



Your 2023 Prescription Drug List

Essential 4-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health Partnership Plan and River Valley medical plans with a pharmacy benefit subject to the Essential 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 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 member 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 member ID card at any time to check your medication coverage and lower-cost options.

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) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by 2 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 member 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.

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.

Medication tips

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

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.

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.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
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.

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: 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 pharmacy and/or medical plan depending on the benefit.

- **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. This is not a covered benefit for Neighborhood Health Partnership 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.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on the back of your ID card.

Questions

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



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



Visit your plan's member website listed on your member 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
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	NF	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	NF	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	NF	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	NF	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	NF	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	NF	QL
PERCOCET	NF	
PROLATE ORAL TABLET	NF	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	NF	
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	1	
TREZIX	NF	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	NF	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	NF	
naproxen oral tablet	1	
RELAFEN DS	NF	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	NF	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

See page 6, 7 for coverage details. Drugs listed as ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1		metronidazole vaginal	2	
AUGMENTIN	NF		minocycline hcl oral capsule	1	
AUGMENTIN ES-600	NF		mondoxyne nl	1	
avidoxy	1		mupirocin external	1	QL
azithromycin oral suspension reconstituted	1		nitrofurantoin macrocrystal	1	
azithromycin oral tablet	1		nitrofurantoin monohydrate macrocrystals	1	
BACTRIM	4		NUVESSA	NF	
BACTRIM DS	4		NUZYRA ORAL	4	QL
cefdinir	1		penicillin v potassium oral tablet	1	
cefuroxime axetil	1		sulfamethoxazole-trimethoprim oral tablet	1	
CENTANY	4	QL	TARGADOX	NF	
cephalexin oral capsule	1		VANAZOLE	4	
cephalexin oral suspension reconstituted	1		VIBRAMYCIN ORAL CAPSULE	4	
CIPRO ORAL TABLET	4		XENLETA ORAL	4	
ciprofloxacin hcl oral	1		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		ZITHROMAX ORAL TABLET	4	
CLEOCIN ORAL CAPSULE 75 MG	2		ZITHROMAX TRI-PAK	4	
clindamycin hcl oral	1		ZITHROMAX Z-PAK	4	
CLINDESSE	2		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
DIFICID ORAL TABLET	4	QL	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
doxycycline hyclate oral capsule	2		ELIQUIS	2	QL
doxycycline hyclate oral tablet 100 mg	2		ELIQUIS DVT/PE STARTER PACK	2	QL
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF		ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
doxycycline hyclate oral tablet 20 mg	1		enoxaparin sodium	2	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		jantoven	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF		LOVENOX	NF	QL
doxycycline monohydrate oral tablet	1		PRADAXA ORAL CAPSULE	2	QL
levofloxacin oral tablet	1		warfarin sodium oral	1	
LYMEPAK	NF		XARELTO	2	QL
MACROBID	4		XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
MACRODANTIN	4		XARELTO STARTER PACK	2	QL
metronidazole oral tablet	1		Anticonvulsants - Drugs for Seizures		
			APTOM	NF	PA
			BRIVIACT ORAL TABLET	NF	PA
			DEPAKOTE	4	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE ER	4	PA	doxepin hcl capsule 10 mg oral	1	
divalproex sodium er	2		doxepin hcl capsule 100 mg oral	1	
divalproex sodium oral tablet delayed release	1		doxepin hcl capsule 25 mg oral	1	
EPIDIOLEX	4	PA, SP	doxepin hcl capsule 50 mg oral	1	
gabapentin oral capsule	1		doxepin hcl capsule 75 mg oral	1	
gabapentin oral tablet 600 mg, 800 mg	1		doxepin hcl oral capsule 150 mg	1	
KEPPRA ORAL TABLET	NF	PA	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	RS
LAMICTAL ORAL TABLET	NF	PA	duloxetine hcl oral capsule delayed release particles 40 mg	NF	RS
lamotrigine oral tablet	1		EFFEXOR XR	NF	
levetiracetam oral tablet	1		escitalopram oxalate oral tablet	1	
NAYZILAM	3	PA, QL	fluoxetine hcl oral capsule	1	
NEURONTIN ORAL CAPSULE	NF	PA	fluoxetine hcl oral tablet 10 mg	3	QL
NEURONTIN ORAL TABLET	NF	PA	fluoxetine hcl oral tablet 20 mg	3	
oxcarbazepine oral tablet	1		fluoxetine hcl oral tablet 60 mg	NF	
roweepra	1		fluvoxamine maleate	1	
subvenite	1		FORFIVO XL	NF	QL
TOPAMAX	NF	PA	LEXAPRO	NF	
topiramate oral tablet	1		mirtazapine oral tablet	1	
TRILEPTAL ORAL TABLET	NF	PA	nortriptyline hcl oral capsule	1	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL	PAMELOR	NF	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NF	PA	paroxetine hcl oral tablet	1	
ZONEGRAN	NF	PA	PAXIL ORAL TABLET	NF	
zonisamide oral	1		PRISTIQ	NF	QL
Antidepressants - Drugs for Depression			PROZAC	NF	
amitriptyline hcl oral	1		REMERON	NF	
bupropion hcl er (sr)	1		sertraline hcl oral tablet	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		trazodone hcl oral	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL	TRINTELLIX	NF	ST, QL
bupropion hcl oral	1		venlafaxine hcl	1	
CELEXA	NF		venlafaxine hcl er oral capsule extended release 24 hour	1	
citalopram hydrobromide oral tablet	1		VIIBRYD	NF	QL
CYMBALTA	NF	RS	VIIBRYD STARTER PACK	4	
desvenlafaxine succinate er	3	QL	vilazodone hcl	3	QL
			WELLBUTRIN SR	NF	
			WELLBUTRIN XL	NF	
			ZOLOFT ORAL TABLET	NF	

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Drug Name	Drug Tier	Requirements & Limits
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	NF	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	NF	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	NF	
COLCHICINE ORAL CAPSULE	NF	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA, ST, QL
IMITREX ORAL	NF	QL
MAXALT	NF	QL

Drug Name	Drug Tier	Requirements & Limits
NURTEC	3	PA, ST, QL
RELPAK	NF	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	3	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	NF	
bexarotene external	NF	QL, SP
CALQUENCE	3	PA, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	NF	PA
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	NF	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
IMBRUVICA ORAL TABLET	3	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	3	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	NF	PA, QL, SP
LUMAKRAS ORAL TABLET 120 MG	NF	PA, QL, SP
LYNPARZA	3	PA, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ORGOVYX	4	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO 40 MG	4	PA, QL, SP
RETEVMO 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	4	QL, SP
TARGRETIN ORAL	3	SP
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
VITRAKVI ORAL CAPSULE	3	PA, QL, SP
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA, QL, SP
ZEJULA	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	NF	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
NEUPRO	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	NF	
aripiprazole oral tablet	2	
lurasidone hcl	3	QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	NF	PA, ST, QL
RISPERDAL ORAL TABLET	NF	
risperidone oral tablet	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	NF	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET 200-50 MG	3	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	3	PA, QL, SP
HARVONI ORAL TABLET	3	PA, ST, QL, SP
JULUCA	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET	3	PA, QL, SP
MAVYRET ORAL PACKET	3	QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	3	
TIVICAY	3	
TRIUMEQ	2	QL

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Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL

Anxiolytics - Drugs for Anxiety

alprazolam oral tablet	1	
ATIVAN ORAL	NF	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	

Bipolar Agents - Drugs for Mood Disorders

lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA

Cardiovascular Agents - Drugs for Heart and Circulation Conditions

ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
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	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
benazepril hcl oral	1	
BENICAR	NF	
BENICAR HCT	NF	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	4	
CARDIZEM CD	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	NF	
CORLANOR	3	PA, QL
CORLANOR ORAL SOLUTION	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
DIOVAN	NF	
DIOVAN HCT	NF	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	NF	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	NF	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
flecainide acetate	1		nifedipine er	1	
FUROSCIX	NF	PA, QL	nifedipine er osmotic release	1	
furosemide oral tablet	1		nitroglycerin sublingual	1	
gemfibrozil oral	1		NITROSTAT	4	
hydralazine hcl oral	1		NORLIQVA	4	PA
hydrochlorothiazide oral	1		NORVASC	NF	
HYZAAR	NF		olmesartan medoxomil oral	2	
INDERAL LA	NF		olmesartan medoxomil-hctz	2	
irbesartan	1		omega-3-acid ethyl esters	2	
irbesartan-hydrochlorothiazide	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
isosorb dinitrate-hydralazine	2		PACERONE ORAL TABLET 200 MG	4	
isosorbide mononitrate er	1		pravastatin sodium	1	
labetalol hcl oral	1		prazosin hcl oral	1	
LASIX	4		PROCARDIA XL	NF	
LIPITOR	NF		propranolol hcl er	2	
lisinopril oral	1		propranolol hcl oral tablet	1	
lisinopril-hydrochlorothiazide	1		ramipril	1	
LOPID	4		REPATHA	2	PA, ST, QL
LOPRESSOR	4		REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
losartan potassium oral	1		REPATHA SURECLICK	2	PA, ST, QL
losartan potassium-hctz	1		rosuvastatin calcium	2	
LOTENSIN	4		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
LOTREL	NF		simvastatin oral tablet 80 mg	1	
lovastatin oral	1	H	SOAANZ	NF	QL
LOVAZA	NF		spironolactone oral	1	
MAXZIDE	4		TEKTURNA	NF	
MAXZIDE-25	4		TEKTURNA HCT	NF	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		telmisartan	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		TENORETIC 100	NF	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		TENORETIC 50	NF	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF		TENORMIN	NF	
MICARDIS	NF		THALITONE	NF	
MINIPRESS	4		TOPROL XL	NF	
MULTAQ	NF	PA	torsemide	1	
NEXLETOL	2	PA, ST, QL	triamterene-hctz	1	
NEXLIZET	2	PA, ST, QL	TRICOR	NF	
			valsartan oral tablet	2	
			valsartan-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements & Limits
VASOTEC	NF	
verapamil hcl er oral tablet extended release	1	
VERQUVO	NF	PA, QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	NF	PA, QL
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	NF	
ADDERALL XR	2	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	NF	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
CONCERTA	2	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	NF	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	NF	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	NF	
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	NF	QL
RELEXXII ORAL TABLET EXTENDED RELEASE	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
VYVANSE ORAL CAPSULE	NF	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	4	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
ingolimod hcl	3	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
pregabalin oral capsule	2	
TIGLUTIK	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
accutane	2	
ala-cort external cream 1 %	NF	
ala-cort external cream 2.5 %	1	
amnestem	2	
AMZEEQ	NF	PA, QL
AVITA EXTERNAL CREAM	NF	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	NF	
CIBINQO	3	PA, QL, SP
claravis	2	
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate gel 1 % external	NF	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	NF	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	NF	QL
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
KLISYRI	4	ST, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
METROCREAM	4		ACCU-CHEK GUIDE TEST STRIPS	3	QL
metronidazole external cream	1		ACCU-CHEK MULTICLIX LANCET KIT	1	
myorisan	2		ACCU-CHEK MULTICLIX LANCETS	1	
NORITATE	NF		ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
OPZELURA	NF	PA, QL, SP	ACCU-CHEK SOFT TOUCH LANCETS	1	
PICATO	3	QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
PROTOPIC	NF	QL	ACCU-CHEK SOFTCLIX LANCETS	1	
RETIN-A EXTERNAL CREAM	NF	PA, QL	ACCUTREND GLUCOSE	NF	QL
RHOFADE	4	PA, QL	bd autoshield duo pen needles	2	
rosadan external cream	1		bd U-500 insulin syringes	2	
SANTYL	4	QL	bd ultra-fine insulin syringes	2	
SOOLANTRA	4	QL	bd ultra-fine pen needles	2	
TACLONEX EXTERNAL OINTMENT	NF	QL	BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
tacrolimus external	2	QL	bd veo ultra-fine insulin syringes	2	
tretinoin external cream	3	QL	BLOOD GLUCOSE TEST STRIPS	NF	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		BLOOD GLUCOSE TEST STRIPS 333	NF	QL
triamcinolone acetonide external cream 0.5 %	1	QL	CARETOUCH MONITOR SYSTEM	NF	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		CARETOUCH TEST	NF	QL
triamcinolone acetonide external ointment 0.05 %	NF		CONTOUR MONITOR KIT W/DEVICE	NF	
triamcinolone in absorbbase	NF		CONTOUR NEXT EZ KIT W/DEVICE	NF	
TRIANEX	NF		CONTOUR NEXT GEN MONITOR	NF	
triderm external cream 0.1 %	1		CONTOUR NEXT GEN TEST STRIPS	2	QL
triderm external cream 0.5 %	1	QL	CONTOUR NEXT LINK KIT W/DEVICE	4	
tritocin	NF		CONTOUR NEXT LINK KIT W/DEVICE	NF	
VTAMA	4	PA, QL	CONTOUR NEXT MONITOR KIT W/DEVICE	2	
XEPI	3	QL	CONTOUR NEXT ONE KIT	2	
zenatane	2		CONTOUR NEXT TEST STRIPS	2	QL
ZILXI	NF	PA, ST, QL	CONTOUR TEST STRIPS	NF	QL
ZORYVE	4	PA, QL	CVS ADVANCED GLUCOSE TEST	NF	QL
Diabetes - Glucose Monitoring and Supplies					
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL			
ACCU-CHEK FASTCLIX LANCET KIT	1				
ACCU-CHEK FASTCLIX LANCETS	1				
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CVS GLUCOSE METER TEST STRIPS	NF	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
D-CARE BLOOD GLUCOSE	NF	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
D-CARE GLUCOMETER	NF		GUARDIAN REAL-TIME REPLACE PED	3	PA
DEXCOM G6 RECEIVER	3	PA, QL	GUARDIAN SENSOR (3)	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	GUARDIAN SENSOR 3	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	GVOKE HYOPEN 1-PACK	2	QL
DEXCOM G7 RECEIVER	3	PA	GVOKE HYOPEN 2-PACK	2	QL
DEXCOM G7 SENSOR	3	PA	GVOKE KIT	2	
DIABETES MONITOR DIGIT ADD-ON	NF		GVOKE PFS	2	QL
DIABETES MONITOR DIGIT SOLN	NF		HEALTHPRO BLOOD GLUCOSE MONITO	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF		INSULIN PEN NEEDLES	2	QL
EASY TOUCH TEST	NF	QL	MICRODOT TEST	NF	QL
EASYGLUCO	NF		MINILINK REAL-TIME TRANSMITTER	3	PA
EASYMAX 15 TEST	NF	QL	MINIMED 630G GUARDIAN PRESS	3	PA
EASYMAX NG BLOOD GLUCOSE KIT	NF		MM EASY TOUCH GLUCOSE METER	NF	
ENLITE GLUCOSE SENSOR	3	PA	NEUTEK 2TEK TEST	NF	QL
EQ BLOOD GLUCOSE TEST	NF	QL	NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
EVERSENSE SENSOR/HOLDER	3	PA	NOVOFINE PEN NEEDLE	2	QL
EVERSENSE SMART TRANSMITTER	3	PA	NOVOFINE PLUS PEN NEEDLE	2	QL
FORTISCARE G1 TEST STRIP	NF	QL	NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL
FORTISCARE TEST	NF	QL	NOVOTWIST	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL	ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	ON CALL EXPRESS MONITORING SYS	NF	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ONETOUCH CLUB LANCETS FINE PT	1	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH DELICA LANCETS 30G	1	
FREESTYLE PRECISION NEO SYSTEM	NF		ONETOUCH DELICA LANCETS 33G	1	
FREESTYLE PRECISION NEO TEST	NF	QL	ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
FREESTYLE TEST	NF	QL			
GLUCOCARD EXPRESSION TEST	NF	QL			
GLUCOCARD SHINE TEST	NF	QL			
GLUCOCARD VITAL TEST	NF	QL			

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ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)	TECHLITE PEN NEEDLES	2	(Arkay) QL
ONETOUCH FINEPOINT LANCETS	1		TEMPO REFILL	NF	
ONETOUCH SOLUTIONS STARTER KIT	4		TEMPO WELCOME	NF	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	4		TRUE METRIX AIR GLUCOSE METER KIT	NF	
ONETOUCH ULTRA TEST STRIPS	1	QL	TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)	TRUE METRIX GO GLUCOSE METER	NF	
ONETOUCH VERIO FLEX SYSTEM	1		TRUE METRIX METER KIT	NF	
ONETOUCH VERIO IQ SYSTEM	1		TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	4		TRUE TRACK TEST	NF	QL
ONETOUCH VERIO KIT W/DEVICE	1		UNISTRIP1 GENERIC	NF	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		Diabetes - Insulin		
ONETOUCH VERIO TEST STRIPS	1	QL	ADMELOG	NF	QL
OPTIUMEZ TEST	NF	QL	ADMELOG SOLOSTAR	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	BASAGLAR KWIKPEN	NF	QL
PIP BLOOD GLUCOSE TEST STRIP	NF	QL	BASAGLAR TEMPO PEN	NF	
PRECISION XTRA	NF		HUMALOG	2	QL
PRECISION XTRA BLOOD GLUCOSE	NF	QL	HUMALOG INJECTION	2	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL	HUMALOG KWIKPEN	2	QL
PTS PANELS EGLU TEST	NF	QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL	HUMALOG MIX 50/50 VIAL	2	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
RELION TRUE MET AIR GLUC METER	NF		HUMALOG MIX 75/25 VIAL	2	QL
RELION TRUE METRIX TEST STRIPS	NF	QL	HUMALOG TEMPO PEN	NF	
RELION ULTIMA GLUCOSE SYSTEM	NF		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
RELION ULTIMA TEST	NF	QL	HUMULIN 70/30 KWIKPEN	2	QL
RIGHTTEST GT333 GLUCOSE TEST	NF	QL	HUMULIN 70/30 VIAL	2	QL
TECHLITE INSULIN SYRINGES	2	(Arkay) QL	HUMULIN N KWIKPEN	2	QL
			HUMULIN N VIAL	2	QL
			HUMULIN R U-500 KWIKPEN	2	QL
			HUMULIN R U-500 VIAL	2	QL
			HUMULIN R VIAL	2	QL
			INSULIN GLARGINE	NF	QL
			INSULIN GLARGINE SOLOSTAR	NF	QL
			INSULIN LISPRO	NF	QL

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INSULIN LISPRO (1 UNIT DIAL)	NF	QL	glipizide er	1	
INSULIN LISPRO JUNIOR KWIKPEN	NF	QL	glipizide ir	1	
INSULIN LISPRO KWIKPEN	NF	QL	glipizide xl	1	
INSULIN LISPRO PROT & LISPRO	NF	QL	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
LANTUS SOLOSTAR	2	QL	GLUCOTROL XL	4	
LANTUS U-100 VIAL	2	QL	GLUMETZA	NF	PA
LYUMJEV KWIKPEN	2	QL	glyburide oral	1	
LYUMJEV TEMPO PEN	NF		GLYXAMBI	2	ST, QL
LYUMJEV VIAL	2	QL	JARDIANCE	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL	JENTADUETO	2	QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL	JENTADUETO XR	2	QL
NOVOLIN 70/30 RELION	NF	ST, QL	KAZANO	2	QL
NOVOLIN 70/30 VIAL	NF	ST, QL	KOMBIGLYZE XR	2	QL
NOVOLIN N FLEXPEN	NF	ST, QL	metformin hcl er	1	
NOVOLIN N FLEXPEN RELION	NF	ST, QL	metformin hcl er (mod)	NF	PA
NOVOLIN N RELION	NF	ST, QL	metformin hcl er (osm)	NF	PA
NOVOLIN N VIAL	NF	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
NOVOLIN R FLEXPEN	NF	ST, QL	metformin hcl oral tablet 625 mg	NF	
NOVOLIN R FLEXPEN RELION	NF	ST, QL	MOUNJARO	3	PA, ST, QL
NOVOLIN R RELION	NF	ST, QL	NESINA	2	QL
NOVOLIN R VIAL	NF	ST, QL	ONGLYZA	2	QL
TOUJEO MAX SOLOSTAR	3	QL	OSENI	2	QL
TOUJEO SOLOSTAR	3	QL	OZEMPIC	2	PA, ST, QL
Diabetes - Non-Insulin Agents			pioglitazone hcl	1	QL
ACTOS	NF	QL	RYBELSUS	3	PA, ST, QL
ADLYXIN	NF	PA, ST, QL	SOLIQUA	2	QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	NF	PA, ST, QL	SYMLINPEN 120	NF	QL
ALOGLIPTIN BENZOATE	NF	QL	SYMLINPEN 60	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL	SYNJARDY	2	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL	SYNJARDY XR	2	QL
AMARYL	NF		TRADJENTA	2	QL
BAQSIMI ONE PACK	2	QL	TRIJARDY XR	2	QL
BAQSIMI TWO PACK	2	QL	TRULICITY	3	PA, ST, QL
BYDUREON BCISE	3	PA, QL	VICTOZA	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (2 Pak), QL
BYETTA 5 MCG PEN	3	PA, ST, QL			
glimepiride	1				

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Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
HEMLIBRA	3	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
JIVI	4	PA, SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
WILATE	3	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	3	
ZIEXTENZO	4	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	

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Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	4	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
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), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
CARAFATE ORAL TABLET	NF	
CYTOTEC	4	
dexlansoprazole	NF	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbic acid	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	

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Drug Name	Drug Tier	Requirements & Limits
solifenacin succinate	3	
THIOLA	4	SP
THIOLA EC	4	SP
VELPHORO	2	
VESICARE	NF	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
tamsulosin hcl	1	
UROXATRAL	NF	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cryselle-28	1	H

cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	NF	
DUAVEE	NF	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	NF	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H

Drug Name	Drug Tier	Requirements & Limits
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
loryna	NF	
low-ogestrel	1	H
lo-zumandimine	NF	
luteria	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	NF	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	NF	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	

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Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	NF	
nymyo	1	H
ocella	NF	
portia-28	1	H
PREMARIN ORAL	NF	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	NF	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
VIVELLE-DOT	NF	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	

Drug Name	Drug Tier	Requirements & Limits
YAZ	2	
yuvaferm	2	
zafemy	3	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	NF	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	NF	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	4	PA
LANREOTIDE ACETATE	NF	SP
leuprolide acetate injection	1	PA
MENOPUR	NF	
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPOR	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SOMATULINE DEPOT	NF	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	NF	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	NF	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	NF	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
TIROSINT-SOL	NF	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADBRY	3	PA, SP
AMJEVITA	3	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
CELLCEPT ORAL TABLET	NF	
CIMZIA STARTER KIT	3	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	NF	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
FIRAZYR	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	NF	
LUPKYNIS	NF	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	

Drug Name	Drug Tier	Requirements & Limits
XELJANZ	3	PA, QL, SP
XELJANZ ORAL SOLUTION	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H

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Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NF	SP
CLOMID	4	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	(manufactured by Ferring)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Ferring), QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	NF	
CORTIFOAM	2	
DIPENTUM	NF	
LIALDA	NF	
mesalamine oral tablet delayed release	NF	
PROCTOFOAM HC	2	
UCERIS ORAL	NF	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	NF	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL

Drug Name	Drug Tier	Requirements & Limits
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	NF	
INVELTYS	3	
KLARITY-A	NF	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin-dexamethasone	2	

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Drug Name	Drug Tier	Requirements & Limits
VIGAMOX	NF	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ocudose ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	NF	
ZIOPTAN	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	NF	PA
cyclosporine ophthalmic	NF	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	NF	ST
ciprofloxacin-dexamethasone	NF	ST
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
ciproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	NF	QL
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(generic for Ventolin HFA), QL
albuterol sulfate inhalation	1	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	NF	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL

Drug Name	Drug Tier	Requirements & Limits
BUDESONIDE-FORMOTEROL FUMARATE	NF	QL, RS
COMBIVENT RESPIMAT	4	QL
FASENRA PEN	4	PA, QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE HFA	NF	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	NF	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL, SP
PERFOROMIST	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	NF	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL

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Drug Name	Drug Tier	Requirements & Limits
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
wixela inhub	NF	QL, RS
XOPENEX HFA	NF	QL
YUPELRI	4	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	NF	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	3	PA; QL; SP
OPSUMIT	3	PA; QL; SP
REMODULIN	NF	PA
REVATIO ORAL TABLET	NF	QL
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	4	PA; QL; SP
TRACLEER 62.5 MG, 125 MG	3	PA; QL; SP
treprostinil	NF	PA
TYVASO	3	PA; SP
TYVASO DPI MAINTENANCE KIT	3	PA; QL; SP
TYVASO DPI TITRATION KIT	3	PA; QL; SP
TYVASO REFILL	3	PA; SP
TYVASO STARTER	3	PA; SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
FEXMID	NF	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA	NF	
tizanidine hcl oral tablet	1	
VANADOM	NF	
ZANAFLEX ORAL TABLET	4	

Sleep Disorder Agents

AMBIEN	NF	
AMBIEN CR	NF	
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
eszopiclone	2	
LUNESTA	NF	
modafinil	2	QL
PROVIGIL	NF	QL
RESTORIL	4	
SODIUM OXYBATE	NF	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	3	
zolpidem tartrate oral	1	

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methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15
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moxifloxacin hcl ophthalmic	28	nifedipine er	14	NOVOLIN R FLEXPEN	20
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Salt Lake City, UT 84130

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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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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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.

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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 ដើម្បីមានលេខស្តីពីការប្រើប្រាស់សេវា។

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.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá 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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