	Health Care Reform Preventive This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification)³ Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan, Golden Rule, Oxford and UnitedHealthOne.

Reading your PDL (continued)

Coverage details.

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

Central Nervous System: Sedatives/Hypnotics

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

Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin

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

Diabetes: Continuous Glucose Monitors, Sensors

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer's medical benefit plan.

Endocrine: Growth Hormone

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

Infertility

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

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

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

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain					
acetaminophen-codeine	1		lidocaine-prilocaine external cream	1	
acetaminophen-codeine #2	1		lorcet	1	
acetaminophen-codeine #3	1		lorcet hd	1	
acetaminophen-codeine #4	1		lorcet plus	1	
apap-caff-dihydrocodeine	4	QL	LORTAB	4	
ARYMO ER	E	PA, QL, ST	MORPHABOND ER	E	PA, QL, ST
BELBUCA	3	PA, QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	morphine sulfate er oral capsule extended release 24 hour	E	PA, QL, ST
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butalbital-apap-caffeine oral tablet	1	QL	morphine sulfate oral	1	
DILAUDID ORAL	4		morphine sulfate rectal	1	
DVORAH	E	QL	MS CONTIN	3	PA, ST, QL
endocet	1		NALOCET	E	
ESGIC	4	QL	NORCO	4	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	NUCYNTA	4	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL, ST	NUCYNTA ER	3	PA, QL
FIORICET	4	QL	OXAYDO	E	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1		OXYCODONE HCL ER	E	PA, QL, ST
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2		oxycodone hcl oral capsule	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E		oxycodone hcl oral concentrate 100 mg/5ml	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1		oxycodone hcl oral solution	1	
hydromorphone hcl er	4	PA, ST, QL	oxycodone hcl oral tablet	1	
hydromorphone hcl oral	1		oxycodone-acetaminophen	1	
hydromorphone hcl rectal	1		OXYCONTIN	E	PA, QL, ST
HYSINGLA ER	E	PA, QL, ST	PERCOCET	E	
KADIAN	E	PA, QL, ST	premium lidocaine	2	QL
lidocaine external ointment	2	QL	PRIMLEV	E	
lidocaine external patch	3	PA, QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	4	
			ROXICODONE ORAL TABLET 5 MG	3	
			tramadol hcl er (biphasic)	E	QL
			tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL

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

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl ir	1	
trezix	4	QL
TYLENOL WITH CODEINE #3	4	
TYLENOL WITH CODEINE #4	4	
ULTRAM	4	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp	E	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOXYDRO ER	4	PA, ST, 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	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	4	
nabumetone oral	1	

Drug Name	Drug Tier	Requirements & Limits
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	4	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	
SPRIX	3	
VOLTAREN 1 % gel	2	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1		mondoxyne nl oral capsule 100 mg	1	
CENTANY	4	QL	mondoxyne nl oral capsule 75 mg	E	
cephalexin	1		morgidox oral	2	
CIPRO ORAL TABLET	4		mupirocin calcium	3	QL
ciprofloxacin hcl oral	1		mupirocin external	1	QL
clarithromycin er	2		nitrofurantoin macrocrystal oral	1	
clarithromycin oral suspension reconstituted	2		nitrofurantoin monohydrate macrocrystals	1	
clarithromycin oral tablet	1		NUVESSA	E	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		okebo	E	
CLEOCIN ORAL CAPSULE 75 MG	2		penicillin v potassium	1	
clindamycin hcl oral	1		sulfamethoxazole-trimethoprim oral	1	
CLINDESSE	2		sulfatrim pediatric	1	
coremino	E	PA	vandazole	2	
DIFICID	3	QL	VIBRAMYCIN ORAL CAPSULE	4	
doxycycline hyclate oral capsule	2		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
doxycycline hyclate oral tablet 100 mg	2		XEPI	3	QL
doxycycline hyclate oral tablet 20 mg	1		XIMINO	E	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		ZITHROMAX ORAL PACKET	4	
doxycycline monohydrate oral suspension reconstituted	3		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
doxycycline monohydrate oral tablet	1		ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
FLAGYL	4		ZITHROMAX ORAL TABLET 600 MG	3	
KEFLEX	4		ZITHROMAX TRI-PAK	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4		ZITHROMAX Z-PAK	4	
levofloxacin oral	1		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
MACROBID	4		BEVYXXA	3	QL
MACRODANTIN	4		COUMADIN	3	
metronidazole oral	1		ELIQUIS	2	QL
metronidazole vaginal	2		enoxaparin sodium	2	QL
minocycline hcl oral capsule	1		jantoven	1	
minocycline hcl oral tablet	E		PRADAXA	2	QL
MINOLIRA	E	PA			

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
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	4	PA, ST
oxcarbazepine	1	
roweepra	1	
roweepra xr	2	

Drug Name	Drug Tier	Requirements & Limits
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	4	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 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 oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	2	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
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	

Drug Name	Drug Tier	Requirements & Limits
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	4	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	
VIIBRYD	4	QL
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
DICLEGIS	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	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	

Drug Name	Drug Tier	Requirements & Limits
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	4	
ZOFRAN	4	
ZUPLENZ	E	
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	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
NIZORAL	4	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	

Drug Name	Drug Tier	Requirements & Limits
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	E	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
bexarotene	E	QL, SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	2	PA, QL, SP
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

Drug Name	Drug Tier	Requirements & Limits
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
ZEJULA	2	PA, QL, SP
ZYTIGA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	4	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	4	
SINEMET CR	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL

Drug Name	Drug Tier	Requirements & Limits
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
LATUDA	4	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
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	4	ST, QL
DOVATO	2	QL
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	

Drug Name	Drug Tier	Requirements & Limits
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	4	QL
valacyclovir hcl oral	1	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	

Drug Name	Drug Tier	Requirements & Limits
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	4	
ALDACTONE	4	
aliskiren fumarate oral tablet	3	QL
ALTACE	4	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	4	
AVAPRO	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
BYSTOLIC	2	
CALAN SR	4	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	4	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	4	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	4	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	4	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1		niacin (antihyperlipidemic)	2	
guanfacine hcl	1		niacin er (antihyperlipidemic)	4	
hydralazine hcl oral	1		niacor	2	
hydrochlorothiazide oral	1		NIASPAN	2	
HYZAAR	4		nifedipine er	1	
irbesartan	1		nifedipine er osmotic release	1	
irbesartan-hydrochlorothiazide	1		nifedipine oral	1	
isosorbide mononitrate	1		NITRO-BID	2	
isosorbide mononitrate er	1		NITRO-DUR	3	
KAPSPARGO SPRINKLE	4		nitroglycerin sublingual	1	
labetalol hcl oral	1		nitroglycerin transdermal	1	
LASIX	4		NITROMIST	4	QL
lisinopril oral	1		NITROSTAT	4	
lisinopril-hydrochlorothiazide	1		nitro-time	1	
LOPID	4		olmesartan medoxomil oral	2	
LOPRESSOR	4		olmesartan medoxomil-hctz	2	
losartan potassium	1		omega-3-acid ethyl esters	3	
losartan potassium-hctz	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
LOTENSIN	4		pacerone oral tablet 200 mg	1	
LOTENSIN HCT	4		PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	2	PA, ST, QL
LOTREL	4		PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	2	PA, ST, QL
lovastatin	1	H	PRAVACHOL	4	
matzim la	2		pravastatin sodium	1	
MAXZIDE	4		prazosin hcl oral	1	
MAXZIDE-25	4		PRINIVIL	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PROCARDIA	4	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PROCARDIA XL	4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol hcl er	2	
MINIPRESS	4		propranolol hcl oral	1	
minitran	1		QBRELIS	4	PA
MULTAQ	4	PA	quinapril hcl	1	
nadolol oral	1				

Drug Name	Drug Tier	Requirements & Limits
ramipril	1	
ranolazine er	2	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURN HCT	3	QL
TEKTURN ORAL TABLET	3	QL
telmisartan	2	
TOPROL XL	4	
torsemide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	4	PA
VASCEPA ORAL CAPSULE 1 GM	3	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	

Drug Name	Drug Tier	Requirements & Limits
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	PA, QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA, QL
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
guanfacine hcl er	2	QL
JORNAY PM	E	PA, QL
metadate er	4	PA, QL
METHYLIN	4	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA

Drug Name	Drug Tier	Requirements & Limits
MYDAYIS	E	PA, QL
PROCENTRA	3	PA, QL
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA
RITALIN	4	PA
VYVANSE (starting 7/1/2020)	3	PA, QL
VYVANSE (until 7/1/2020)	2	PA, QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, QL, ST, SP
GILENYA ORAL CAPSULE 0.5 MG	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	E	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	4	PA, ST, QL, SP
REBIF REBIDOSE	4	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA

Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACZONE	4	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALDARA	4	QL	clindamycin phosphate gel 1 % external	3	QL
ALTRENO	E	PA, QL	clobetasol propionate external cream	2	QL
amnestem	2		clobetasol propionate external foam	E	
avar cleanser	1		clobetasol propionate external gel	2	QL
avita	E	PA	clobetasol propionate external liquid	1	QL
azelaic acid external	3		clobetasol propionate external lotion	E	
betamethasone dipropionate aug external cream	1		clobetasol propionate external ointment	2	QL
betamethasone dipropionate aug external gel	1		clobetasol propionate external shampoo	E	QL
betamethasone dipropionate aug external lotion	3		clobetasol propionate external solution	1	QL
betamethasone dipropionate aug external ointment	3		clodan external shampoo	E	QL
betamethasone dipropionate external cream	2		clotrimazole-betamethasone external cream	1	QL
betamethasone dipropionate external lotion	1		clotrimazole-betamethasone external lotion	1	
betamethasone dipropionate external ointment	2		dapsone external gel 5 %	E	QL
bp 10-1	1		DERMA-SMOOTH/FS BODY	4	QL
calcipotriene-betameth diprop	3	QL	DERMA-SMOOTH/FS SCALP	4	
calcitriol external	1	QL	DESONATE	3	ST, QL
CAPEX	2		desonide external	3	QL
CARAC	2		DESOWEN	3	QL
claravis	2		DIPROLENE	4	
CLEOCIN-T EXTERNAL GEL	4	QL	DIPROLENE AF	4	
CLEOCIN-T EXTERNAL LOTION	4		DUPIXENT	4	PA, ST, QL, SP
clindacin etz external swab	1		EFUDEX	4	
clindacin-p	1		ELOCON	4	
CLINDAGEL	E	QL	ENSTILAR	4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	EUCRISA	3	ST, QL
clindamycin phosphate external foam	3		EVOCLIN	4	
clindamycin phosphate external lotion	3		FINACEA	4	
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	QL	fluocinolone acetonide external ointment	2	QL

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Drug Name	Drug Tier	Requirements & Limits
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
isotretinoin oral	2	
LOTRISONE	4	QL
METROCREAM	4	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
PICATO	3	QL
rosadan external cream	1	
rosadan external gel	1	
sss 10-5	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfamez wash	1	
SUMAXIN	4	
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	E	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
tretinoin cream 0.025 % external	3	PA, QL
tretinoin external cream 0.05 %, 0.1 %	3	PA, QL
tretinoin external gel	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	3	QL
zenatane	2	

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
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 STRIPS	2	QL
CONTOUR TEST STRIPS	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
EASYPLUS BLOOD GLUCOSE TEST	3	QL
FASTCLIX	1	
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

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO TEST	E	QL
INSULIN SYRINGES	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONE TOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
SOFTCLIX	1	
SOFT TOUCH	1	
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMULIN N KWIKPEN	2	QL	Diabetes - Non-Insulin Agents		
HUMULIN N VIAL	1	QL	ADLYXIN	4	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	ALOGLIPTIN BENZOATE	E	
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL	ALOGLIPTIN-METFORMIN HCL	E	
HUMULIN R VIAL	1	QL	ALOGLIPTIN-PIOGLITAZONE	E	
INSULIN ASPART	E	ST, QL	AMARYL	4	
INSULIN ASPART FLEXPEN	E	ST, QL	BAQSIMI ONE PACK	2	QL
INSULIN ASPART PENFILL	E	ST, QL	BAQSIMI TWO PACK	2	QL
INSULIN LISPRO	E	QL	BYDUREON	2	ST, QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL	BYDUREON BCISE AUTOINJECTOR	2	ST, QL
LANTUS SOLOSTAR	1	QL	BYETTA 10 MCG PEN	2	ST, QL
LANTUS U-100 VIAL	1	QL	BYETTA 5 MCG PEN	2	ST, QL
LEVEMIR U-100 FLEXTOUCH	E	QL	FARXIGA	E	ST, QL
LEVEMIR U-100 VIAL	E	QL	FORTAMET	E	PA
NOVOLIN 70/30 FLEXPEN	E	ST, QL	glimepiride	1	
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glipizide er	1	
NOVOLIN 70/30 RELION	E	ST, QL	glipizide ir	1	
NOVOLIN 70/30 VIAL	E	ST, QL	glipizide xl	1	
NOVOLIN N FLEXPEN	E	ST, QL	GLUCAGON EMERGENCY INJECTION KIT	2	QL
NOVOLIN N FLEXPEN RELION	E	ST, QL	GLUCOPHAGE	4	
NOVOLIN N RELION	E	ST, QL	GLUCOPHAGE XR	4	PA
NOVOLIN N VIAL	E	ST, QL	GLUCOTROL	4	
NOVOLIN R FLEXPEN	E	ST, QL	GLUCOTROL XL	4	
NOVOLIN R FLEXPEN RELION	E	ST, QL	GLUCOVANCE ORAL TABLET 5-500 MG	4	
NOVOLIN R RELION	E	ST	GLUMETZA	E	PA
NOVOLIN R VIAL	E	ST	glyburide oral	1	
NOVOLOG FLEXPEN	E	ST	glyburide-metformin	1	
NOVOLOG PENFILL	E	ST	GLYXAMBI	2	ST, QL
NOVOLOG U-100 VIAL	E	ST	GVOKE PFS	2	QL
TOUJEO MAX SOLOSTAR	2	QL	INVOKAMET	2	QL
TOUJEO SOLOSTAR	2	QL	INVOKAMET XR	2	QL
TRESIBA	E	QL	INVOKANA	2	ST, QL
TRESIBA FLEXTOUCH	E	QL	JANUVIA	E	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
JARDIANCE	2	ST, QL	MULPLETA	2	PA, QL, SP
JENTADUETO	2	QL	NEULASTA	3	SP
JENTADUETO XR	2	QL	NOVOEIGHT	2	SP
KAZANO	2	QL	NUWIQ	2	SP
KOMBIGLYZE XR	2	QL	RECOMBINATE	4	PA, ST, SP
metformin hcl er	1		RETACRIT	2	QL, SP
metformin hcl er (mod)	E	PA	ZARXIO	2	SP
metformin hcl er (osm)	E	PA	Drugs for Sexual Dysfunction		
METFORMIN HCL ORAL SOLUTION	3		ADDYI	4	PA, QL
metformin hcl oral tablet	1		IMVEXXY MAINTENANCE PACK	3	QL
NESINA	2	QL	INTRAROSA	3	QL
ONGLYZA	2	QL	OSPHENA	3	PA, QL
OSENI	2	QL	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
OZEMPIC	2	ST, QL	STENDRA	4	PA, QL
pioglitazone hcl	1	QL	tadalafil oral tablet 10 mg, 20 mg	2	QL
RIOMET	3		tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
RYBELSUS	2	ST, QL	VYLEESI	4	PA, QL
SOLIQUA	2	QL	Electrolytes / Vitamins		
SYNJARDY	2	QL	clovique	E	PA, SP
SYNJARDY XR	2	QL	cyanocobalamin injection	1	
TRADJENTA	2	QL	DRISDOL	4	
TRULICITY	2	ST, QL	ERGOCAL	3	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak), ST, QL	ergocalciferol oral capsule	1	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak), ST, QL	FLORIVA PLUS	3	
Drugs for Blood Disorders			folic acid oral tablet 1 mg	1	
AFSTYLA INTRAVENOUS KIT	4	PA, SP	klor-con	1	
ARANESP (ALBUMIN FREE)	2	QL, SP	klor-con 10	1	
ELOCTATE	4	PA, SP	klor-con m10	1	
JIVI	4	PA, SP	KLOR-CON M15	3	
KOGENATE FS	2	SP	klor-con m20	1	
KOVALTRY	2	SP	klor-con sprinkle	1	
			K-TAB	3	
			LOKELMA	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
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	
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL CAP	3	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

CARAFATE ORAL SUSPENSION	4	
CARAFATE ORAL TABLET	4	
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg, 40 mg oral	1	
PYLERA	3	QL

Drug Name	Drug Tier	Requirements & Limits
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	

Drug Name	Drug Tier	Requirements & Limits
peg-3350/electrolytes	1	QL, H
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
ZELNORM	3	PA, QL

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

CERDELGA	2	PA, SP
CREON	2	
ENDARI	4	PA, QL
NITYR	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
VIOKACE	4	ST
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
CUPRIMINE	4	SP
DEPEN TITRATABS	2	SP
D-PENAMINE	2	SP
DITROPAN XL	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	4	SP

Drug Name	Drug Tier	Requirements & Limits
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	4	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	4	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	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	4	
ayuna	1	H
azurette	2	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
balziva	2		drospiren-eth estrad-levomefol	E	
bekyree	2		drospirenone-ethinyl estradiol	3	
BEYAZ	E		DUAVEE	3	QL
BIJUVA	3		ELESTRIN	3	
blisovi 24 fe	3		elinest	1	H
blisovi fe 1.5/30	1	H	eluryng	E	
blisovi fe 1/20	1	H	emoquette	1	H
briellyn	2		enskyce	1	H
camila	1	H	errin	1	H
camrese	3		estarylla	1	H
camrese lo	3		ESTRACE ORAL	4	
chateal	1	H	ESTRACE VAGINAL	3	
chateal eq	1	H	estradiol oral	1	
CLIMARA PRO	3	QL	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	2	QL
cryselle-28	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyclafem 1/35	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle)	2	QL
cyred	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyred eq	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	2	QL
dasetta 1/35	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
daysee	3		estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	2	QL
deblitane	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL
delyla	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL			
DEPO-SUBQ PROVERA 104	2	QL			
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2				
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H			
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3				
dotti	E				

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly (generic Climara)	1	QL	larin fe 1/20	1	H
estradiol vaginal cream	E		larissia	1	H
estradiol vaginal tablet	2		lessina	1	H
ESTRING	2	QL	levonorgest-eth est & eth est	E	
ESTROGEL	3	QL	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
etonogestrel-ethinyl estradiol	E		levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
EVAMIST	2		levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
falmina	1	H	levora 0.15/30 (28)	1	H
fayosim	E		lillow	1	H
femynor	1	H	LO LOESTRIN FE	3	
gianvi	3		loryna	3	
hailey 1.5/30	2		LOSEASONIQUE	4	
hailey 24 fe	3		low-ogestrel	1	H
heather	1	H	lo-zumandimine	3	
incassia	1	H	luteria	1	H
introvale	2	H	lyza	1	H
isibloom	1	H	marlissa	1	H
jasmiel	3		medroxyprogesterone acetate intramuscular suspension	1	QL, H
jencycla	1	H	medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
jolessa	2	H	medroxyprogesterone acetate oral	1	
juleber	1	H	melodetta 24 fe	E	
junel 1.5/30	2		MENOSTAR	3	QL
junel 1/20	2		mibelas 24 fe	E	
junel fe 1.5/30	1	H	microgestin 1.5/30	2	
junel fe 1/20	1	H	microgestin 1/20	2	
junel fe 24	3		microgestin fe 1.5/30	1	H
kalliga	1	H	microgestin fe 1/20	1	H
kariva	2		mili	1	H
kurvelo	1	H	MINASTRIN 24 FE	E	
larin 1.5/30	2				
larin 1/20	2				
larin 24 fe	3				
larin fe 1.5/30	1	H			

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MIRCETTE	4		PREMPHASE	3	
mono-lynyah	1	H	PREMPRO	3	
NATAZIA	2		previfem	1	H
necon 0.5/35 (28)	1	H	progesterone micronized oral	2	
nikki	3		PROVERA	4	
nora-be	1	H	QUARTETTE	E	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		reclipsen	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	rivelsa	E	
norethin ace-eth estrad-fe oral tablet chewable	E		SAFYRAL	E	
norethindrone acetate oral	1		SEASONIQUE	4	
norethindrone acet-ethinyl est	2		setlakin	2	H
norethindrone oral	1	H	sharobel	1	H
norgestimate-eth estradiol	1	H	simliya	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		simpesse	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sprintec 28	1	H
norlyda	1	H	sronyx	1	H
norlyroc	1	H	syeda	3	
nortrel 0.5/35 (28)	1	H	tarina 24 fe	3	
nortrel 1/35 (21)	1	H	tarina fe 1/20	1	H
nortrel 1/35 (28)	1	H	tarina fe 1/20 eq	1	H
NUVARING	1	H	TAYTULLA	E	
ocella	3		tri femynor	1	H
ogestrel	2		tri-estarylla	1	H
orsythia	1	H	tri-lynyah	1	H
philith	2		tri-lo-estarylla	2	
pimtrea	2		tri-lo-marzia	2	
pirmella 1/35	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
PREMARIN VAGINAL	3		tri-previfem	1	H
			tri-sprintec	1	H
			tri-vylibra	1	H
			tri-vylibra lo	2	
			tulana	1	H

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Drug Name	Drug Tier	Requirements & Limits
tydemy	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zarah	3	
zumandimine	3	

Hormonal Agents - Oral Steroids

CORTEF	4	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUEL	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXP	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
ORILISSA	4	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	4	
testosterone cypionate intramuscular	1	

Drug Name	Drug Tier	Requirements & Limits
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg	1	
TIROSINT	E	
TIROSINT-SOL	4	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL	4	PA, ST, QL, SP
ENBREL MINI	4	PA, ST, QL, SP
ENBREL SURECLICK	4	PA, ST, QL, SP
ENVARSUS XR	E	
FIRAZYR	4	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	2	
OLUMIANT ORAL TABLET	2	PA, QL, SP
ORENCIA	3	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL PACKET	4	
RAPAMUNE ORAL SOLUTION	4	
RASUVO	4	ST, QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP

Infertility Agents

chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	PA, ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	SP
GONAL-F	4	SP, ST
GONAL-F RFF	4	SP, ST
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP

Inflammatory Bowel Disease Agents

APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	

Drug Name	Drug Tier	Requirements & Limits
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine	1	
LIALDA	2	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	4	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
ROCALTROL	4	
TYMLOS	3	PA, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CILOXAN OPHTHALMIC SOLUTION	4		TOBRADEX OPHTHALMIC SUSPENSION	4	
ciprofloxacin hcl ophthalmic	1		TOBRADEX ST	E	
erythromycin ophthalmic	1	H	tobramycin ophthalmic	1	
ILEVRO	E		tobramycin-dexamethasone	2	
INVELTYS	3		TOBREX OPHTHALMIC OINTMENT	3	
ketorolac tromethamine ophthalmic	1		TOBREX OPHTHALMIC SOLUTION	4	
LASTACAFT	3	QL	Ophthalmic Agents - Drugs for Glaucoma		
LOTEMAX OPHTHALMIC OINTMENT	3		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
LOTEMAX OPHTHALMIC SUSPENSION	4	QL	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
LOTEMAX SM	3	QL	AZOPT	2	QL
loteprednol etabonate	3	QL	BETIMOL	2	QL
MAXITROL	4		bimatoprost ophthalmic	E	QL
MOXEZA	4		brimonidine tartrate ophthalmic solution 0.15 %	2	QL
moxifloxacin hcl ophthalmic	3		brimonidine tartrate ophthalmic solution 0.2 %	1	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1		COMBIGAN	2	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		COSOPT	4	
NEVANAC	4		COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
OCUFLOX	4		dorzolamide hcl-timolol mal	2	
ofloxacin ophthalmic	1		dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	QL
olopatadine hcl ophthalmic solution 0.1 %	3	QL	ISTALOL	4	
olopatadine hcl ophthalmic solution 0.2 %	E	QL	latanoprost ophthalmic	1	
PATADAY	E	QL	LUMIGAN	2	
PATANOL	E	QL	ROCKLATAN	3	QL
PAZEO	E	QL	RHOPRESSA	3	QL
polymyxin b-trimethoprim	1		timolol maleate ophthalmic gel forming solution	1	
POLYTRIM	4		timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
PRED FORTE	4		timolol maleate ophthalmic solution 0.5 % (daily)	3	
PRED MILD	3		TIMOPTIC	4	
prednisolone acetate ophthalmic	1		TIMOPTIC OCUDOSE	2	
TOBRADEX OPHTHALMIC OINTMENT	3				

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Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE	4	
TRAVATAN Z	4	QL
travoprost (bak free)	2	QL
VYZULTA	E	QL, ST
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution 0.3 mg/0.3ml (generic Adrenaclick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic Adrenaclick)	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
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	

Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cypheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
guaifenesin-codeine soln 100-10 mg/5ml	1	
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
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
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
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic ProAir HFA or Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic Ventolin HFA)	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate oral	1		PROAIR RESPICLICK	3	QL
ALVESCO	1	QL	PROVENTIL HFA	3	QL
ANORO ELLIPTA	3	QL	PULMICORT FLEXHALER	E	ST, QL
ARCAPTA NEOHALER	3	QL	PULMICORT SUSPENSION	E	QL
ARNUITY ELLIPTA	E	QL	QVAR REDHALER	1	QL
ASMANEX TWISTHALER	1	QL	SINGULAIR ORAL PACKET	3	
ASMANEX HFA	1	QL	SPIRIVA HANDIHALER	2	QL
ATROVENT HFA	3	QL	SPIRIVA RESPIMAT	2	QL
BEVESPI AEROSPHERE	2	QL	STRIVERDI RESPIMAT	2	QL
BREO ELLIPTA	3	QL, RS	SYMBICORT	3	QL, RS
budesonide inhalation	2	QL	TRELEGY ELLIPTA	3	QL, RS
COMBIVENT RESPIMAT	3	QL	VENTOLIN HFA	2	QL
FASENRA	4	PA, QL, SP	wixela inhub	E	QL, RS
FASENRA PEN	4	PA, SP	XOPENEX HFA	3	QL
FLOVENT DISKUS	E	QL	YUPELRI	4	PA, QL
FLOVENT HFA	E	QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS	BETHKIS	2	PA, QL, SP
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL	KITABIS PAK	E	PA, QL, SP
INCRUSE ELLIPTA	2	QL	PULMOZYME	2	PA, QL, SP
ipratropium-albuterol	2		TOBI NEBULIZER	E	PA, QL, SP
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	TOBI PODHALER	3	PA, QL, SP
montelukast sodium oral packet	2		tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
montelukast sodium oral tablet	1		TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
montelukast sodium oral tablet chewable	1		Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
NUCALA	4	PA, QL, SP	ADEMPAS	2	PA, QL, SP
PERFOROMIST	3	QL	bosentan	2	PA, QL, SP
PROAIR DIGIHALER	E	QL	OPSUMIT	2	PA, QL, SP
PROAIR HFA	3	QL	ORENITRAM	4	PA, QL, SP
			TRACLEER	2	PA, QL, SP
			TYVASO	2	PA, SP

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
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	4	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	E	
ROBAXIN-750	4	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
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tizanidine hcl oral tablet	1	
ZANAFLEX	4	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
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zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស្របតាមការណែនាំរបស់អ្នក។

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DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíílinih.

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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